



Community Supports Webinar Series: Home-Based Supports for At-Risk Individuals

December 13, 2023



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Agenda

- Welcome and Introductions
- Learning Objectives
- Community Supports Overview –
Environmental Accessibility Adaptations
(EAA) and Asthma Remediation (AR)
- Introduction of Scenario
- Discussion with Community Supports
Providers

Welcome and Housekeeping



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Participants are automatically MUTED. Please communicate via the chat



If we are unable to address your questions in today's webinar, we will address your questions in an upcoming forum

Welcome and Introductions



Nancy Wongvipat Kalev, MPH
Senior Director, Systems of Care

Today's Presenter



Flint Michels, RN, MBA, MHSA
Health Management Associates

Our Provider Speakers



Joel Ervice
Associate Director
Regional Asthma Management &
Prevention (RAMP)



Kevin D. Hamilton, RRT
Co-Founder & Co-Executive Director
Central California Asthma Collaborative

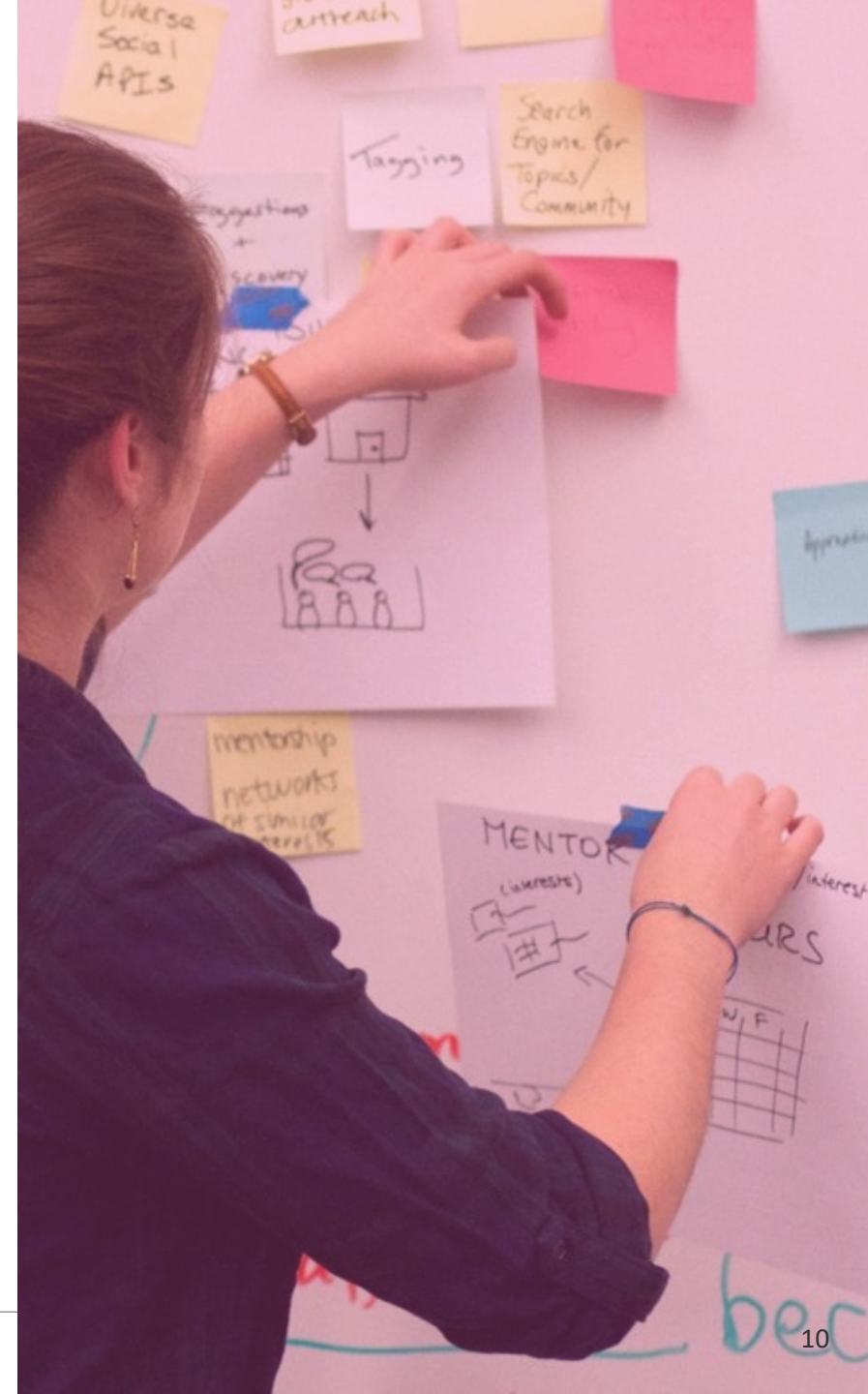
 Please say hello in the chat with your role
and organization!

