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**	6/11/2025
		Committee Approval Date	12/22/2025
		Effective Date	01/01/2026

COVERAGE POLICY

A. Asthma Remediation can prevent acute asthma episodes that could result in the need for emergency services and hospitalization. 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.

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. Mechanical air filters/air cleaners
   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. Services are available in a home that is owned, rented, leased, or occupied by the Member or their caregiver. Services provided to a Member need not be carried out at the same time but may be spread over time, subject to the lifetime maximums

D. 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. An in-home environmental trigger assessment within the last 12 months through the Asthma Preventive Services benefit that identifies medically appropriate Asthma Remediations and specifies how the interventions meet the needs of the Member.
   3. 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;

E. Members are eligible for Asthma Remediation when the following are met:

1. Member has a completed in-home environmental trigger assessment within the last 12 months through the Asthma Preventive Services benefit
2. In-home environmental trigger assessment identifies medically appropriate asthma remediations and specifies how the interventions meet the needs of the member

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.

COVERAGE LIMITATIONS AND EXCLUSIONS

A. In-home environmental trigger assessments and asthma self-management educations are an exclusion from this benefit and should be reviewed under Asthma Preventive Services (APS)
B. If another State Plan service beyond the APS, such as Durable Medical Equipment (DME), is available and would accomplish the same goals of preventing asthma emergencies or hospitalizations, the State Plan service should be accessed first.
C. Asthma Remediation should not interfere with EPSDT benefits. All appropriate EPSDT services should be provided, and Community Supports should be complementary.
D. Community Supports shall supplement and not supplant services received by the Medi-Cal beneficiary.
E. Asthma remediations must be conducted in accordance with applicable State and local building codes.
F. 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.
G. Asthma remediation home 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.
H. 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.
I. 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/2020-06/home_characteristics_and_asthma_triggers_training_for_home_visitors_0.pptx

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, April 2025. Medi-Cal Community Supports, or In Lieu of Services (ILOS), Policy Guide. Community Supports -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; Appendix B Accessed 03/10/25.

DISCLAIMER

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