

Health Related Services: Flexible Funding “Flex Fund” Services Request

Flexible Services: These services are provided instead of, or in addition to, CCO covered Oregon Health Plan benefits and are intended to:

- Improve health quality and member health outcome (physical, oral, or behavioral health conditions)
- Reduce health disparities among specific populations
- Prevent avoidable hospital readmissions, improve patient safety, lower infection and mortality rates
- Be consistent with member’s treatment / care plan
- Be used as a “payor of last resort” – all available resources must be exhausted prior to request of CCO funds

Eligibility: To be considered for Flex Funds:

- The member must be enrolled in Advanced Health.
- The request must NOT be for an item that is a billable service or item (*exceptions may be considered such as replacement dentures prior to eligibility for new ones, certain DME supplies or products after denial and appeal process*)

Who Can Request Flex Funds: All requests must come from the member’s care team, which includes:

- Primary Care Providers and Clinics
- Specialists
- Surgeons
- Behavioral Health Providers
- Dental Providers
- Hospital Discharge Planners or Case Managers
- Community Case Managers
- Ancillary providers (PT/OT/Speech)
- Advanced Health designated staff (Care Coordination, CS Manager)
- Members

**Members without a care team can reach out to customer service for assistance.

Timeline and Process:

Urgent Requests: CCO Flex Fund Services are **NOT** available as emergency or crisis funding. Requests submitted within less than two business days of the date needed may not be considered for funding.

Requests: All requests under \$1,000 will be reviewed for a decision within **10 business days** of submission. This timeframe will not begin until the flex fund department has received all required paperwork. An extension of 5 business days may be necessary in certain cases.

Requests over \$1,000: Items over \$1,000 will require executive committee review and may require an extended review time and/or additional documentation requests.

**This committee meets weekly to review requests.

Process:

- Requestor submits a completed* request for flex funds through the flex fund portal located on the Advanced Health website. A care plan and all required supporting documentation need to be attached; if required documents are not attached, the request will be rejected.
- Requestor may suggest a vendor or item for use to fulfill the request, however please note that the vendor or item is not guaranteed. We reserve the right to select a different vendor or item. *Please provide a link to any suggestions itmes.
- Requestor is responsible for arranging all delivery arrangements with the member.
- Advanced Health teams will review request for eligibility and determination.
- You will be notified via the Advanced Health Flex Fund Coordinator on the decision for your item
- If an item is not approved, the member will be mailed a notice informing them.

*Incomplete requests will not be reviewed for funding.

This form is located on our website: www.advancedhealth.com/providers/forms

If you have questions, please email us at: flexfund@advancedhealth.com

Incomplete Forms: Any incomplete form will not be reviewed for funding. Some examples of incomplete forms are, but not limited to:

- Request form does not contain enough information
- A Care Plan is not attached to the request
- Required values/fields in form are left blank
- Alternative and/or community resources have not been pursued first
- Item/service requested was not adequately relevant to member's diagnosis and treatment plan
- There was not enough information provided about sustainability for member's immediate need
- The item/service has an approved OHP or CMS billing procedure code (some exception, see above)
- The member was not enrolled in Advanced Health

List of Examples and Category of Items That Have Been Covered:

1. Health Education or education supports

- a. Diabetes education classes providing culturally and linguistically appropriate resources
- b. Educational books for diagnosis condition
- c. Classes for weight loss, nutrition, cooking or exercise
- d. Disease management packets for: diabetes, heart disease, obesity, asthma/COPD, Mental Health, and Autism
- e. Additional Post Partum Doula Services