Learning Objectives

- Describe important aspects of the EAA and Asthma Remediation Community Supports
- Explain key purpose and value of EAA and Asthma Remediation Community Supports
- Explain how other benefits and Community Supports relate to or could intersect with these Community Supports

On a scale of 1-10, how much do you know about the Asthma Remediation Community Supports model? What about for Home Modifications (EAA)?

(1 being no knowledge and 10 having great depth of knowledge)



Introduction to Home-Based Supports



Environmental Accessibility Adaptations

As defined by DHCS CalAIM:

- Environmental Accessibility Adaptations (EAAs also known as **Home Modifications**) are **physical adaptations to a home** that are necessary to **ensure the health, welfare, and safety of the individual**, or enable the individual to function with greater independence in the home without which the Member would require institutionalization.
- The services are available in a **home that is owned, rented, leased**, or occupied by the Member. For a home that is not owned by the Member, the Member must provide written consent from the owner for physical adaptations to the home or for equipment that is physically installed in the home (e.g., grab bars, chair lifts, etc.)



Eligibility and Restrictions

Eligibility:

- Individuals at risk for institutionalization in a nursing facility.

Restrictions/Limitations:

- If another State Plan service, such as **Durable Medical Equipment**, is available and would accomplish the same goals of independence and avoiding institutional placement, that service should be used.
- Home Modifications must be conducted **in accordance with applicable State and local building codes**.
- Home Modifications are payable up to a **total lifetime maximum of \$7,500**. The only **exceptions** to the \$7,500 total maximum are if the Member's place of residence changes or if the Member's condition has changed so significantly that additional modifications are necessary to ensure the health, welfare, and safety of the Member or to enable the Member to function with greater independence in the home and avoid institutionalization or hospitalization.
- **Home Modifications may include finishing (e.g., drywall and painting) to return the home to a habitable condition**, but they **do not** include aesthetic embellishments.
- 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. Adaptations that **add to the total square footage of the home are excluded** except when necessary to complete an adaptation (e.g., to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair).

Examples of environmental accessibility adaptations include:

Custom-made grab-bars and wheelchair ramps to assist Members in accessing the home;

Doorway widening for Members who require a wheelchair;

Stair lifts;

Making a bathroom and shower wheelchair accessible (e.g., constructing a roll-in shower);

Installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies of the Member; and

Installation and testing of a Personal Emergency Response System (PERS) for Members who are alone for significant parts of the day without a caregiver and who otherwise require routine supervision (including monthly service costs, as needed).

Environmental Accessibility Adaptations

When authorizing environmental accessibility adaptations as a Community Support, the managed care plan must receive and document:

An order from the member's current primary care physician or other health professional, specifying requested adaptation.

Documentation from the provider of the equipment or service describing how it meets the medical needs of the member. A home visit to determine the suitability of requested equipment or service.

Supporting documentation describing the efficacy of the equipment. A brief written evaluation specific to the member describing how and why the equipment or service meets the needs of the member.

Asthma Remediation (AR)

As defined by DHCS CalAIM:

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.



Asthma is a significant public health problem and driver of healthcare costs, and is a particular concern for low-income Californians enrolled in Medi-Cal.

- African Americans in California are **five times more likely** to go to the emergency department and **four times more likely** to be hospitalized for asthma than white Californians.
- Over two million** of California's 5.9 million people with asthma are Latino/x.

