

# *Innovations in Financing Environmental Asthma Home Visits Within Medicaid*

Part 1 of 3 in a Webinar Series on Solutions for the Indoor  
Environmental Determinants of Health (IEDOH)

*Hosted by*

U.S. Environmental Protection Agency (EPA)

September 13, 2022, 2:00 - 3:30 p.m. EDT

## Agenda

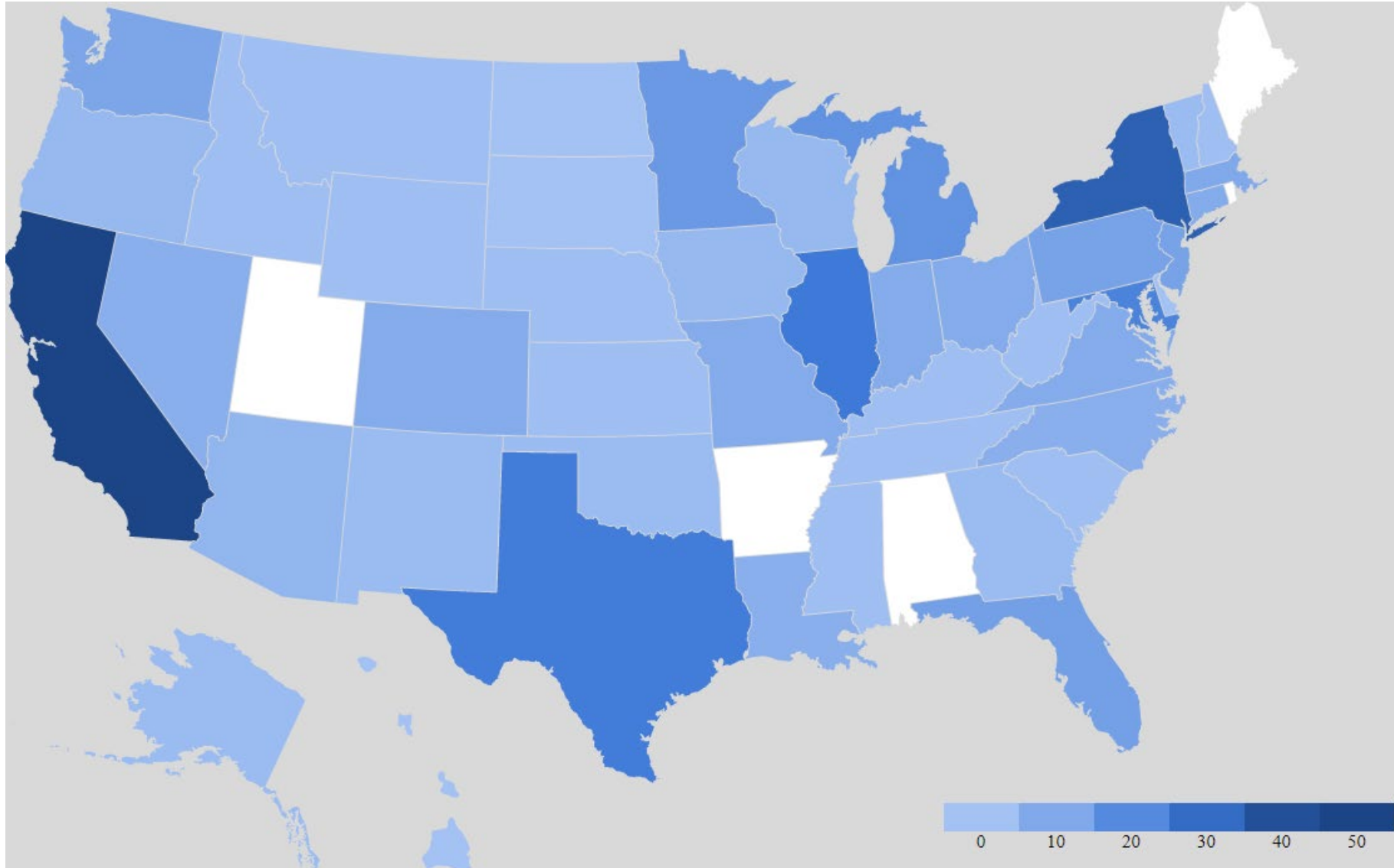
Welcome to a Series on Solutions for the Indoor Environmental Determinants of Health (IEDOH) in Asthma and Community Health.....**2:00 p.m. EDT**

Part 1: Innovations in Financing Environmental Asthma Home Visits in California

Discussion Among Panel of Questions from Audience.....**30 minutes**

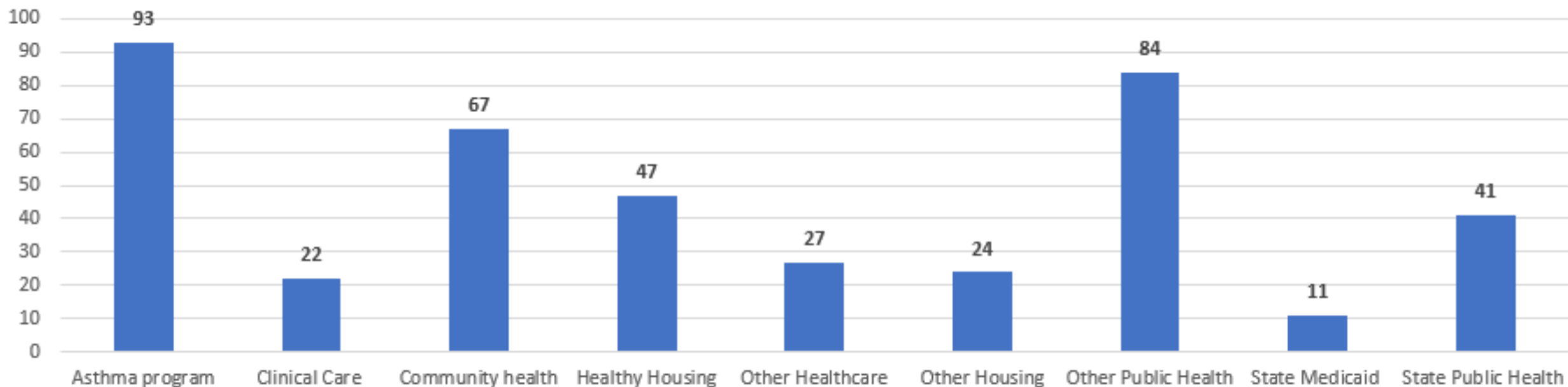
Closing: Requests and Offers to Build National Asthma Impact.....**3:30 p.m. EDT**

# Who is Here Today?



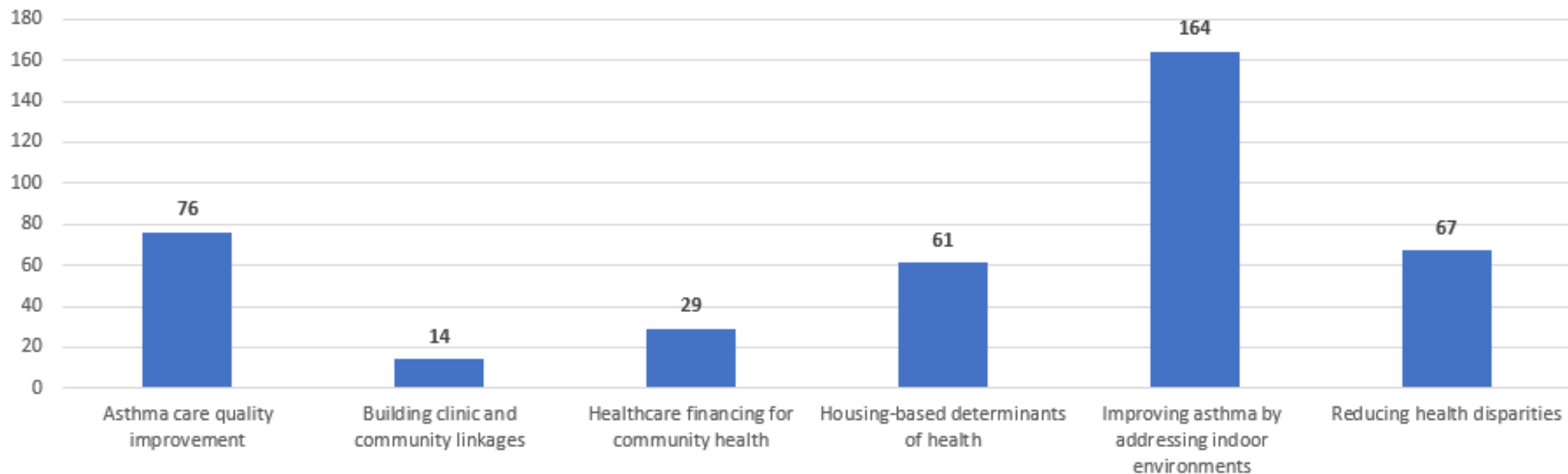
# Who is Here Today?

