



IEHP UM Subcommittee Approved Authorization Guideline			
Guideline	Asthma Remediation	Guideline #	UM_CSS 06
		Original Effective Date	1/1/2022
Section	Community Support Services	Revision Date	

COVERAGE POLICY

- A. Environmental asthma trigger remediations are services that can be provided to improve the health, welfare, and safety of the individual, or enable the individual to function in the home without acute asthma episodes decreasing the need for emergency services and hospitalizations.
- B. The following items/services can be considered for coverage under this program:
1. Allergen-impermeable mattress and pillow dustcovers.
 2. High-efficiency particulate air (HEPA) filtered vacuums.
 3. Integrated Pest Management (IPM) services.
 4. De-humidifiers.
 5. Air filters.
 6. Asthma-friendly cleaning products and supplies.
 7. Minor mold removal and remediation services.
 8. Ventilation improvements.
- C. When authorizing asthma remediation as a Community Supports Service, IEHP must receive and document:
1. Clinical documentation from the Member’s current primary care physician or other health professional specifying the requested remediation(s)
 2. A home visit has been conducted to determine the suitability of any requested remediation(s)
 3. Depending on the type of remediation(s) requested, documentation from the provider describing how the remediation(s) meets the medical needs of the Member.
 4. Documentation should also include information provided to Members about actions to take around the home to mitigate environmental exposures that could trigger asthma symptoms and remediations designed to avoid asthma-related hospitalizations, such as:
 - a. Identification of environmental triggers commonly found in and around the home, including allergens and irritants.
 - b. Using dust-proof mattress and pillow covers, high-efficiency particulate air vacuums, asthma-friendly cleaning products, dehumidifiers, and air filters.
- Health-related minor home repairs such as pest management or patching holes and cracks through which pests can enter. D. IEHP Members must meet the following to be eligible for Asthma Remediation:
1. Poorly-controlled asthma as determined by:
 - a. An Emergency Department (ED) visit and/or
 - b. Hospitalization and/or
 - c. Two urgent care visits in the past 12 months OR

- d. A score of 19 or lower on the Asthma Control Test (see Appendix A)
- 2. Documentation from a licensed health care provider that Asthma Remediation will likely help avoid asthma-related hospitalizations or ED visits.
- D. The services are available in a home that is owned, rented, leased or occupied by the Member and their caregiver.

COVERAGE LIMITATIONS AND EXCLUSIONS

- A. IEHP determines Asthma Remediation services are medically appropriate and a cost-effective substitute or setting to the State Plan service.
- B. Beneficiaries are not required to use Community Supports Services
- C. The Community Supports Service is authorized and identified in the Medi-Cal managed care plan contracts.
- D. If another State Plan service such as Durable Medical Equipment is available and would accomplish the same goals of preventing Asthma emergencies and hospitalizations.
- E. Asthma remediations must be conducted in accordance with applicable State and local building codes.
- F. Asthma remediation modifications are limited to those that are of direct medical or remedial benefit to the beneficiary and exclude adaptations or improvements that are of general utility to the household. Remediations may include finishing (e.g., drywall and painting) to return the home to a habitable condition, but do not include aesthetic embellishments.
- G. Individuals may not be receiving duplicative services from other State, local or federally funded programs, which should always be considered first before using Medi-Cal funding.
- H. Before commencement of a physical adaptation to the home or installation of equipment in the home, the managed care plan must provide the owner and the beneficiary with written documentation that the modifications are permanent, and that the State is not responsible for maintenance or repair of any modification nor for removal of any modification if the participant ceases to reside at the residence.
- I. Asthma remediations are payable up to a total lifetime maximum of \$7,500.00. The only exception to the \$7,500.00 total maximum is if the beneficiary's condition has changed so significantly that additional modifications are necessary to ensure the health, welfare, and safety of the beneficiary, or are necessary to enable the beneficiary to function with greater independence in the home and avoid institutionalization or hospitalization.
- J. For a home that is not owned by the individual, the individual must provide written consent from the owner for physical adaptations to the home or for equipment that is physically installed in the home.
- K. Asthma Remediation should not interfere with EPSDT benefits. All appropriate EPSDT services should be provided and Community Supports Services should be complementary.