2. Care Coordination, Navigation, or Case Management activities not otherwise covered

- a. Cell phones
- b. Phone minutes
- c. Tablet for Telehealth

3. Food Services and Supports

- a. Fred Meyer Food Vouchers
- b. Standard food box

4. Housing Services and Supports (temporary housing or shelter, medical respite, utilities)

- a. Lodging/shelter post hospitalization (temporary)
- b. Rent payments for members at risk of homelessness
- c. Deposits to help homeless get into housing
- d. Short-term utility payment assistance (no more than 3 months within a year)
- e. Camping/shelter equipment for members experiencing homelessness or staying in mobile homes, trailers, or cars
- f. Basic furniture
- g. Appliances
- h. Weather-proofing supplies (tarps, roof-patching materials)

5. Transportation services and supports not otherwise covered (transportation to non-medical appointments related to social needs)

- a. Long term storage for car while at inpatient program
- b. Car seats
- c. Bus pass
- d. Standard Bikes/helmets
- e. Minor car repairs for medical needs

6. Items for the home and living environment to support a particular health condition

- a. Shoes, basic clothing, winter coats, socks
- b. Gym Punch Cards
- c. Basic home exercise equipment
- d. Alarm medication box
- e. Standard Mattress and bedding
- f. Bathroom/kitchen scale
- g. Emergency radio and batteries
- h. First aid supplies including thermometer
- i. Personal items (heated blanket for chronic pain, weighted vest or blanket for reducing sensory triggers, cooler for insulin storage)

7. Other non-covered clinical services and supports

- a. Shower Passes
- b. Fred Meyer Hygiene Vouchers
- c. New Eyes voucher fee for adults over 18 years of age
- d. Replacement dentures (initial dentures should be covered by dental benefit plan)
- e. Non covered DME items (with limitations)
- f. Over the counter medications - certain circumstances (*if member has a PCP, these are covered if ordered by a provider*)

8. Other non-covered social and community health services and supports

- a. Copies of birth certificates or IDs/Licenses

**Health-Related Services: Flexible "Flex Funding"
Services Request Form**



Date of request: (mm/dd/yyyy): _____

Member Information

Last name: _____ First name: _____

Parent Name (if member needing request is a minor): _____

Member ID: _____ DOB: _____

Street address: _____

Mailing address
(if different from above): _____

Phone#: _____

*Delivery Instructions: _____

Requesting Party Information

Organization name: _____

Name: _____ Email: _____

Office Phone: _____ Cell phone: _____

Health-Related Services: Flexible "Flex Funding" Services Request Form

Request Details and Information

Item or service requested: _____

Supporting diagnosis: _____

*Please check all resources that have been attempted, as Flex Funds is payor of last resort:

- | | | |
|-----------------------------------|---|---|
| <input type="checkbox"/> ORCCA | <input type="checkbox"/> Access Wireless | <input type="checkbox"/> Made payment arrangements
(utilities or rent) |
| <input type="checkbox"/> APD | <input type="checkbox"/> BCB | |
| <input type="checkbox"/> New Eyes | <input type="checkbox"/> HRSN (Climate, Housing, Nutrition) | |

**If this item or service is a covered benefit, a copy of the denial must be included. Reason item or service is needed: _____

How will this item or service help? _____

How will member afford ongoing costs related to this item or service? _____

Sources of income: (check all that apply)
Employment SSI/SSD SNAP TANF Other: _____

Date needed: _____ Estimated cost: _____

Suggested vendor*: _____

**vendor is not guaranteed*

Link to item: _____

Category: (check the box below that the requested item or service falls under)

- | | |
|---|--|
| <input type="checkbox"/> Health Education or Education Supports | <input type="checkbox"/> Housing Services and Supports |
| <input type="checkbox"/> Care Coordination, Navigation, or Case Management Activities Not Otherwise Covered | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Food Services and Supports | <input type="checkbox"/> Services and Support Not Otherwise Covered |
| <input type="checkbox"/> Items for the Home and Living Environment to Support a Particular Health Condition | <input type="checkbox"/> Other Non-clinical Services and Supports |
| | <input type="checkbox"/> Other Non-covered Social and Community Health Services and Supports |

Health-Related Services: Flexible "Flex Funding" Services Request For

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