Are you affiliated with (please select the option that best describes your work)?



# Who is Here Today?

Count of Do your strategic priorities include (please select the option that best describes your work)?



# Polling Question 1

**Do you know much about partnering with health care payers like Medicaid to reach children with environmental asthma home visits?**

1. Yes, I know how to partner with Medicaid and managed care partners on asthma home visits and environmental modifications.
2. No, I do not know how to approach health care payers as partners.
3. I know a little, and I would like to know more.
4. I do not want to work with health care payers.

## Welcome to Solutions for the Indoor Environmental Determinants of Health

- EPA is a **federal lead for environmental risk** reduction in health care standards.
- The Indoor Environments Division (IED) studies, supports and spotlights technical **solutions for the indoor environmental determinants of health**, the **IEDOH**, particularly in asthma.
- For 15+ years and with 4,500+ champions IED has tested and proven **technical solutions communities can apply** to address the IEDOH in asthma.



# Welcome to Solutions for the Indoor Environmental Determinants of Health

- High-quality asthma care **systems break down siloes** to address the IEDOH in asthma.
- Systems require **time, partnership and investment** to build, scale and sustain.
- Assembling key drivers to address the IEDOH in asthma is a model **pathway for addressing the social determinants of health**.





# Solutions for the Indoor Environmental Determinants of Health

Committed Leaders and Champions Advance Policy Nationally, 2012-18

## EPA

- AsthmaCommunityNetwork.org
- Technical assistance on environmental management and sustainable financing
- Asthma summits on healthcare reimbursement for home visits
- National Environmental Leadership Awards in Asthma Management

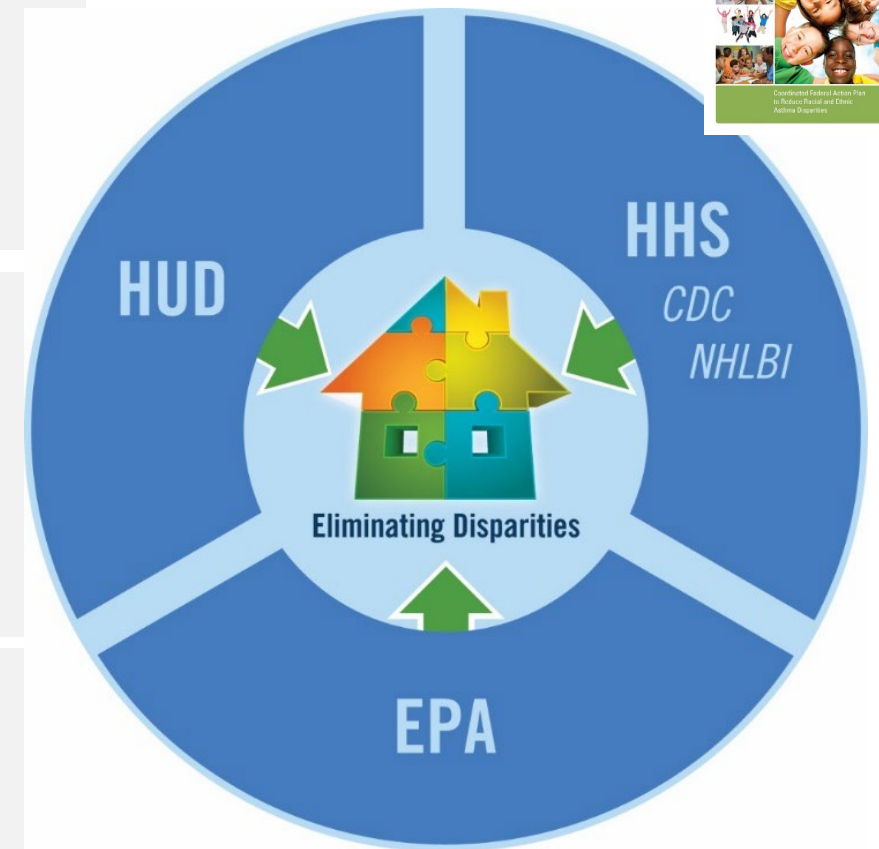
## HHS

- Develop standard measures
- National Asthma Control Program/Grants to states
- 6|18 Initiative
- Track Medicaid coverage for Guidelines-based care
- Community-based integrated interventions grants

## HUD

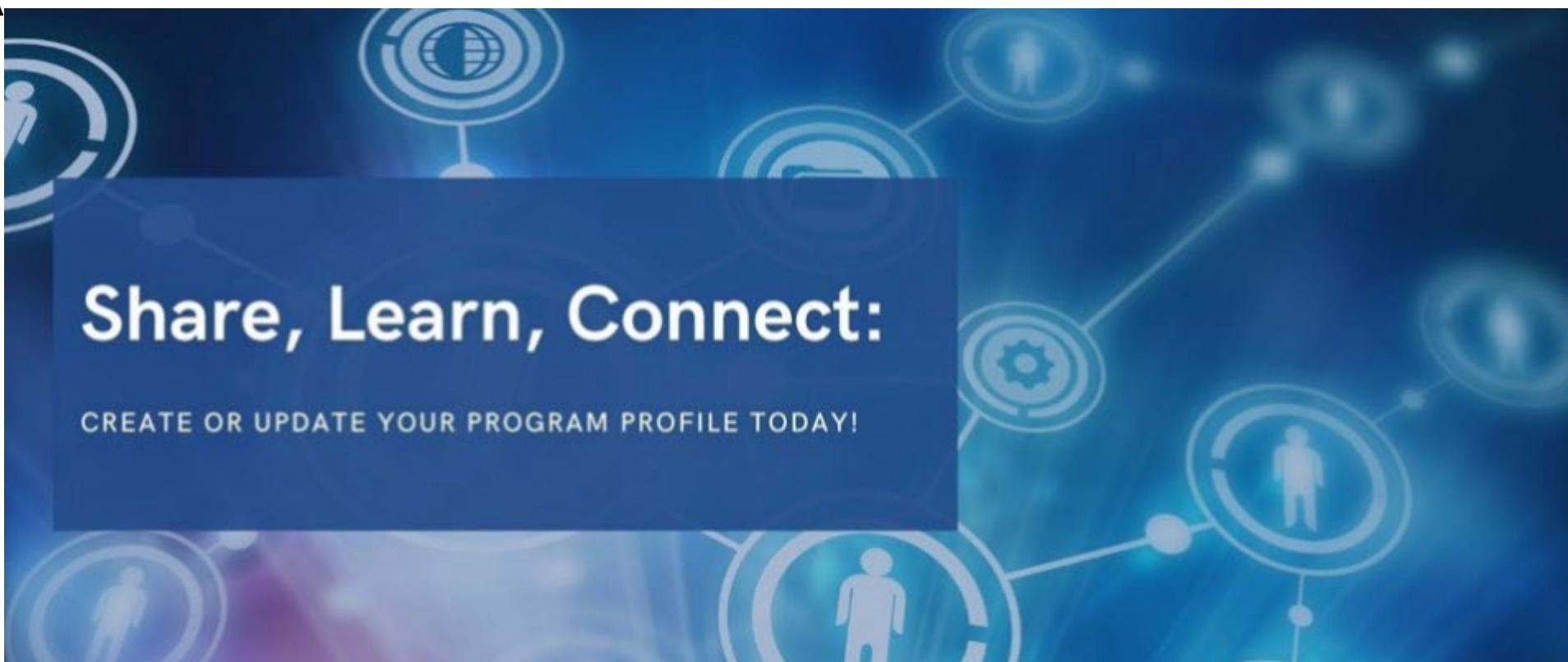
- Asthma summits on healthcare reimbursement for home visits
- Healthy homes grants
- Smoke-free multifamily housing
- Integrated Pest Management training

*Asthma Disparities Action Plan and Subcommittee*



## Solutions for the Indoor Environmental Determinants of Health

- **IED has always supported solutions for the IEDOH and in-home interventions for asthma care.**
- **We have learned that IEDOH solutions for asthma reflect social determinants of health (SDOH) models** for clinic-community integration, housing-related supports, health equity and other priority goals that health care seeks.
- **This series spotlights those solutions in health care and beyond for the IEDOH** to help all stakeholders collaborate for health care innovation, for best asthma care practice, and to advance environmental health equity for all children.

