



## CORPORATE POLICY & PROCEDURE

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|                                                                                                                                                                                                                                                                        | Policy Name: CE02 - Flexible Services |
| Department: Utilization Management                                                                                                                                                                                                                                     | Policy Number: CE02                   |
| Version: 17                                                                                                                                                                                                                                                            | Creation Date: 03/17/2015             |
| Revised Date: 2/20/17, 3/7/19, 9/10/19, 2/10/20, 8/11/20, 12/1/20, 2/17/21, 5/21/21, 9/27/22, 12/6/22, 9/22/23, 9/25/24, 11/18/2024, 09/22/2025, 9/30/2025, 10/5/2026                                                                                                  |                                       |
| Line of Business: <input type="checkbox"/> All<br><input checked="" type="checkbox"/> Umpqua Health Alliance <input type="checkbox"/> Umpqua Health Management<br><input type="checkbox"/> Umpqua Health - Newton Creek <input type="checkbox"/> Umpqua Health Network |                                       |
| Approved By: Felicia Garza (Director, Utilization Management),<br>Medical Management Sub-Committee Date: 10/7/2026                                                                                                                                                     |                                       |

### POLICY STATEMENT

Umpqua Health Alliance (UHA) provides non-covered services, including physical health, mental health, behavioral health, oral health, and tribal-based services, under the Oregon Health Plan(OHP) intended to improve care delivery and overall member and community health and well-being through flexible services consistent with Oregon Administrative Rules (OAR) 410-141-3500 (39) and 410-141-3845 as well as 45 Code of Federal Regulations (CFR) §§ 158.150 and 158.151.

### PURPOSE

To promote the efficient use of resources and address members' social determinants of health to improve health outcomes, alleviate health disparities, and improve overall community well-being consistent with OAR 410-141-3845 and the UHA Coordinated Care Organization (CCO) Contract with the Oregon Health Authority (OHA). Health related services are provided as a supplement to covered health care services.

### RESPONSIBILITY

Utilization Management and Finance

### DEFINITIONS

CIM, Care Coordination and Data Support management platform.

Community Integration Manager (CIM): System used for member specific documentation purposes.

Community Advisory Council (CAC): A UHA convened council that meets regularly to ensure UHA is addressing the health care needs of UHA members and the community consistent with Oregon Revised Statute (ORS) 414.625.

Community Benefit Initiatives (CBI): Community-level interventions that include members, but are not necessarily limited to only members, and are focused on improving population health and health care quality.

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Community Health Assessment (CHA): A collection of data that provides a view into the health status of people living in the UHA service area.

Community Health Improvement Plan (CHIP): A community informed plan that aims to make meaningful changes that improve the health of individuals, families and the community at-large.

Flexible Services: Non-covered services under OHP are intended to improve care delivery and overall member and community health and well-being. Health-Related services include flexible services and community benefit initiatives (OAR 410-141-3500 (39)).

Health-Related Social Needs (HRSN): Supports related to housing, nutrition, and climate that are distinct from, but complement HRS/Flexible Services.

## PROCEDURES

- As discussed in the F22- Health Related Services- Overview, UHA deploys multiple strategies within its organization to promote HRS services to its members, providers, and community at large.
- Additionally, UHA's HRS program is supported by four main policies, including:
  - F22 – Health Related Services – Overview
  - F23 – Health Related Services – CAC Community Benefit Initiatives
  - F24 – Health Related Services – Non-CHIP Community Benefit Initiatives
  - CE02 – Health Related Services – Flexible Services (this policy)

### Flexible Services

- Flexible services are support for items or services to help members become or stay healthy. Limits cannot be placed on what types of services may be requested (beyond flexible services definition in rule) or which CCO members may receive services. UHA may offer flexible services such as the following and are not part of the health-Related Social Needs populations:
  - Food support, such as grocery delivery and food vouchers,
  - Short-term housing supports, such as rental deposits, to support moving costs. Members who have received HRSN assistance for rent and/or utilities within the past 12 months are not eligible for additional rent or utility support.
  - Temporary housing or shelter while recovering from hospitalization
  - Mobile phones or devices for accessing or use of a medical device
- Requests may be made to UHA for flexible services on UHA's public website for providers, as well as through fax, email, phone or submitted directly by emailing [FlexSpending@umpquahealth.com](mailto:FlexSpending@umpquahealth.com) . Some types of requests may require specific documentation that cannot be provided by phone. Incomplete requests will not be

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reviewed. Submitters will be notified of missing information, and the request must be resubmitted with all required documentation. The request should address the following:

- a. Alternative funding resources.
  - b. Care plan.
  - c. Improvement of outcomes, or prevention of deterioration.
  - d. Sustainability.
  - e. Demonstration of financial need and sustainability where applicable.
3. Consistent with the requirements above, UHA will review the request and any submitted documentation for:
  - a. Ability to improve care;
  - b. Validation that no cost sharing is required; and
  - c. That no administrative burden is imposed on the member or community.
4. UHA will review the request to confirm the following are met:
  - a. Lacking billing or encounter codes for any covered service for that particular member or non-covered services.
  - b. Health related.
  - c. Consistent with the member's treatment plan as developed by the member's primary care team and agreed to by UHA as well as documented in the member's treatment plan and medical records.
    - i. UHA will work with the member and, as appropriate, the family of the member in determining the flexible services needed to supplement the member's care.
  - d. Likely to improve health outcomes and prevent or delay health deterioration.
  - e. Payer of last resort – no other community resource can provide the service.
5. The UHA Utilization Management Department maintains a log of flexible services requests handled by the department. All requests and related documentation are recorded. Transportation benefits are recorded through invoices, and all other services input into CIM, UHA's Utilization Management system. Data is exported from this platform and provided to the Finance Department. Data from CIM and Finance must also be used to support Exhibit L reporting requirements, including correlation analysis of expenditures to outcomes as required by OHA.
  - a. All documentation is maintained in accordance with OAR 410-141-3520 and policy CO23 – Record Retention and Destruction.
  - b. UHA monitors funds spent on and an analysis of how that spending correlates to the effectiveness of Health-Related Services and how such analysis has impacted any change in UHA's Health-Related Services policies, procedures, criteria and member and community outreach strategies.
6. Requests are reviewed under the following processes, separate from the prior

