

March 6, 2020

Jacey Cooper
Senior Advisor, Health Care Programs
Department of Health Care Services
Via email: Jacey.Cooper@dhcs.ca.gov

Re: In Lieu of Services and Asthma

Dear Ms. Cooper,

Thank you for working to include asthma trigger remediation into the In Lieu of Services (ILOS) component of the Medi-Cal Healthier California for All (MHCA) proposal. We are very pleased that DHCS included asthma trigger remediation in the draft proposal and look forward to working with you to make it as strong and successful as possible.

Stakeholders had originally recommended that Environmental Asthma Trigger Remediation be included as a separate ILOS within the menu. In order to make the benefit work best for the intended population and leverage the infrastructure laid in the \$15 million Asthma Mitigation Grant Program approved in the FY 2019-20 budget investment, **we strongly encourage DHCS to reconsider including Asthma Trigger Remediation as an ILOS separate from other ILOS** rather than the current approach where asthma trigger remediation is one of several options within the Environmental Accessibility Adaptations (Home Modifications) ILOS menu item (pgs. 40-43). We have attached the stakeholders' original recommendation, which provides model language for Asthma Trigger Remediation as a stand-alone ILOS. As conveyed by our concerns with the current approach, outlined below, it simply doesn't work as well to include Asthma Trigger Remediation included among the other adaptations.

- There are a variety of minor health-related home repairs that could be used to remediate asthma triggers, and we suggest providing additional examples beyond pest triggers. Specifically, **we recommend the following edit to the health-related home repairs bullet description (pg. 40) (additions in italics): “Health-related minor home repairs such as pest management or patching holes and cracks through which pests can enter; or moisture-related concerns, including minor mold remediation and ventilation improvements.”**
- Given the nature of the Asthma Trigger Remediation interventions, the criteria that “A physical or occupational therapy evaluation and report to evaluate the medical necessity of the requested equipment or service” (pg. 41) is overly burdensome and not necessary as a PT or OT evaluation are not the usual standard of practice for asthma patients. In fact, a standard Physical or Occupational Therapist is unlikely to have the experience or training necessary to assess the appropriate necessity of an in-home asthma trigger remediation. **DHCS should clarify that a PT or OT evaluation is not needed for Asthma Trigger Remediation ILOS. Instead, DHCS should articulate the**

criteria and skills needed for the home visit trigger assessment and mitigation component, which can be provided by a range of licensed and non-licensed providers.

At a minimum, the professionals providing Asthma Trigger Remediation ILOS should be trained using curricula, materials, face-to-face client interactions and/or other resources that cover a core set of topics, including, but not limited to, all of the following:

- Environmental control measures, including how to identify, avoid, and mitigate environmental exposures, such as allergens and irritants, that worsen the patient's asthma.
 - Effective communication strategies, including, at a minimum, cultural and linguistic competency and motivational interviewing.
 - The roles of various members of the care team and when and how to make referrals to other care providers and services, as appropriate.
- While the primary care provider (PCP) must be involved in the management of a beneficiary's care, the PCP may not be the only referring provider. For example, an asthma specialist or another licensed provider may request the asthma trigger remediation services. **DHCS should clarify that the beneficiary's PCP, an asthma specialist who has seen the beneficiary, or another licensed provider can refer the patient for Asthma Trigger Remediation ILOS.**
 - Since the Asthma Trigger Remediation interventions are minor-to-moderate in nature, the criteria that "If possible, a minimum of two bids from appropriate providers of the requested service, which itemize the services, cost, labor and applicable warranties," (pg. 41) may be overly burdensome. For example, it probably would not be efficient to shop for two bids for things like an air filter, however multiple bids could inform better purchasing for things like Integrated Pest Management (IPM) services. **DHCS should modify the following sentence (additions in italics): "For asthma trigger remediation services, *only if possible and cost efficient*, a minimum of two bids from appropriate providers of the requested service, which itemize the services, cost, labor and applicable warranties."**
 - Due to the non-major and impermanent nature of the Asthma Trigger Remediation interventions, the criteria that "Before commencement of the modification, the MCP must provide the owner and beneficiary with written documentation that the modifications are permanent, and that the State is not responsible for removal of any modification if the participant ceases to reside at the residence" (pg. 42) is not necessary, could cause confusion, and could risk sharing sensitive medical information with third parties who do not need to know. Similarly, we believe that because of the nature of the Asthma Trigger Remediation interventions, the criteria that "For a home that is not owned by the individual, the individual must provide written consent from the owner for the modifications" (pg. 40) is too restrictive and will be an unnecessary barrier to services. **DHCS should clarify that homeowner written consent is not needed for Asthma Trigger Remediation ILOS unless the remediation is structural in nature.**