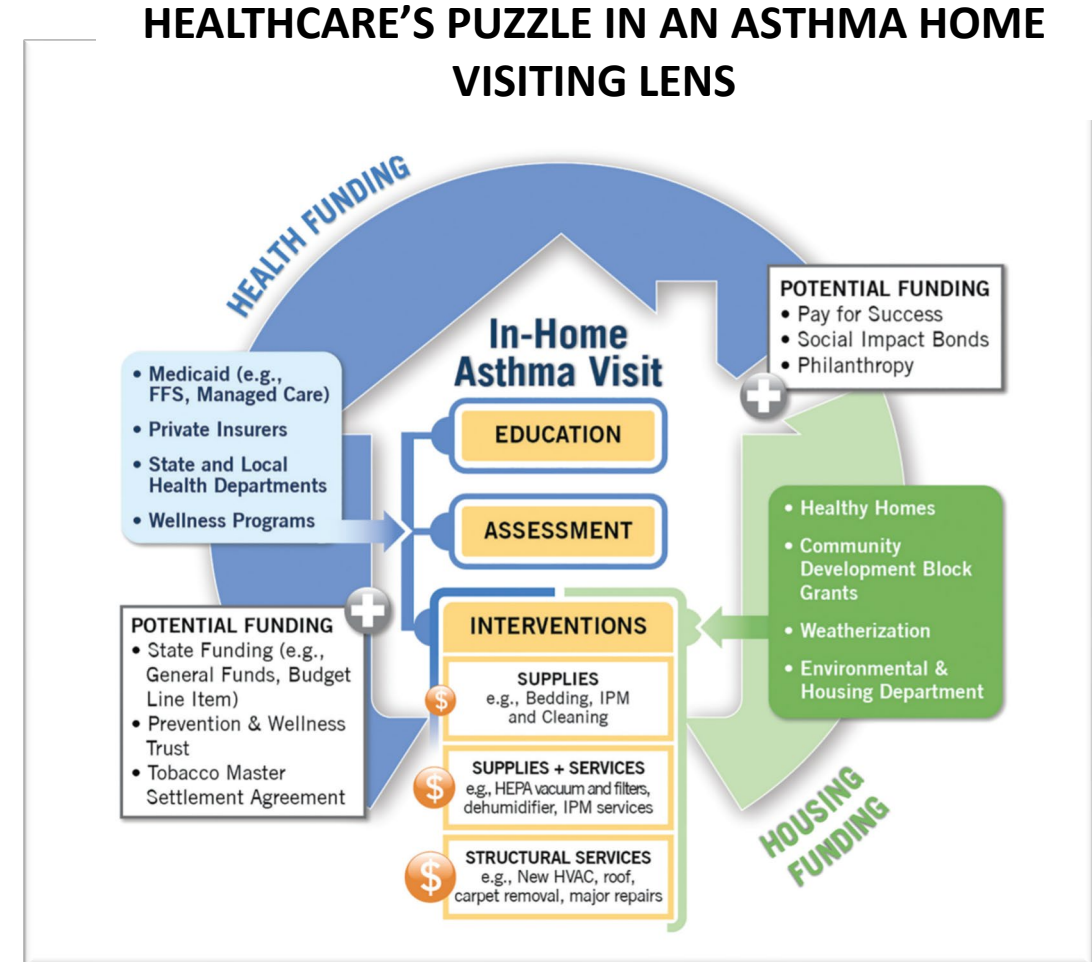


Join the Asthma Community Network to  
access Solutions for the IEDOH at  
**[AsthmaCommunityNetwork.org](https://AsthmaCommunityNetwork.org)**

# Solutions for the IEDOH in Asthma and Community Health

## Innovations in Financing Environmental Asthma Home Visits Within Medicaid

- Who to pay to deliver which in-home activities as health care?
- Which beneficiaries should be eligible?
- Under what authority can we pay for what?
- How and what data to share with whom?
- How to drive health care value with home visits and activities?
- What not to pay for (i.e., no **HC-ROI**)?



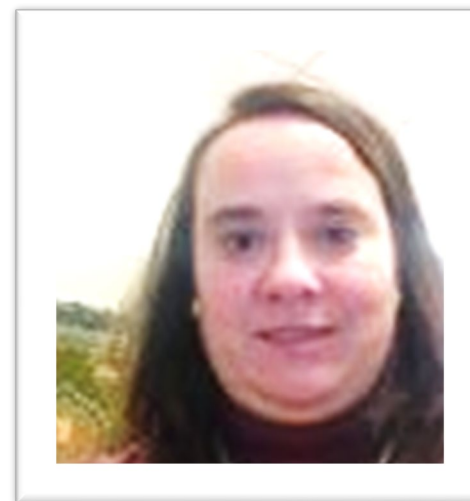
## Solutions for the IEDOH in Asthma and Community Health

### Innovations in Financing Environmental Asthma Home Visits Within Medicaid



Lori Copan

Chief, Exposure Prevention and Education  
Section, Center for Healthy Communities,  
California Department of Public Health



Dana Durham

Chief, Managed Care, Quality and  
Monitoring Division, California Department  
of Health Care Services