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

Eligibility and Restrictions

Eligibility:

- Individuals 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; or
 - A licensed health care provider has documented that the service will likely avoid asthma-related hospitalizations, emergency department visits or other high-cost services.

Restrictions/Limitations:

- If another State Plan service, **such as Durable Medical Equipment**, is available and would accomplish the same goals of preventing asthma emergencies or hospitalizations.
- Asthma remediation must be conducted in accordance with applicable **state and local building codes**.
- Remediations **may include finishing (e.g., drywall and painting) to return the home to a habitable condition**, but do not include aesthetic embellishments.

Eligibility and Restrictions

Restrictions/Limitations:

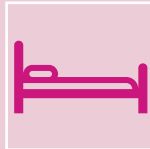
- Before commencement of a permanent physical adaptation to the home or installation of equipment in the home, such as installation of an exhaust fan or replacement of moldy drywall, **the managed care plan must provide the owner and Member with written documentation that the modifications are permanent**, 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.
 - 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

Supporting the Member

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:



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 through which pests can enter

Resources

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.



Referrals and Authorizations

HealthNet:

- The **EAA Referral Form** can be found under “Forms and Tools” on this page:
https://www.healthnet.com/content/healthnet/en_us/providers/support/calaim-resources.html#forms.html
- For more information, please see the **Health Net Authorization Guide for EAA** under “Forms and Tools” on this page: https://www.healthnet.com/content/healthnet/en_us/providers/support/calaim-resources.html#forms.html
- The **Asthma Remediation Referral Form** can be found under “Forms and Tools” on this page:
https://www.healthnet.com/content/healthnet/en_us/providers/support/calaim-resources.html#forms.html
- For more information, please see the **Health Net Authorization Guide for Asthma Remediation** under “Forms and Tools” on this page:
https://www.healthnet.com/content/healthnet/en_us/providers/support/calaim-resources.html#forms.html

Comparison Grid

	DME	Housing Deposits	EAA (Home Modifications)	Asthma Remediation
Provider Order Required?	Yes	Yes	Yes	Yes
Clinical Focus?	Variable	Variable	Yes	Asthma only
Timing Restrictions?	-	Only on Move-in	-	-
Long-Term Maintenance?	Yes – per restrictions	No	No	No
Focus	Standard DME supplies	Move-in support only	Specific to adaptations to ensure safety	Specifically to reduce Asthma complications
Life-Time Limited	-	Yes	-	-
Dollar cap level	Variable	\$6,000	\$7,500	\$7,500

Scenario – Lucy Jones



Lucy is a 60-year-old female, about to be discharged from the hospital with a cast on her right leg. She lives in a single-story home by herself and nearest neighbors are about 100 yards away.



She is discharged home with crutches but is unstable using them to go up the 3 stairs to her front door.
She also has asthma.



Her asthma is flaring up as well due to some seasonal allergies from neighboring fields – it's been a wet spring! She's gone to the urgent care center four times in the last year for her asthma issues.

Scenario Questions



1. Is Lucy at risk for ED visits or further Inpatient stays?

Related to her mobility?
Related to her asthma?



2. Is she a good candidate for EAA?
For PERS? For Asthma Remediation?

If so, why?

Provider Spotlight

Kevin D. Hamilton, RRT

Central California Asthma Collaborative (CCAC)

Co-Founder & Co-Executive

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www.cencalasthma.org



The Central California Asthma Collaborative (CCAC) is a 501c3 founded in 2011 by a group of public health and asthma management experts.

