



2024 SHARE Initiative Spending Plan Evaluation Tool

CCO	
Score	X (out of possible 9 points)

Scale	
1	Meets expectations
0	Expectations not met

Background

- In accordance with the requirements stated in [ORS 414.572\(1\)\(b\)\(C\)](#) and [OAR 410-141-3735](#), CCOs must designate a portion of annual net income or reserves that exceed the financial requirements for SHARE Initiative spending.
- CCOs that exceed minimum financial requirements are subject to a formula that determines their required minimum SHARE obligation in compliance with the statute and rules referenced above.
- By December 31¹ of each contract year, CCOs that exceed minimum financial requirements shall annually submit to OHA for review and approval its SHARE Initiative spending plan identifying how it intends to direct its SDOH-E spending based on net income or reserves from the prior year for the SHARE Initiative. This annual SHARE Initiative spending plan documents how CCOs are meeting these contractual requirements.

For SHARE Initiative questions, please contact: Transformation.Center@odhsoha.oregon.gov

Section 1: SHARE Designation	Guidance document language	Required components	Score
Report template question			
1	What is the dollar amount of your CCO’s SHARE Initiative designation? CCOs are subject to a formula that determines their required minimum SHARE obligation based on their prior year financial reporting. A CCO reports this amount as part of Exhibit L, Report L6.7. If a CCO does not exceed minimum financial reserve requirements for CCOs, they are presumed exempt from the SHARE Initiative. <ul style="list-style-type: none"> • A CCO may not reduce their SHARE designation below their required minimum obligation. • CCOs are also expected to honor their financial commitment (designation) to community partners through SHARE. 	CCO provides the dollar amount represented in the spending plan, and it matches the designation amount recorded in cell G40 in Exhibit L – Report L6.7 . (1 pt)	

¹ CCOs may submit their proposed spending plans any time from 4/1/2024 through 12/31/2024. OHA will notify each CCO about the approval status of its plan within 30 days of receipt. If a CCO’s plan cannot be approved as submitted, OHA will work with the CCO to make needed corrections as quickly as possible.

Section 2: SHARE Spending Plan		Guidance document language	Required components	Score
Spending plan summary				
<i>Report template question</i>				
2	A) Summarize the work your CCO is funding through this year's SHARE Initiative.	N/A (Responses to this question are not scored. The purpose is to give reviewers a quick snapshot of what the CCO is funding through SHARE.)	Summarize the work your CCO is funding through this year's SHARE Initiative. At a high level, briefly describe 1) project title(s); 2) what activities are being funded; and 3) what housing categories apply. (0 pts)	N/A
	B) Identify the SDOH-E domains each project addresses.	SHARE Initiative spending must meet OHA's definition of SDOH-E and fall into one or more of four domains: economic stability, neighborhood and built environment, education and social and community health. *Note that spending should not support projects focused on health care, expanding health care services or access to care.	CCO checks all applicable domains. (1 pt)	
	C) Identify the populations served by each project.	N/A (Responses to this question are not scored. The purpose is to help reviewers understand who the CCO will be serving through SHARE. Previously population information was in CCO's partner agreements, which are no longer being submitted to OHA.)	CCO lists the populations served by each project. Please use REALD categories if applicable. (0 pts)	N/A
CHP/statewide priorities				
<i>Report template question</i>				
3	Identify how your SHARE Initiative spending aligns with your CCO's community health improvement plan (CHP).	<ul style="list-style-type: none"> • SHARE spending priorities must be based on shared priorities from the CHPs in a CCO's service area. • If CCOs don't have a fully shared CHP, they must identify spending priorities by looking at how their CCO's CHP aligns with the CHPs of community partners (including local public health, hospitals, Tribes and CCOs in the area). • Alignment could also be based on: <ul style="list-style-type: none"> ○ A common health outcome; or ○ A common priority population. 	CCO lists and describes the specific CHP priorities, topics or domains this SHARE spending plan aligns with. List single topics in bullets and provide brief narrative describing alignment of SHARE investments and CHP priorities. (1 pt)	
4	Describe how your SHARE Initiative spending addresses the statewide priority of housing-related services and supports, and helps people find and maintain stable housing.	<p>A portion of a CCO's SHARE Initiative spending must be spent on housing-related services and supports.</p> <ul style="list-style-type: none"> • Housing-related services and supports can be offered at the individual level or at the community level. 	CCO clearly describes spending that is addressing the statewide priority of housing-related services and supports. Reference specific projects as needed using the project numbers from the table in question 2. (1 pt)	