- We appreciate that DHCS has provided stakeholders with some preliminary information about how ILOS services could be coded for billing and encounter data purposes. Currently, DHCS has proposed using the code S5165 with modifiers for all Environmental Accessibility Adaptations ILOS, including asthma trigger remediation ILOS. We presume that there would be a specific modifier to distinguish the Asthma Trigger Remediation services since that would provide really valuable information about how those services are provided and to whom. However, **DHCS should consult with stakeholders and explore the best billing codes and modifiers to use for asthma in-home assessments and Asthma Trigger Remediation services, which may be different than the code proposed for the EAA ILOS.**
- One of the troubling things about the combined approach for EAA and Asthma Trigger Remediation ILOS is that it creates a complicated and burdensome imposition of a \$5,000 lifetime benefit cap. By comparison, interventions under the Asthma Mitigation Project grant program are funded at \$1,000 per individual (without explicit lifetime limits, which are administratively burdensome to track) because they are minor-to-moderate in nature, but beneficiaries may have other needs that other home modifications could address. Lifetime benefit caps for a combined ILOS would be especially problematic for a beneficiary who could benefit from both EAA *and* Asthma Trigger Remediation. **DHCS should not apply a lifetime benefit cap for Asthma Trigger Remediation ILOS.**
- The requirement that “all physical adaptations to a residence must be performed by an individual holding a California Contractor’s License” is incredibly restrictive for minor-to-moderate trigger remediations, which typically are not substantial enough to require that high level of qualification. **DHCS should create and clarify an exception for Asthma Trigger Remediation services for a licensed contractor requirement.**

Including Asthma Trigger Remediation as an ILOS will provide a much-needed service for Medi-Cal beneficiaries with poorly controlled asthma. Additionally, the Asthma Trigger Remediation ILOS will be most impactful if there is the appropriate workforce and relationships available to deliver the home visiting requirement. To that end, **DHCS should articulate plans to submit to CMS a complementary State Plan Amendment (SPA) invoking the Preventive Services Rule to make asthma preventive services by a non-licensed provider a reimbursable benefit.**

Sincerely,

Children Now
 Regional Asthma Management & Prevention
 California Pan Ethnic Health Network
 Asthma Coalition of Los Angeles County
 Vision y Compromiso
 The Children’s Partnership
 Long Beach Alliance for Children with Asthma

Stanislaus County Asthma Coalition
Esperanza Community Housing, Inc.
Prescott-Joseph Center for Community Enhancement
Northern California Breathmobile
Contra Costa Health Plan
Breathe California of the Bay Area, Golden Gate, and Central Coast
Asthma and Allergy Foundation of America
Sydney Leibel MD MPH, Pediatric Allergist and Asthma Specialist
Central California Asthma Collaborative
Pediatric Asthma & Allergy Clinic at Zuckerberg SF General
Comite Civico Del Valle
Public Health Advocates
BREATHE California of Los Angeles County
St. John's Well Child and Family Center
Watsonville Law Center
Salud Para La Gente
American Lung Association
Green & Healthy Homes Initiative
Asthma Coalition of Kern County
Long Beach Health and Human Services Department
County Health Executives Association of California

Attachment: Original stakeholder recommendation on Asthma Trigger Remediation ILOS
(submitted to DHCS On December 13, 2019)

Environmental Asthma Trigger Remediations

Description/Overview

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.

Examples of environmental asthma trigger remediations include:

- Allergen-impermeable mattress and pillow dustcovers;
- High-efficiency particulate air (HEPA) filtered vacuums;
- Integrated Pest Management (IPM) services;
- De-humidifiers;
- Air filters;
- Other moisture-controlling interventions;
- Minor mold removal and remediation services;
- Ventilation improvements;
- Asthma-friendly cleaning products and supplies;
- Other interventions identified to be medically appropriate and cost effective.

The services are available in a home that is owned, rented, leased or occupied by the individual or their caregiver.

When authorizing environmental accessibility adaptations as an in lieu of service, the managed care plan must receive and document:

1. The participant's current primary care physician's order specifying the requested remediation(s);
2. Depending on the type of remediation(s) requested, documentation from the provider describing how the remediation(s) meets the medical needs of the participant. A brief written evaluation specific to the participant describing how and why the remediation(s) meets the needs of the individual will still be necessary;
3. That a home visit has been conducted to determine the suitability of any requested remediation(s).

Eligibility (Population Subset)

- Eligible enrollees are those with poorly controlled asthma (as determined by an emergency department visit or hospitalization or two sick or urgent care visits in the past 12 months or a score of 19 or lower on the Asthma Control Test), and/or a recommendation from a licensed physician, nurse practitioner, or physician assistant.

Restrictions/Limitations

In lieu of services are alternative services covered under the State Plan but are delivered by a different provider or in a different setting than is described in the State Plan. An in lieu of services can only be covered if: 1) the State determines it is medically-appropriate and a cost-effective substitute or setting for the State plan service, 2) beneficiaries are not required to use the in lieu of services and 3) the in lieu of services is authorized and identified in the Medi-Cal managed care plan contracts.

- This benefit is not meant to replace any other State Plan service. If another State Plan service such as Durable Medical Equipment, is available and would accomplish the same goals of preventing asthma emergencies or hospitalizations.
- Environmental Asthma Trigger Remediations must be conducted in accordance with applicable State and local building codes.
- Environmental Asthma Trigger Remediations may include finishing (e.g., drywall and painting) to return the home to a habitable condition, but do not include aesthetic embellishments.
- Individuals may not be receiving duplicative support from other State, local or federally-funded programs, which should always be considered first, before using Medi-Cal funding.

Licensing/Allowable Providers

- The Medi-Cal managed care plan may: manage these services directly; may coordinate with an existing Medi-Cal provider to manage the services; and/or may contract with a community-based organization or other organization, as needed. The services should be provided in conjunction with culturally appropriate asthma self-management education.

State Plan Service(s) to Be Avoided

Examples of State Plan services to be avoided include but are not limited to emergency room services and hospitalizations.