



IEHP UM Subcommittee Approved Authorization Guideline			
<b>Guideline</b>	Asthma Remediation	<b>Guideline #</b>	UM_CSS 06
		<b>Original Effective Date</b>	1/1/2022
<b>Section</b>	Community Support Services	<b>Revision Date</b>	9/14/2023

### 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](https://www.cdc.gov/asthma/pdfs/home_assess_checklist_P.pdf)
4. [https://www.epa.gov/sites/production/files/2020-06/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).

### **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, July 2023. *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](https://www.hud.gov/sites/dfiles/HH/documents/HUD%20Asthma%20Guide%20Document_Final_7_18.pdf); Appendix B

## **DISCLAIMER**

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