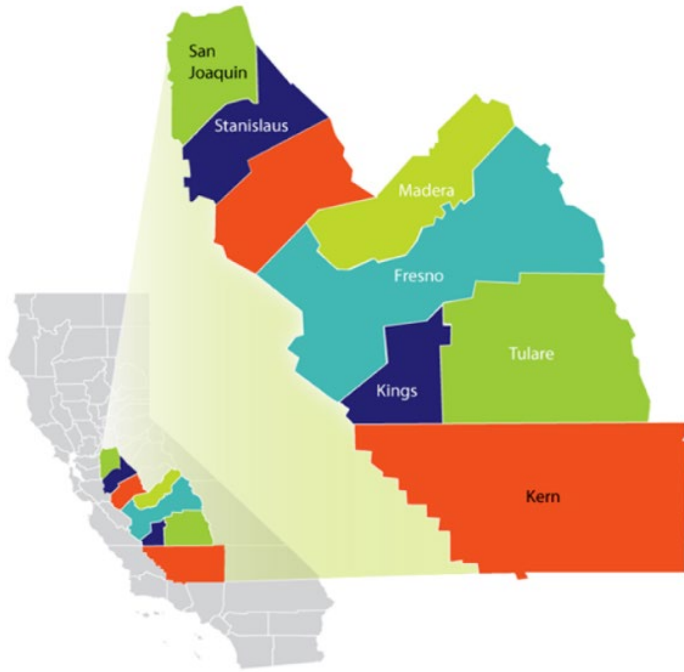
CCAC's mission is to provide education and direct services, build regional capacity and advocate for sensible policies that improve health and address inequities by reducing environmental impacts and emphasizing the prevention and management of chronic disease.



The CCAC Asthma Program began conducting home visits in 2012 to help low-income families reduce indoor environmental triggers and properly use medications to control their asthma.

CCAC's Asthma Program has evolved over the past decade, as new technologies and medications were introduced, focusing on cost-effective interventions with the greatest demonstrated impact on patient outcomes. The result is CCAC's Comprehensive Asthma Remediation and Education Services (CARES), one of the premier, in-home asthma preventative care interventions in California.

In 2021, CCAC CARES (formerly the AIM program) received the US EPA's National Environmental Leadership Award in Asthma Management, one of only two awards given out nationally.



CARES is contracted with Managed Care Plans in (7) San Joaquin Valley Counties to provide Asthma Remediation Community Support Services.

CalViva Health

- Madera
- Fresno
- Kings

Health Plan of San Joaquin

- San Joaquin
- Stanislaus

Health Net

- San Joaquin
- Stanislaus
- Tulare
- Kern

Kern Family Health Care

- Kern

Anthem

- Madera
- Fresno
- Kings
- Tulare

Kaiser Permanente

- Kern

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Twitter: @CalAsthma

Scenario Review and Interventions

Central California Asthma Collaborative (CCAC)

Spotlight

Joel Ervice

Regional Asthma Management & Prevention (RAMP)

Associate Director

A Project of the Public Health Institute

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About Us

RAMP's mission is to reduce the burden of asthma with a focus on health equity.

We don't provide direct services to people with asthma, but we support those who do.

- We build capacity through providing tools and technical assistance.
- We bring people together for peer learning and network development.
- We mobilize our networks for policy and systems change.

RAMP worked with DHCS to design Asthma Remediation and is an approved vendor in the TA Marketplace. RAMP provides TA on Asthma Remediation, helping organizations design and build effective programs, build staff capacity, partner with managed care plans, solve implementation challenges, and sustain asthma services. We also facilitate opportunities for peer learning among Asthma Remediation providers.

RAMP's Director, Anne Kelsey Lamb, and Associate Director, Joel Ervice, provide TA and have been with RAMP for a combined 40 years. Contact us at TA@rampasthma.org.

RAMP is a project of the Public Health Institute, based in Oakland, and we work statewide.

Scenario Review and Interventions

How RAMP strengthens Asthma Remediation (AR) services



We host bi-monthly Community Health Workers meetings for asthma home visitors to build capacity and connect with peers.

Recent topics: protecting clients in extreme heat, racial inequities in asthma care, and air quality monitoring.

Learn more at: <https://rampasthma.org/get-involved-with-ramp/join-our-networks/community-health-worker-network/>.

We can connect ECM and CS providers to asthma home visiting programs in your service area.

RAMP publishes an asthma home visiting directory: <https://rampasthma.org/asthma-home-visiting-directory/>.

Don't see a local program? Contact us at TA@rampasthma.org. Support may still be available.