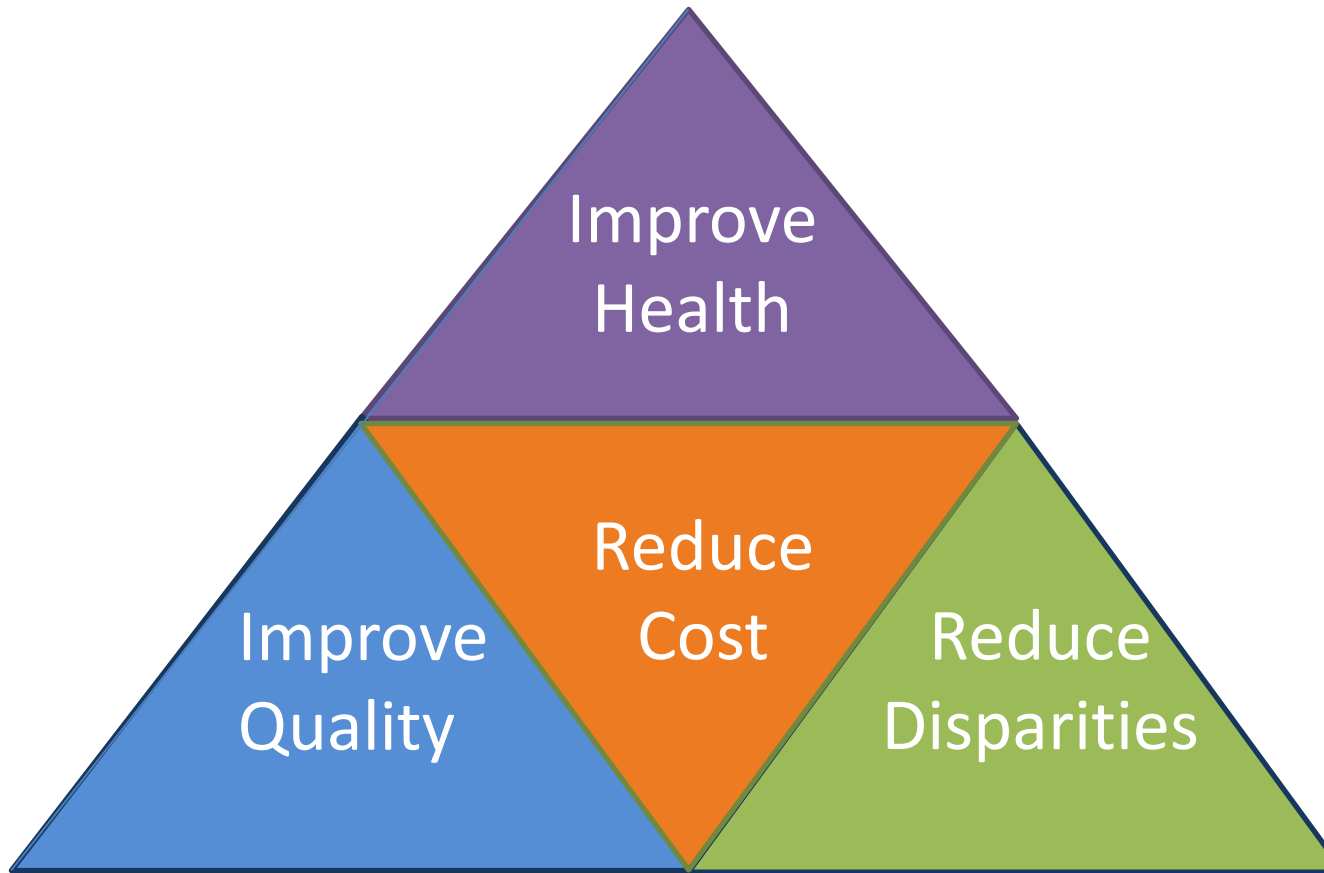
# California Breathing

California Breathing uses asthma surveillance to identify communities with a disproportionate disease burden and develops interventions that improve asthma self-management and environmental conditions in the most vulnerable populations.



Funded by the Center's for Disease Control and Prevention and the tax payors of California (thank you!).

# Quadruple Aim of CHWs





# Asthma Inequities in California

## Compared to White Californians:

- **Black Californians** are more likely to suffer from severe asthma and die from asthma

**5x**  
higher



emergency  
department  
visits

**4x**  
higher



hospital  
stays

**3x**  
higher



deaths from  
asthma

- **American Indian and Alaskan Native Californians** are more likely to have asthma and suffer from severe asthma

**1.3x**



more likely  
to have  
asthma

**1.4x**  
higher



emergency  
department  
visits

- **Hispanic or Latino Californians** are less likely to have asthma than White Californians, but are more likely to suffer from severe asthma

**1.3x**  
higher



emergency  
department  
visits

**1.2x**  
higher



hospital  
stays



# What Causes Health Inequities in Asthma?

What causes health inequities in asthma?



Racism, classism, and discrimination in policies that disadvantage certain groups of people



Pollution in the environment that makes asthma symptoms worse

And poor access to:



