



Inland Empire Health Plan

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	11/1/2022

COVERAGE POLICY

- A. Environmental Asthma Trigger Remediations are physical modifications to a home environment that are necessary to ensure the health, welfare, and safety of the Member, or enable the Member to function in the home and without acute asthma episodes that could result in 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. Other moisture-controlling interventions;
 9. Ventilation improvements;
 10. Other interventions identified to be medically appropriate and cost-effective.
- C. When authorizing asthma remediation as a Community Support, IEHP must receive and document the following:
1. A request from a current licensed health care Provider's order specifying the requested remediation(s) for the Member;
 2. A brief written evaluation specific to the Member describing how and why the remediation(s) meets the needs of the Member, required for cases of "Other interventions identified to be medically appropriate and cost-effective.;"
 3. Collateral information that a home visit has been conducted to determine the suitability of any requested remediation(s) for the Member.
- D. Asthma Remediation includes providing information 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:
1. Identification of environmental triggers commonly found in and around the home, including allergens and irritants.
 2. Using dust-proof mattress and pillow covers, high-efficiency particulate air vacuums, asthma-friendly cleaning products, dehumidifiers, and air filters.
 3. Health-related minor home repairs such as pest management or patching holes and cracks through which pests can enter.

- E. Eligibility requirements for Asthma Remediation include:
 - 1. Members with poorly-controlled asthma as determined by:
 - a. An Emergency Department (ED) visit or;
 - b. Hospitalization;
 - c. Two (2) sick or urgent care visits in the past 12 months or;
 - d. A score of 19 or lower on the Asthma Control Test
- F. Asthma Remediation services are available in a home that is owned, rented, leased or occupied by the Member and their caregiver.
- G. Active IEHP Membership, excluding those Members for which IEHP is not at risk for entire medical and care management benefits (e.g., Kaiser Members). These services will be provided by Kaiser for Kaiser Members.

COVERAGE LIMITATIONS AND EXCLUSIONS

- A. Asthma remediations must be conducted in accordance with applicable State and local building codes.
- B. Asthma remediations are payable up to a total lifetime maximum of \$7,500. The only exception to the \$7,500.00 total maximum is if the Member's condition has changed so significantly those additional modifications are necessary to ensure the health, welfare, and safety of the beneficiary, or are necessary to enable the Member to function with greater independence in the home and avoid institutionalization or hospitalization.
- C. Asthma remediation modifications are limited to those that are of direct medical or remedial benefit to the Member 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.
- D. Before commencement of a permanent physical adaptation to the home or installation of equipment in the home, such as installation of an exhaust fan or replacement of moldy drywall, the managed care plan must provide the owner and Member 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 Member cases to reside at the residence. This requirement does not apply to the provision of supplies that are not permanent adaptations or installations, including but not limited to:
 - 1. Allergen-impermeable mattress and pillow dust covers;
 - 2. High-efficiency particular air (HEPA) filtered vacuums;
 - 3. De-humidifiers;
 - 4. Portable air filters;
 - 5. And asthma-friendly cleaning products and supplies.
- E. Asthma Remediation that is a physical adaptation to a residence must be performed by an individual holding a California Contractor's License.
 - 1. Medi-Cal managed care plans must apply minimum standards to ensure adequate experience and acceptable quality of care standards are maintained. Medi-Cal managed care plans shall monitor the provision of all the services included above.
 - 2. All allowable providers must be approved by the managed care organization to ensure adequate experience and appropriate quality of care standards are maintained
 - 3. https://www.cdc.gov/asthma/pdfs/home_assess_checklist_P.pdf

4. [https://www.epa.gov/sites/production/files/2020-](https://www.epa.gov/sites/production/files/2020-06/home_characteristics_and_asthma_triggers_training_for_home_visitors_0.pptx)

[06/home_characteristics_and_asthma_triggers_training_for_home_visitors_0.pptx](https://www.epa.gov/sites/production/files/2020-06/home_characteristics_and_asthma_triggers_training_for_home_visitors_0.pptx)

F. Community supports shall supplement and not supplant services received by the Medi-Cal beneficiary through other State, local, or federally-funded programs, in accordance with the CalAIM STCs and federal and DHCS guidance.

1. Asthma Remediation should not interfere with EPSDT benefits. All appropriate EPSDT services should be provided and Community Supports should be complementary.

ADDITIONAL INFORMATION

The Centers for Disease Control, the Environmental Protection Agency, and Housing and Urban Development collaborated to produce an asthma trigger checklist which MCPs may utilize in determining the appropriateness of these interventions. An accompanying training provides additional details about the connections between asthma triggers and lung health.

CLINICAL/REGULATORY RESOURCE

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 by implementing broad delivery system, programmatic, and payment system reforms. A key feature of CalAIM is the introduction of a menu of Community Supports, that offer 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 Community Supports as an option to Members (Code of Federal Regulations).

DEFINITION OF TERMS

N/A

REFERENCES

1. 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.
2. State of California-Health and Human Services Agency, Department of Health Care Services, August 2022. *Medi-Cal Community Supports, or In Lieu of Services (ILOS), Policy Guide. Community Supports -Service Definitions.*
3. 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; Appendix B

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