SDOH-E partners

Report template question

5	A) Identify each SDOH-E partner that will receive a portion of SHARE Initiative funding.	<ul style="list-style-type: none"> • A portion of SHARE dollars must go directly to SDOH-E partners. • An SDOH-E partner is: <ol style="list-style-type: none"> a. A single organization, local government, one or more of the Nine Federally Recognized Tribes of Oregon, the Urban Indian Health Program, or a collaborative that b. Delivers SDOH-E related services or programs, or supports policy and systems change, or both, within a CCO’s service area. • SDOH-E partners are intended to be non-clinical partners. However, organizations that offer both clinical and non-clinical services (such as a housing organization with a clinic or a local public health authority) are also appropriate partners in this context. 	CCO lists the names of the SDOH-E partners, adding a new row in the table for each partner. (1 pt)	
	B) Identify the amount of SHARE funds that will be directed to each SDOH-E partner.	A portion of SHARE dollars must go directly to SDOH-E partners. (This question is to show how SHARE funds will be allocated and replaces the standalone budget [and budgets within partner agreements] that were required in previous years.)	CCO lists the dollar amounts awarded to each partner. (1 pt)	
	C) Describe how the SDOH-E partner will utilize the SHARE funds. List specific items, activities or services.	<p>SHARE dollars may be spent in a variety of ways as long as it complies with the overall requirements as outlined in the guidance document, rule and CCO contract. Because these dollars are part of a CCO’s annual net profits, they are not held to the same restrictions as the CCO’s Medicaid global budget. However, SHARE dollars may not be spent on:</p> <ul style="list-style-type: none"> • Medicaid-covered services² (a CCO may not count expenses that are factored into its global budget); • Any covered services or benefits in Oregon’s Substance Use Disorder (SUD) waiver (housing or employment supports for eligible members); • Any covered services or benefits in Oregon's 1115 Medicaid waiver, including health-related social needs (HRSN) covered services for eligible members (beginning in 2024); • Any activities, projects or initiatives targeted exclusively at delivery of health care or expanding access to care; 	CCO describes specific allowable items, activities or services being funded (using partner table). (1 pt)	

² Medicaid-covered services do not qualify as SHARE Initiative spending, as they are already reported through existing financial reporting mechanisms. While certain Medicaid-covered services address an individual’s social needs (for example, some behavioral health populations may be eligible for certain housing-supportive services through Medicaid), these services are not eligible for SHARE spending.

		<ul style="list-style-type: none"> • Expenses that have been reported separately, such as health-related services (HRS) or in lieu of services (ILOS) — CCOs may not double-count spending; • General administrative costs that are not directly related to a SDOH-E and/or health disparities initiative; • General administrative costs that are otherwise necessary for the regular business operations of the CCO and compliance with federal/state requirements (for example, providing interpreters), including any staffing required by contract (for example, traditional health worker liaison); • Sponsorships or advertising; • Equipment or services to address an identified medical need (for example, corrective lenses, specialized clothing); • Member incentives (for example, gift cards or cash) for accessing covered services or other non-SDOH-E activities; • Costs for SDOH-E related research in which findings are only used internally, only used by another private entity or are proprietary; • Educational or promotional items or goods for general distribution through a health fair or other event not targeted at populations experiencing health disparities; • Political campaign contributions; or • Advocacy specific to CCO operations and financing (as opposed to advocacy for policy that advances SDOH-E objectives). 		
6	Indicate whether the partner is a subcontractor.	If any agreement with an SDOH-E partner is a “subcontract” as defined in the CCO contract, it must be included in the CCO’s Subcontractor and Delegated Work Report. The report doesn’t need to be submitted with the SHARE spending plan. (Responses to this question are not scored.)	CCO indicates whether the partner is a subcontractor, and if yes, includes it in the CCO’s next Subcontractor and Delegated Work Report submission. (0 pts)	N/A
Partner selection and community advisory council (CAC) role				
Report template question				
7	Describe how each of the SDOH-E partners were selected.	SDOH-E partners are intended to be non-clinical partners. However, organizations that offer both clinical and non-clinical services (such as a housing organization with a clinic or a local public health authority) are also appropriate partners in this context.	CCO clearly describes selection process for chosen SDOH-E partners. (1 pt)	
	Describe your CAC’s designated	The CCO is responsible for providing a role for its CAC in SHARE Initiative spending decisions. Some examples of what this role could look like include:	CCO clearly describes the designated decision-making role for their CAC in	

role in SHARE Initiative spending.	<ul style="list-style-type: none"> • The CAC identifies and/or approves SDOH-E priorities for SHARE that align with community priorities in the CHP. • The CAC develops a rubric to score SHARE Initiative proposals. • The CAC (or a subset of its CAC members) reviews SHARE Initiative proposals and makes recommendations to the CCO leadership or board. • The CCO designates a portion of funding for the CAC to direct to SHARE Initiative efforts. 	SHARE Initiative spending process using narrative and the provided checkboxes (if applicable). (1 pt)
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Section 3: Additional Details		Guidance document language	Required components
Report template question			
8	If the project or initiative requires data sharing, attach a proposed or final data-sharing agreement that details the obligation for the SDOH-E partner to comply with HIPAA, HITECH and other applicable laws regarding privacy and security of personally identifiable information and electronic health records and hard copies thereof.	N/A (Responses to this question are not scored.)	CCO attaches any required data sharing agreements. (0 pts)
9	(Optional) Describe the evaluation plan for the SHARE spending plan portfolio or for each project or initiative, including expected outcomes; the projected number of CCO members, OHP members, and other community members served; and how the impact will be measured.	N/A (Responses to this question are not scored.)	CCO attaches any evaluation plans. (0 pts)

General observations	OHA reviewer notes
Is the overall spending plan clear and cohesive? Does it detail where the CCO is headed, what it plans to achieve, the methods it will use, and milestones to monitor progress?	
Does the spending plan focus efforts and resources on upstream, non-health care factors that address some of the root causes of health and illness? Is it clear how efforts align with the four SDOH domains?	
Is the CCO meaningfully engaging with and integrating community input (through CAC involvement and CHP analysis) to inform SHARE plans and reinvestments?	
Does the SHARE Initiative spending plan create the foundation to build capacity in the housing priority?	

OHA recommendations