Scenario Review and Interventions

How RAMP strengthens Asthma Remediation (AR) services

- We provide comprehensive, no-cost TA to existing AR providers as well as organizations that want to become AR providers.
- TA examples include sharing best practices, identifying and adapting tools, and solving implementation challenges.
- We can also help you work with managed care plans to take advantage of the Asthma Preventive Services (APS) benefit in addition to Asthma Remediation to provide comprehensive, patient-centered asthma services.
- Among other things, APS covers Asthma Self-Management Education



RAMP's Technical Assistance on Asthma-related Medi-Cal Policies

The mission of Regional Asthma Management & Prevention (RAMP) is to reduce the burden of asthma with a focus on health equity. Based at the Public Health Institute in Oakland, CA, RAMP emphasizes both prevention and management to build capacity, create linkages, and mobilize networks to advocate for policy and systems changes targeting the root causes of asthma disparities.

Combining decades of experience, strong relationships with diverse stakeholders, and deep knowledge of asthma best practices and the Medi-Cal landscape, RAMP is the leading asthma technical assistance (TA) provider in California.

We provide TA on a wide range of topics, including program design and implementation, workforce development, data collection, partnership cultivation, and best practices for environmental asthma trigger remediation.

We provide direct, flexible, responsive TA to existing asthma home visiting programs, organizations just beginning work on asthma, and managed care plans. We also respond to common needs across programs through capacity-building workshops, facilitated peer learning discussions, and tool development. We have developed tools on an array of topics such as incorporating [virtual visits](#) into home-based asthma services and selecting safe and effective [air purifiers](#).

RAMP successfully advocated for the inclusion of [Asthma Remediation in the Community Support program](#) and worked with DHCS on its design. Additionally, RAMP serves as the TA provider for the Asthma Mitigation Project, which DHCS funded and used as a model for Asthma Remediation.

We are excited to continue and expand our TA role through the CalAIM TA Marketplace, both to existing asthma home visiting programs and those that are new to the field. We also continue to offer support to managed care plans on Asthma Remediation implementation.



"Through the Asthma Mitigation Project, RAMP has worked directly with different types of organizations, including community-based organizations, local health departments and clinics, all serving diverse populations. RAMP has provided one-on-one technical assistance, planned large convenings, organized trainings, and made connections to additional resources. These organizations have varying levels of experience providing asthma home visits and RAMP has been able to help some strengthen the impact of their work, and help others develop a program from the ground up. One organization noted that RAMP 'provided the best technical assistance I have ever received.' Additionally, the Asthma Mitigation Project Year Two Evaluation Report notes the importance of the work RAMP has provided and additional praise from the organizations served."

--Madeline Sabatoni, Senior Program Officer, Sierra Health Foundation

Contact us at TA@rampasthma.org!

We look forward to working with you.

Questions?

if time allows

THANK YOU!!!!

Before You Go...

Please Complete the Evaluation of Today's Session

**Once the webinar has concluded,
the survey will pop-up in a
separate browser.**

Additional Resources

Resources/Links

CS Policy Guide: <https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf>

CalAIM for Providers:

https://www.healthnet.com/content/healthnet/en_us/providers/support/calaim-resources.html

CalAIM for Members:

https://www.healthnet.com/content/healthnet/en_us/members/medical/calaim-resources.html

Community Supports for Members:

<https://www.lacare.org/members/community-supports>

Community Supports Available Statewide

Community Support Service	Health Net
Housing Transition/Navigation	✓
Housing Deposits	✓
Housing Tenancy & Sustaining Services*	✓
Short-Term Post-Hospitalization Housing	✓
Recuperative Care (Medical Respite)	✓
Day Habilitation Programs	✓
Nursing Facility Transition/ Diversion	✓
Community Transition Services/Nursing Facility Transition to a Home	✓
Personal Care and Homemaker Services	✓
Respite Services for Caregivers	✓
Environmental Accessibility Adaptations	✓
Medically Supportive Food/ Meals/ Medically Tailored Meals	✓
Sobering Centers	✓
Asthma Remediation	✓

Glossary of Terms

- CS – Community Supports
 - DC - Discharge
 - EAA – Environmental Accessibility Adaptions
 - ECM – Enhanced Care Management
 - HHSS – Housing Support Services
 - MCP – Managed Care Plan (Health Plan)
 - PCP – Primary Care Provider
 - STPHH – Short Term Post-Hospitalization Housing
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