

## Authorization Guide for Asthma Remediation

Environmental asthma-trigger remediations are physical modifications to a home environment that are necessary to ensure the health, welfare and safety of the individual or enable the individual to function in the home and without which acute asthma episodes could result in the need for emergency services and hospitalization.

**Members must meet the following criteria to qualify for the Asthma Remediation service:**

Program Overview	Required documentation
<p>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.</p>	<p><b>Clinical documentation</b> submitted from the member’s current primary care physician or other health professional (medical doctor, physician assistant or nurse practitioner).</p> <ul style="list-style-type: none"> <li>● <b>Provider Order</b> - A current licensed health care provider’s order specifying the requested remediation(s) for the member.</li> <li>● <b>Evaluation</b> - A brief written evaluation specific to the member describing how and why the remediation(s) meets the needs of the individual; required for cases of other interventions identified to be medically appropriate and cost-effective.</li> </ul> <p><b>Additional documentation</b> submitted from Community Supports Provider or others.</p> <ul style="list-style-type: none"> <li>● <b>A home visit</b> - conducted to determine the suitability of any requested remediation(s) for the member. The home visit may occur post referral by provider.</li> </ul>
Eligibility	Authorization
<p>Individuals with poorly controlled asthma as determined by:</p> <ul style="list-style-type: none"> <li>● An emergency department visit or hospitalization; or</li> <li>● Two sick or urgent care visits in the past 12 months; or</li> <li>● A score of 19 or lower on the asthma control test.</li> <li>● A licensed health care provider has documented that the service will likely avoid asthma-related hospitalizations, emergency department visits or other high-cost services.</li> <li>● The services are available in a home that is owned, rented, leased or occupied by the member or their caregiver.</li> </ul>	<p>Initial authorization period is up to 90 days and includes completion of home assessment and remediation services.</p> <p><b>Reauthorization</b></p> <p>If provider needs additional time to complete remediation needs, a new referral form must be submitted and include reason for authorization extension. Reauthorization period varies based on remediation needs.</p>

Member education	
<ul style="list-style-type: none"> <li>• 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:</li> <li>• Identification of environmental triggers commonly found in and around the home, including allergens and irritants.</li> <li>• Using dust-proof mattress and pillow covers, HEPA vacuums, asthma-friendly cleaning products, dehumidifiers, and air filters.</li> <li>• Health-related minor home repairs such as pest management or patching holes and cracks through which pests can enter.</li> </ul>	
Restrictions	State services to be avoided
<p>If another state plan service, such as durable medical equipment, is available and would accomplish the same goals of preventing asthma emergencies or hospitalizations.</p> <p>Asthma remediation must be conducted in accordance with applicable state and local building codes.</p>	<p>State plan services to be avoided include but are not limited to inpatient and outpatient hospital services and emergency department services.</p>
Codes	Eligible providers
S5165 U5- Home modifications; per service	Providers must have experience and expertise with providing these unique services. <sup>1</sup>
For permanent adaptations or installations	
<ul style="list-style-type: none"> <li>• 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 ceases to reside at the residence.</li> <li>• This requirement does not apply to the provision of supplies that are not permanent adaptations or installations, including but not limited to: allergen-impermeable mattress and pillow dust covers; high-efficiency particulate air (HEPA) filtered vacuums; de-humidifiers; portable air filters; and asthma-friendly cleaning products and supplies.</li> <li>• Asthma remediation that is a physical adaptation to a residence must be performed by an individual holding a California contractor’s license.</li> <li>• 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.</li> <li>• All allowable providers must be approved by the managed care organization to ensure adequate experience and appropriate quality of care standards are maintained.</li> </ul>	

<sup>1</sup> **Examples of possible providers:** lung health organizations, healthy housing organizations, local health departments, community-based providers and organizations.

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