healthy and affordable housing



quality food choices

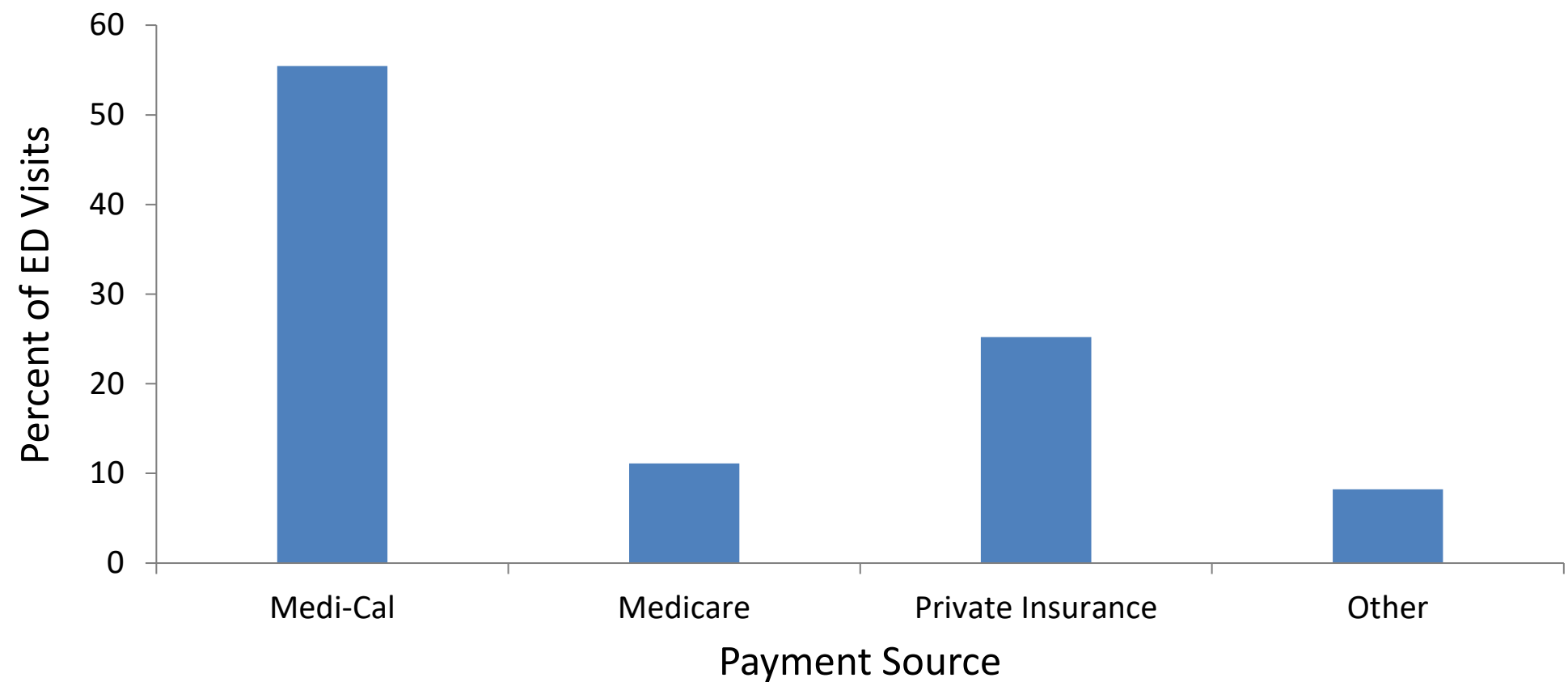


healthy schools and quality education



quality health care

# Expected Source of Payment for Asthma ED Visits California, 2019

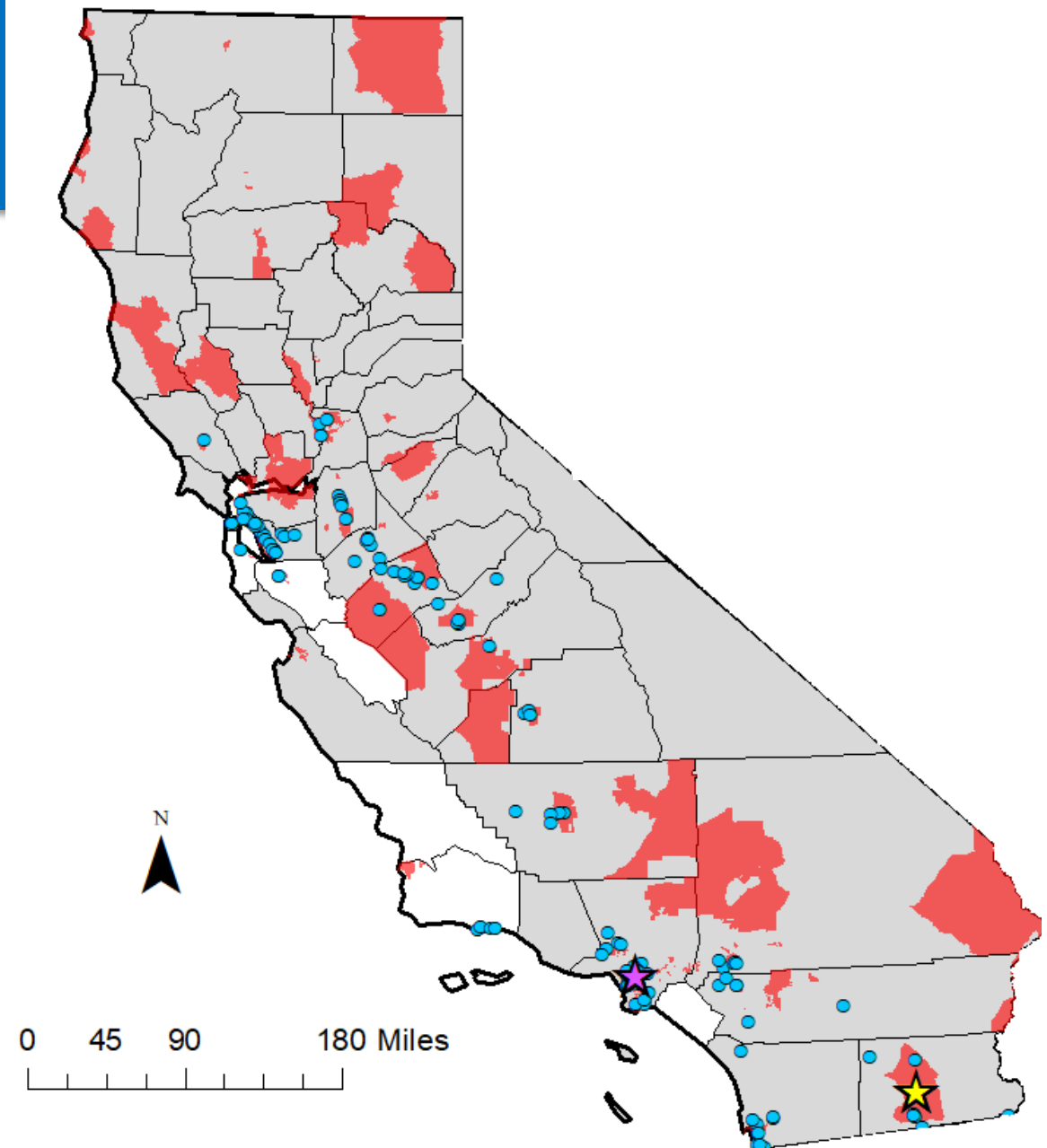


## OUR RESPONSE



# Distribution of Asthma Burden

- Census tracts >75<sup>th</sup> pctl for asthma ED visits
- Population-based approach professional development for CHWs



# What is the Asthma Management Academy (AsMA)?

The Asthma Management Academy (AsMA) trains [community health workers](#) (CHWs) and other health educators how to deliver evidence-based asthma education to individuals and families with asthma.

The training incorporates hands-on activities about:

- Scope of asthma
- Asthma triggers, such as mold, pests, and smoking
- Asthma medications and delivery devices
- Guidelines-based assessment and monitoring tools, such as the Asthma Action Plan (AAP) and Asthma Control Test (ACT)
- Best practices for asthma home visits





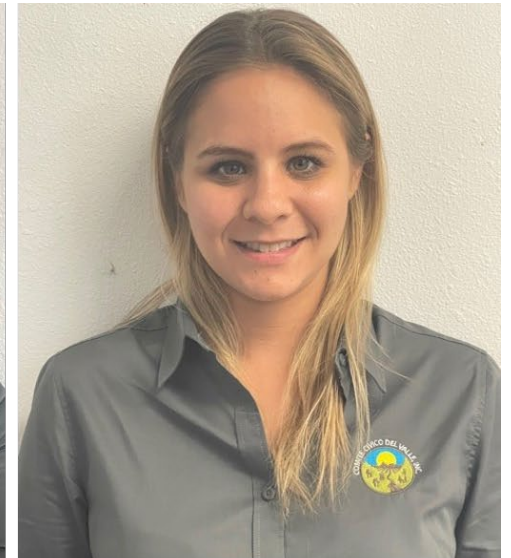
# Training Partner



❖ Esther Bejarano



❖ Martha Ponce



❖ Ana Luisa Pedrero

# Goals of AsMA

- Reduce the asthma burden in the most impacted communities in California
- Provide culturally and linguistically appropriate professional development for CHWs



Photo source: CDPH, Environmental Health Investigations Branch

# AsMA Training Logistics

- ~20-hours of training
- Available in English or Spanish
- Max 12 participants per AsMA
- Live, virtual training via Zoom

