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Part 1: High-Level Description of Possible Significant Change

The table below provides high-level information about the possible significant change, as submitted.

Tracking #	2027-036
Q6. Provide a short name for possible change	Environmental health interventions
Q1. Which CCO Contract(s) will be impacted?	(a) All 3 contracts
Q2. High-level description of possible change	Require CCOs to engage in programmatic interventions for environmental health that support the health and resilience of the community served. This could include: • Remove barriers to childhood lead hazard investigations by local public health authorities. Provide lead exposure investigation reimbursements for LPHAs per OAR 410-151-0040(7). and reduce barriers to reimbursement. This increases the ability to identify lead sources and protect children from the negative health effects of exposure. • Require CCO to collaborate with local public health authority (LPHA) in environmental public health planning. • Share information with members about community education programs on healthy homes interventions and environmental health actions. • Deliver risk communication and messaging, in collaboration with the LPHA or others communicating during risk events.
Q3. Which prioritized restatement category applies?	(e) Other (this change does not fit into any of the prioritized categories)
Explain how change fits into "Other" category	Environmental health was not identified as a priority in the prioritized restatement categories. Some of the recommendations listed in Q2 would likely have minor fiscal impacts, such as ensuring risk communication messages are provided to members or sharing information with members about community education programs.
Q4. Could entire change be deferred to later contract year?	Yes
Consequence(s) if not included in 2027 contract	
Q5. Could change be reduced to smaller components so it's phased in over multiple contract years?	Yes
Which component(s) could be in later contract year(s)?	Recommendations could be phased in, starting with those with a likely smaller fiscal impact. (risk communication and community education).
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Part 2: Information for Engagement

This should be completed by the responsible OHA unit. **Be specific yet clear and concise in your responses; use bullet points.**

Tracking #	2027-036
Short name	Environmental health interventions

1. What is the specific issue that will be addressed by this change?

This should explain the current state and why it's an issue to be addressed.

There are important opportunities for interventions to address OHA strategic priorities to reduce childhood lead exposures and protect families from climate change-driven hazards:

- Local public health authorities (LPHAs) have been largely unsuccessful in claims for child lead poisoning investigation reimbursements and case management under OAR 410-151-0040(7). This has caused LPHAs to stop issuing claims for these reimbursements or reduce their willingness to perform full investigations due to staffing costs and capacity. OHP members have found it difficult to request Flexible Services to help reduce lead hazards in their homes when these are identified by LPHAs or OHA during child lead poisoning investigations.
- Extreme heat and wildfire smoke are current and increasing hazards to people in Oregon. CCO action can empower health care providers to offer patients education and devices to reduce these risks, bolster community-scale outreach, risk communication and interventions carried out by LPHAs.

2. What is the preliminary suggestion for how to address the issue?

This should align with the high-level description submitted for the change. Refer to Part 1: High-Level Description of Possible Significant Change. The final proposed change may differ from the preliminary suggestion as a result of OHA and CCO engagement.

- CCOs should produce guidance materials for LPHAs that explains the process required for a successful lead poisoning investigation reimbursement claim. This guidance should include specific codes needed for the claim, since this has been a reason for denials in the past. CCOs should also produce guidance materials on what is needed to request Flexible Services to reduce lead hazards identified as a source of an OHP member's lead exposure. This should include any information that an LPHA would need to communicate to the CCO to prove the request is valid based on the investigation's findings, as well as simplified language on the lead hazard reduction services available to the OHP member.
- CCO's should implement health care provider education about clinical practices to identify flexible funding-supported interventions (air filters, portable air conditioners) to prevent heat related and non-infectious respiratory (i.e., wildfire smoke) related illnesses, hospitalizations and deaths.

3. What knowledge and/or skills should CCOs consider when deciding which staff to work with OHA on this issue?

- Knowledge of childhood lead poisoning prevention, public health case management, and lead hazard reduction strategies.
- Understanding of and ability to advocate for climate supports targeting sensitive populations (pediatric, reproductive, geriatric) through provider education and prioritizing use of flexible funding for health interventions such as air filters and portable air conditioners.
- Engaged in community partnerships with LPHAs and community based organizations to support planning and strategy development, outreach and education to community members regarding extreme heat and smoke-driven health risks.

4. Is there an existing meeting where OHA and CCOs can work – or are already working – on this issue? If so, identify the meeting and its schedule.

This work may require regular OHA-CCO engagement over a few weeks, possibly up to a couple months. If there is not a suitable existing forum, then OHA will hold a dedicated work session/s specifically for this purpose.
No