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authorization review process:

- a. Transportation benefits provided under flexible services are considered approved and covered based on specific types of trips outlined in the provider contract deemed as cost-effective, supplementing covered benefits within the treatment plan and clinical record, and consistent with the requirements in procedure one and two above. Monthly invoices for transportation are also monitored by the Utilization Management Department.
  - b. YMCA wellness memberships are no longer covered under UHA Flexible Services. YMCA wellness memberships are available as a Community Benefit Initiative (CBI) benefit and are subject to the applicable CBI eligibility and approval criteria.
  - c. Individual non-transportation services are reviewed by Utilization Management. If criteria are not met, the request is sent to the Medical Director for a final determination. The review includes evaluation of the cost-effectiveness of services supplementing covered benefits within the treatment plan and clinical record, consistent with the requirements in procedure one and two above. See Standard Operating Procedure SOP-CE02-1 - Health-Related Services (Flexible Spending) for more information on the review process.
  - d. Once a determination is made, an approval or refusal letter is sent to the member and submitter (and requesting provider, if applicable). If the request is not approved, the letter will explain the member's right to file a grievance in response to the outcome consistent with OAR 410-141-3880 (CE01 – Grievances, Appeals and Hearings (see grievances)). Appeal and hearing rights do not apply to flexible service requests as these services are not an adverse benefit determination
7. All flexible services members meet the requirements of policy (MS14-Access & Availability Language Services). This includes but is not limited to:
- a. Use easily understood language and format. The readability and reading levels are assessed using the Flesch-Kincaid level and scores. All letters are at or below a sixth grade reading level.
  - b. Are available in alternative formats and through provision of auxiliary aids and services that take into consideration the special needs of members with disability or limited English proficiency (LEP) at no cost.
  - c. Provide the materials by another method that can reasonably be expected to result in the member receiving the information.
  - d. Include taglines in large print (20-point font) and prevalent non-English Languages describing how to request auxiliary aid and services, including written

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and oral interpretation, the toll free and TTY/TDY customer service number and the availability of materials in alternative formats.

8. The Care Coordination and Utilization Management departments review the delivery and utilization of services and supplies.
9. UHA encourages transparency and accessibility of flexible services information to provider and member engagement. The engagement of members, providers, and case managers may be done including but not limited to the following:
  - a. Coordination of care and resources for members through Case Management as requested.
  - b. Direct communication with providers for the development of patient-centered treatment plans.
  - c. See also policy F22 Health Related Service Overview
10. Both clinical (i.e., providers, primary care teams, specialists, and other health care providers) and non-clinical (i.e., care coordinators, patient navigators, community health workers, community partners, members, or representatives) may initiate a flexible services request for a member at any time.
  - a. Regardless of the source of the request, all flexible services requests must satisfy OAR 410-141-3845(2), including being supported by evidence-based medicine, widely accepted best practices, or criteria issued by accreditation bodies, recognized professional medical associations, government agencies, or other national health care quality organizations.
11. Documentation and/or supporting notes (chart notes, treatment plans, etc.) may be required to determine appropriateness of need depending on the service/item being requested.
  - a. Requests for flexible services should be supported and be consistent with a member's treatment plan, in accordance with OAR 410-141-3845(4).
    - i. If this is not submitted to the original request, UHA may work with the members and/or care team to obtain the needed information needed to make the request valid.

#### Transportation for Approved Flexible Services

1. UHA's Non-Emergent Medical Transportation (NEMT) provider, Bay Cities, coordinates transportation using UHA's HRSF (Flex) Transportation Services approved trip list. Transportation for flexible services is coordinated by Bay Cities. If the reason for transportation is not on the approved trip list, Bay Cities will email UHA at [FlexSpending@umpquahealth.com](mailto:FlexSpending@umpquahealth.com) to request an exception for transportation

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services. UM will respond to BCB within 2 business days with the approval or refusal of the requested ride.

#### Wellness Benefit

1. Wellness Benefit: UHA members are directed to the YMCA for wellness memberships. The YMCA is funded via CBI funds. UHA no longer covers memberships to the YMCA

#### Flexible Services Changes

1. If UHA pauses or discontinues the processing of new flexible service requests, the CCO will notify OHA of the change. Members will receive written notice at least 30 days prior to the effective date, and key partners will be notified through a newsletter and/or mail. The notice will specify the anticipated duration of the pause, the process for pending requests submitted prior to the pause, the handling of any requests submitted during the pause, how all stakeholders will be informed once flexible services resume, and whether additional action will be required by requestors following the restart of services.

| Department             | Standard Operating Procedure Title          | SOP Number | Effective Date | Version Number |
|------------------------|---------------------------------------------|------------|----------------|----------------|
| Utilization Management | Health Related Services - Flexible Spending | SOP-CE02-1 | 7/3/2019       | 16             |