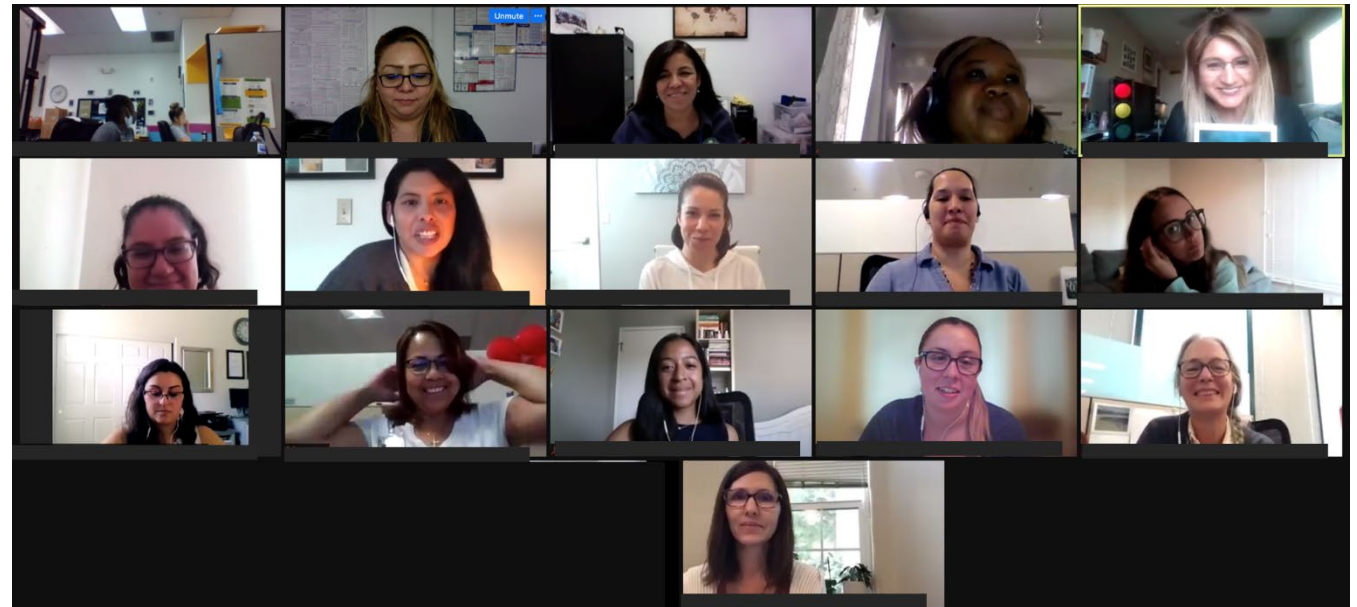




# Highly Interactive Training



In-person trainings pre-pandemic



Virtual trainings via Zoom

# AsMA Partner Organizations and Participants



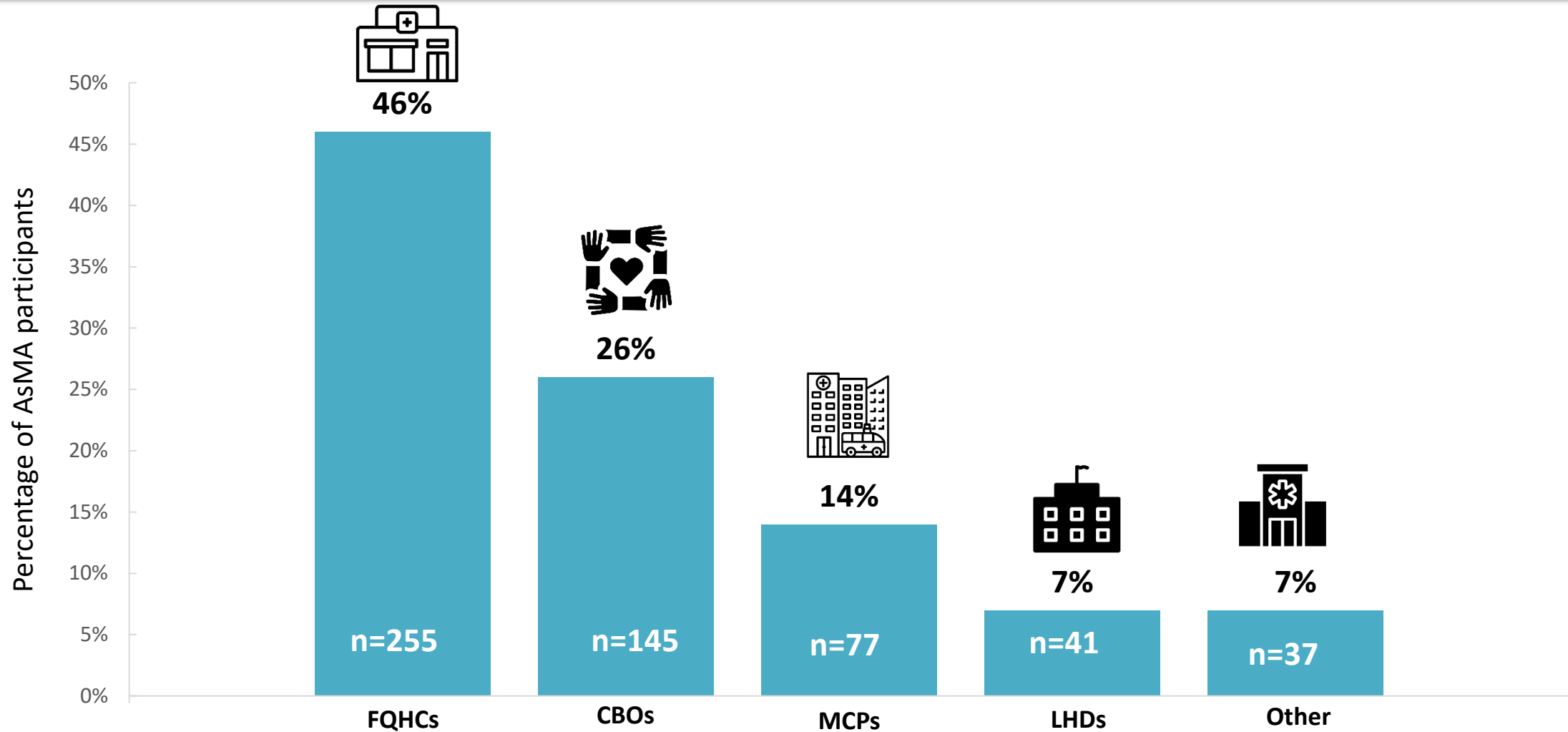
Since 2017, the AsMA has trained over **555** CHWs and other health educators from over **75** organizations including:

- Federally Qualified Health Centers
- Community-Based Organizations
- Medi-Cal Health Plans
- Local Health Departments
- Hospitals

# Types of AsMA Partner Organizations



# AsMA Participant Organization Types





# CHW Knowledge & Skills

AsMA participants increased their asthma knowledge and skills. On average, participants scored **97%** on a competency test covering:



The scope of asthma



Asthma triggers, such as mold, pests, and smoking



Asthma medications and teaching proper use of asthma medication delivery devices



Using asthma assessment and monitoring tools, such as the ACT, AAP



# Impact on Individuals living with Asthma



Among individuals with poorly controlled asthma who completed **at least one asthma education session** taught by AsMA-trained CHWs and health educators:



**83%**

had **reduced** emergency department visits and hospitalizations



**80%**

had **improved** asthma control



**70%**

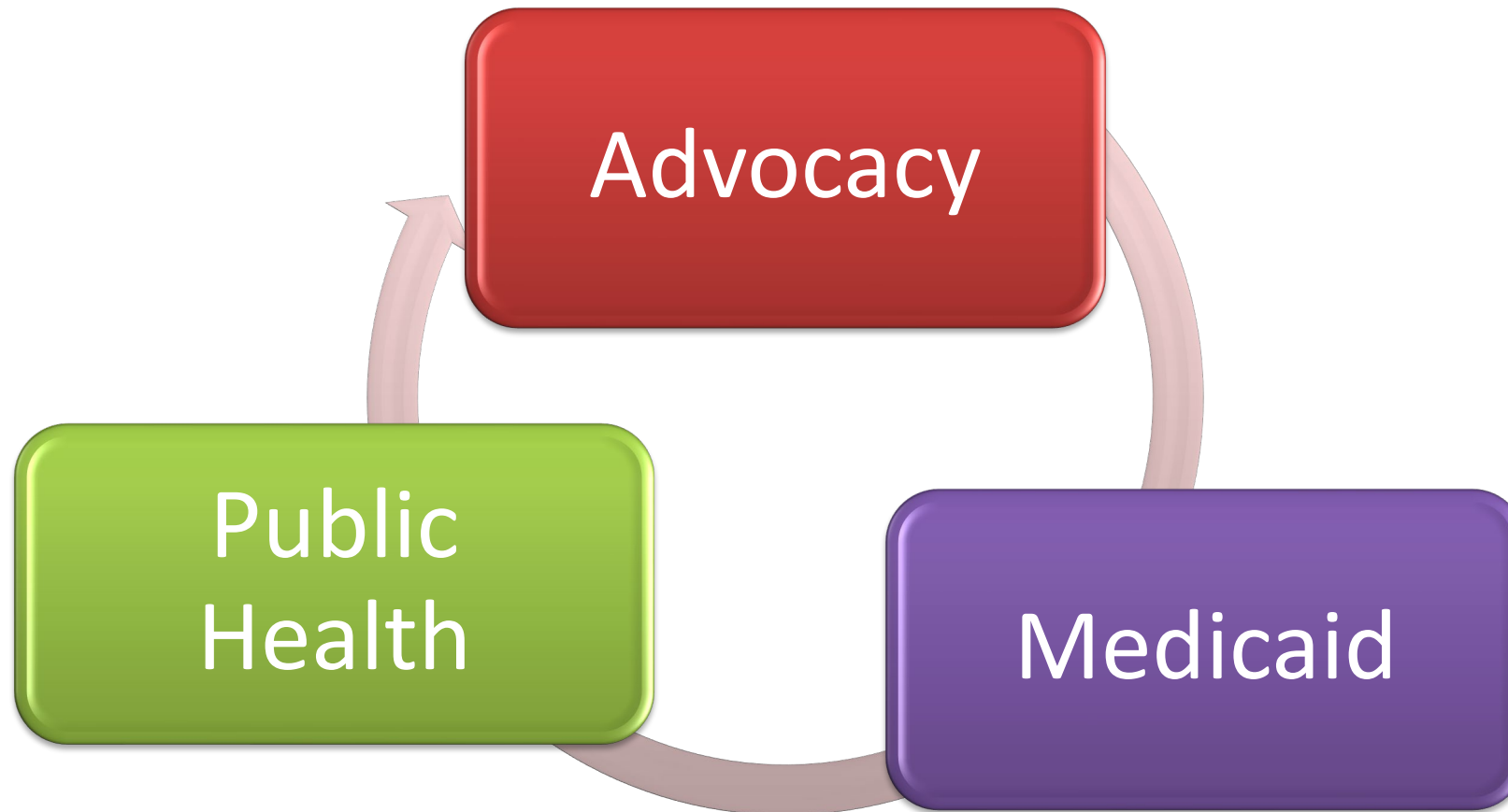
had **fewer** missed work or school days