ADDITIONAL INFORMATION

N/A

CLINICAL/REGULATORY RESOURCE

California Advancing and Innovating Medi-Cal Proposal (CalAIM) is an initiative by the Department of Health Care Services (DHCS) to improve the quality of life and health outcomes of Medi-Cal beneficiaries. A key feature of CalAIM is the introduction of a menu of In Lieu of Services (ILOS), medically appropriate and cost-effective alternatives to services covered under

the State Plan. Federal regulation allows states to permit Medicaid managed care organizations to offer ILOS as an option to Members (Code of Federal Regulations).

DEFINITION OF TERMS

N/A

REFERENCES

Nathan, RA, CA Sorkness, M Kosinski, M Schatz, JT Li, P Marcus, JJ Murray, TB Pendergraft. 2004. Development of the asthma control test: a survey for assessing asthma control. *J Allergy Clin Immunol.* 113(1): 59-65.

State of California-Health and Human Services Agency, Department of Health Care Services, 2021. Medi-Cal In Lieu of Services (ILOS) Policy Guide, III. In Lieu of Services-Service Definitions.

US Department of Housing and Urban Development, Office of Lead Hazard Control and Health Homes. 2018. Guide to Sustaining Effective Asthma Home Intervention Programs, Appendix B. Pathways to Medicaid Reimbursement, p 40-49.

https://www.hud.gov/sites/dfiles/HH/documents/HUD%20Asthma%20Guide%20Document_Final_7_18.pdf. Accessed December 3, 2021.

DISCLAIMER

IEHP Clinical Authorization Guidelines (CAG) are developed to assist in administering plan benefits, they do not constitute a description of plan benefits. The Clinical Authorization Guidelines (CAG) express IEHP's determination of whether certain services or supplies are medically necessary, experimental and investigational, or cosmetic. IEHP has reached these conclusions based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). IEHP makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in the Clinical Authorization Guidelines (CAG). IEHP expressly and solely reserves the right to revise the Clinical Authorization Guidelines (CAG), as clinical information changes.

Today's Date: _____

Patient's Name: _____

FOR PATIENTS:

Take the Asthma Control Test™ (ACT) for people 12 yrs and older.

Know your score. Share your results with your doctor.

Step 1 Write the number of each answer in the score box provided.

Step 2 Add the score boxes for your total.

Step 3 Take the test to the doctor to talk about your score.

1. In the past 4 weeks , how much of the time did your asthma keep you from getting as much done at work, school or at home?	All of the time	1	Most of the time	2	Some of the time	3	A little of the time	4	None of the time	5	SCORE	<input type="text"/>
2. During the past 4 weeks , how often have you had shortness of breath?	More than once a day	1	Once a day	2	3 to 6 times a week	3	Once or twice a week	4	Not at all	5		<input type="text"/>
3. During the past 4 weeks , how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?	4 or more nights a week	1	2 or 3 nights a week	2	Once a week	3	Once or twice	4	Not at all	5		<input type="text"/>
4. During the past 4 weeks , how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?	3 or more times per day	1	1 or 2 times per day	2	2 or 3 times per week	3	Once a week or less	4	Not at all	5		<input type="text"/>
5. How would you rate your asthma control during the past 4 weeks ?	Not controlled at all	1	Poorly controlled	2	Somewhat controlled	3	Well controlled	4	Completely controlled	5		<input type="text"/>
											TOTAL	<input type="text"/>

Copyright 2002, by QualityMetric Incorporated.
Asthma Control Test is a trademark of QualityMetric Incorporated.

If your score is 19 or less, your asthma may not be controlled as well as it could be. Talk to your doctor.

FOR PHYSICIANS:

The ACT is:

- A simple, 5-question tool that is self-administered by the patient
- Clinically validated by specialist assessment and spirometry¹
- Recognized by the National Institutes of Health