IEHP | Community Supports

Asthma Remediation Referral Form

The Asthma Remediation Community Support consists of supplies and/or physical modifications to a home environment that are necessary to ensure the health, welfare, and safety of a Member, or to enable a Member to function in the home with reduced likelihood of experiencing acute asthma episodes that could result in the need of emergency service and hospitalizations. Asthma Remediation

Request Type

☐ Initial Request ☐ Extension ☐ Member consented to asthma remediation referral

Member's First Name:	Last Name:	Phone Number:	IEHP Number:
Member's Address:			Zip Code:

Gender:	DOB:	Primary Language:	Responsible Party:
☐ Male ☐ Female ☐ Other: _____ Preferred pronoun:	Age:	☐ English ☐ Spanish ☐ Other: _____	Self ☐ Yes ☐ No Power of Attorney ☐ Yes ☐ No Public Guardian ☐ Yes ☐ No Advance Directive ☐ Yes ☐ No Responsible Party Name and Contact:

Diagnosis (required):	ICD-Code:

Eligibility Criteria

Member has poorly controlled asthma documented by:

☐ Emergency Department((ED) visits
☐ Hospitalization
☐ Two (2) sick or urgent care visits in the past 12 months
☐ A score of 19 or lower on the Asthma Control Test
☐ Have recommendation from a licensed health care provider that the service will likely avoid asthma-related hospitalization, emergency department visits and/or other high-cost services

Has an asthma remediation home assessment been completed? ☐ Yes ☐ No

*Please note, if box is **NOT** checked, **STOP**. Member does **not** meet eligibility criteria.*

Clinical and Supporting Attachments:

Supporting medical documentation should include:

- The member's current licensed healthcare provider's order specifying the requested remediation(s)
- Depending on the type of remediation(s) requested, documentation from the provider describing how the remediation(s) meets the medical needs of the member. A brief written evaluation specific to the member describing how and why the remediation(s) meets the needs of the member will still be necessary.

Please submit supporting documentation with the referral form.