# **WORKING TOGETHER**

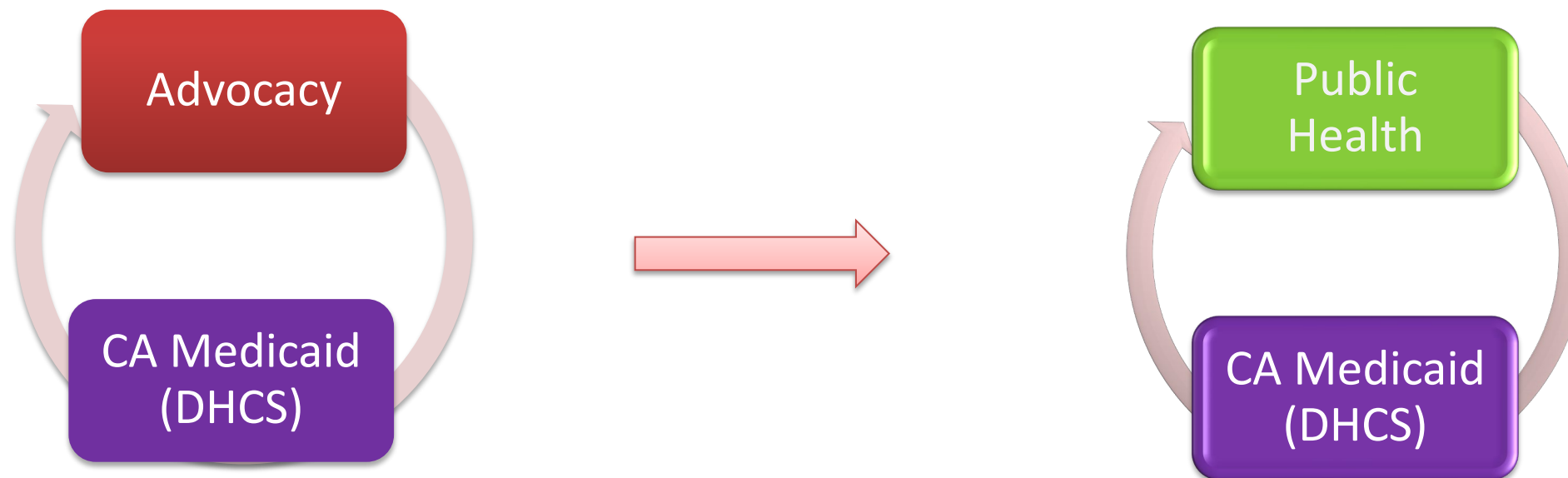


# Asthma Home Visiting in California



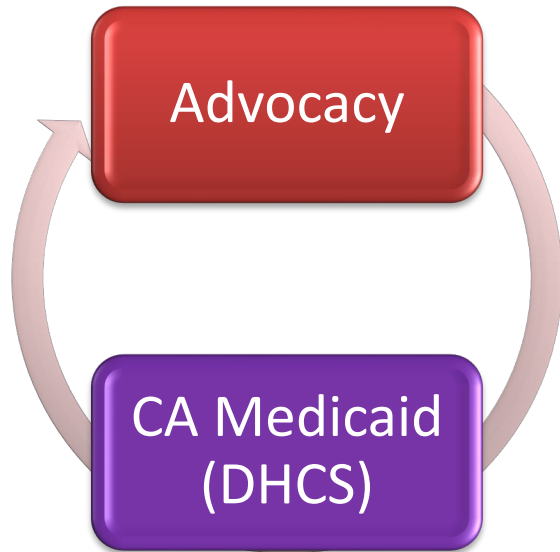


# Asthma Mitigation Project



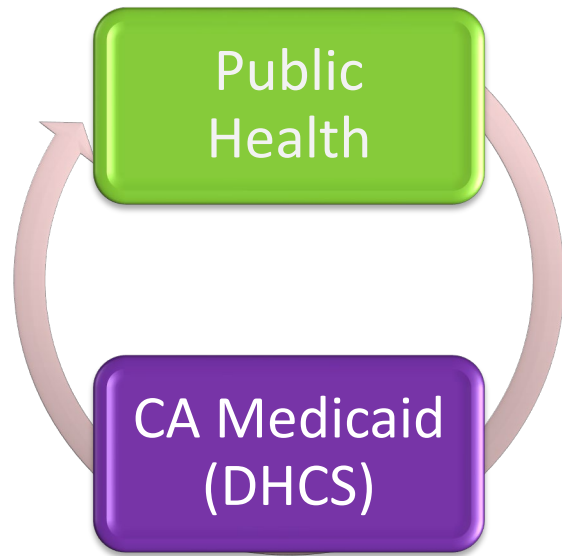
- One-time funding in 2019 (\$15 Million) for new and established asthma home visiting programs
- Two funding rounds: August 2020 and August 2021
- 28 partner organizations
- CDPH trained over 115 CHWs from AMP through the Asthma Management Academy

# State Plan Amendments



- The first SPA would allow Medi-Cal reimbursement to CHWs and *promotoras* for a broad range of work in communities across California.
- The second SPA would allow Medi-Cal reimbursement to CHWs, *promotoras*, and other non-licensed professionals specifically for Asthma Preventive Services, which include home-based asthma education and environmental asthma trigger assessments.

# California Breathing in Partnership with Managed Care Plans



- Partner on Quality Improvement Projects
  - Plans who are completing a PIP (performance improvement plan)
- Promote implementation of guidelines-based asthma care
- Promote asthma self-management education
- Promote asthma home visiting
- Create linkages to asthma home visiting programs with managed care programs through CalAIM's Asthma Remediation Community Supports.



**THANK YOU!**

## What am I hearing?

- Public health data helps focus health care on disproportionate asthma burden.
  - California Breathing emphasizes the environment in disproportionate asthma.
  - California Breathing demonstrates burden in utilization (i.e., \$) language.
- Workforce development (i.e., CHWs from / for over-burdened communities) aligns public health and health care's priorities on asthma disparities, cost and quality.
- Evaluation of health impacts (ongoing) from CA's clinic-community integration already demonstrate reduced health care utilization where As-MA CHWs are used!

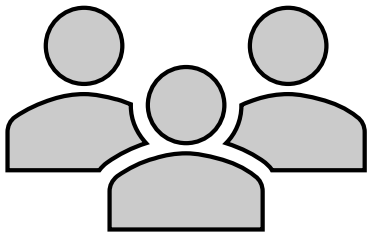
The background of the slide is a purple-tinted image featuring a medical stethoscope on the right and a line graph on the left. The graph has a vertical axis with numerical markers at 3, 6, 9, 12, and 15. The title text is overlaid in the center in a large, white, sans-serif font.

# CalAIM Community Supports Asthma Remediation

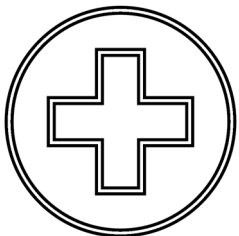
# CalAIM and Community Supports



CalAIM Community Supports are **optional services** that health plans can opt to provide in lieu of higher-cost services traditionally covered by Medicaid.



CalAIM includes **14** Community Supports.



MCPs selected Community Supports to offer when CalAIM went-live on January 1, 2022 and have the **option to add new Community Supports every six months.**

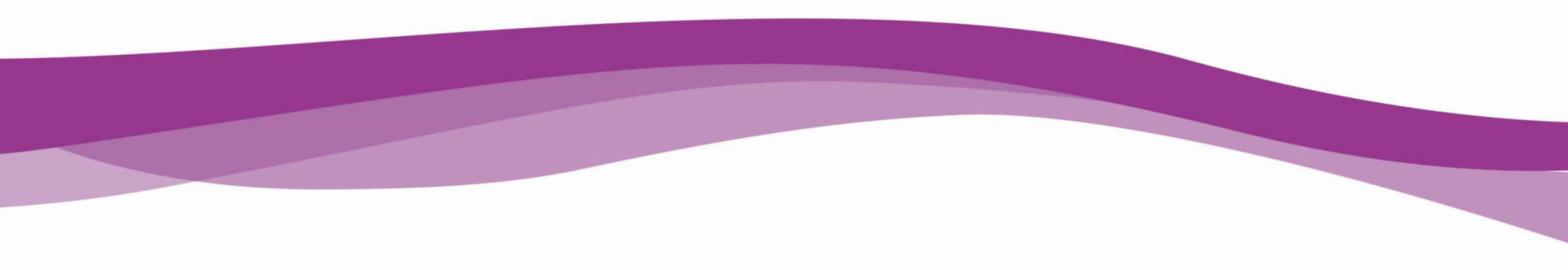
# Community Supports Services Approved in California

- Housing transition navigation services
- Housing deposits
- Housing tenancy and sustaining services
- Caregiver respite services
- Day habilitation programs
- Nursing facility transition/diversion to assisted living facilities
- Community transition services/nursing facility transition to a home
- Personal care and homemaker services
- Environmental accessibility adaptations
- Medically supportive food/meals/medically-tailored meals
- Sobering centers
- **Asthma remediation**
- Short-term post-hospitalization housing
- Recuperative care (medical respite)



# **Asthma Remediation**

## ***Guidance Summary***



# What is Asthma Remediation?

Physical modifications to a home environment to ensure the health, welfare, and safety of the individual

Enables the individual to function in their home

Prevents acute asthma episodes that could result in the need for emergency services and hospitalization

# Common Environmental Triggers<sup>1</sup>



**Mold**



**Dust**



**Rodents/pests**



**Pets**



**Wood and  
tobacco smoke**



**Chemical  
irritants**



**Gas stoves and  
space heaters**



# Possible Services

Allergen-  
impermeable  
mattress and  
pillow dustcovers

High-efficiency  
particulate air  
(HEPA) filtered  
vacuums

Integrated Pest  
Management  
(IPM) services

De-humidifiers

Air filters

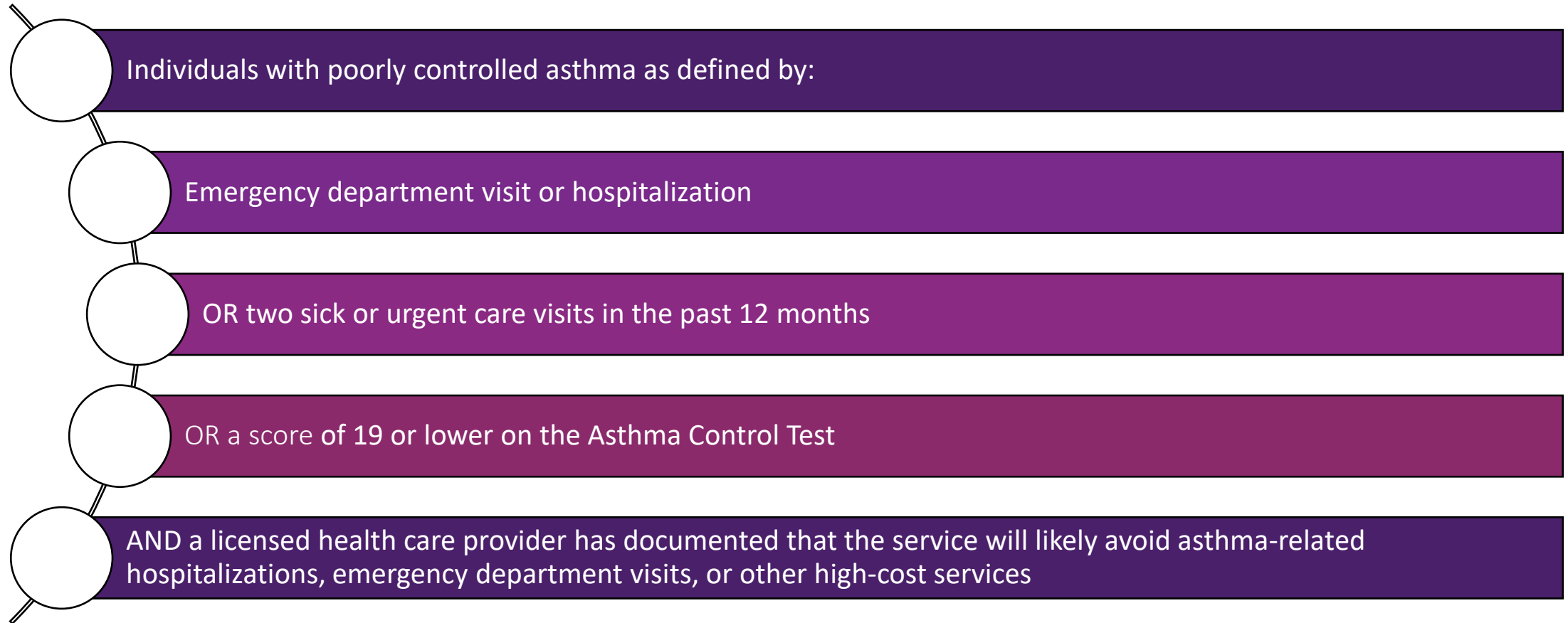
Other moisture-  
controlling  
interventions

Minor mold  
removal and  
remediation  
services

Ventilation  
improvements

Asthma-friendly  
cleaning products  
and supplies

# Eligible Populations



# Service Limitations and Restrictions

- » Other State Plan available services that would accomplish the same goals of preventing asthma emergencies or hospitalizations must be utilized first.
- » Remediations must adhere to applicable State and local building codes.
- » Lifetime maximum of \$7,500.
- » Modifications are limited to those that are of direct medical or remedial benefit to the Member.
- » Remediations may include finishing to return the home to a habitable condition, but do not include aesthetic embellishments.
- » Plans must provide the owner and Member with written documentation that the modifications are permanent and that the State is not responsible for maintenance, repair, or removal of any modification.

# Authorization Requirements

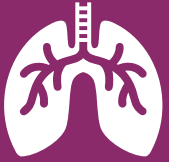
- » A current licensed health care provider's order specifying the requested remediation(s) for the Member
- » A written evaluation specific to the Member describing how and why the remediation(s) meets the needs of the individual
- » That a home visit has been conducted to determine the suitability of any requested remediation



# Member Education Requirements

- » Identification of environmental triggers commonly found in and around the home, including allergens and irritants
- » Using dust-proof mattress and pillow covers, high-efficiency particulate air vacuums, asthma-friendly cleaning products, dehumidifiers, and air filters
- » Health-related minor home repairs such as pest management or patching holes and cracks

# Allowable Providers



Lung health organizations



Healthy housing organizations



Local health departments



Community-based providers and organizations

# Impact of Asthma Remediation Programs

- » 56% reduction in asthma symptom days<sup>2</sup>
- » 23 to 65% increase in well-controlled asthma<sup>2,3</sup>
- » 34% reduction in asthma-related missed school days<sup>3</sup>
- » 36% decrease in wheezing and 43% decrease in rhinitis among adults<sup>4</sup>



# Care Utilization Impacts

- » Proportion of children with asthma-related ED visits decreased by 42% and urgent care visits decreased by 37%<sup>2</sup>
- » 71% reduction in inpatient hospitalizations<sup>3</sup>
- » Significant reduction in ED utilization and 69% reduction in ED costs <sup>2</sup>
- » 1.34 ROI for patients with two or more past-year ED visits<sup>2</sup>

# Pricing Guidance

- » The [Non-Binding ILOS Pricing Guidance](#) outlines a high-level pricing approach.
- » The cap for this service is aligned with current spending caps to promote consistency between programs and services.

# FAQs

- » Billing and rates
- » How to become a provider
- » Who can refer patients and how to make a referral
- » How eligibility is determined



# Citations

1. [MN Dept. of Health: Asthma and the Home Environment](#)
2. [Home Visits for Children with Asthma Reduce Medicaid Costs](#)
3. [A Multicomponent, Multi-Trigger Intervention to Enhance Asthma Control in High-Risk African American Children](#)
4. [Remediating buildings damaged by dampness and mould for preventing or reducing respiratory tract symptoms, infections and asthma \(Review\)](#)
5. [Medicaid Cost Savings of a Preventive Home Visit Program for Disabled Older Adults](#)
6. [Home-Based Care Program Reduces Disability And Promotes Aging In Place](#)
7. [Home modifications to reduce injuries from falls in the Home Injury Prevention Intervention \(HIPI\) study: a cluster-randomised controlled trial](#)

## What am I hearing?

- Medicaid financing for IEDOH is restricted. (Seeking **HC**-ROI)
- Recognition of many triggers and interventions. (IEDOH are SDOH: health care knows this.)
- Eligibility criteria intend to match expanded services to people most in need.
- Restrictions on services, supervision, and delivery are necessary for health care quality and cost control (i.e., accountability for health outcomes).
- This is brand new.

## Where can I learn more?

- Join the Asthma Community Network at [www.asthmacommunitynetwork.org](http://www.asthmacommunitynetwork.org).
- Listen for Utah's **county-by-county pilot** solution that brings public health and Medicaid together for asthma home visiting in the **2022 Award Winner** webinar.

### Webinar Archived!

2022 Award Winner  
Webinar: Innovative  
Strategies & Partnerships  
to Improve Asthma  
Outcomes Through a  
Comprehensive Approach



## Solutions for the IEDOH in Asthma and Community Health

Innovations in Financing Environmental Asthma Home Visits Within Medicaid

- Thank you to our speakers from California for sharing.
- Welcome to Joel Ervice and Anne Kelsey Lamb of Regional Asthma Management and Prevention, who will join our California panel for questions and answers today.
- Welcome to Kate Hastings, IED's Asthma program contracted expert for 20+ years, who will facilitate and join our Q and A.

## Polling Question 2

**Do you know much about partnering with health care payers like Medicaid to reach children with environmental asthma home visits?**

1. Yes, I know how to partner with Medicaid and managed care partners on asthma home visits and environmental modifications.
2. No, I do not know how to approach health care payers as partners.
3. I know a little, and I would like to know more.
4. I do not want to work with health care payers.

# In Closing: Requests and Offers

