



# Asthma Remediation

## Alameda Alliance for Health

CHCN – 05/24/2022

# Agenda

- ▶ CalAIM and Community Supports
- ▶ Asthma Remediation
- ▶ Eligibility
- ▶ Asthma Start
- ▶ Services and Remediations
- ▶ Referral Process
- ▶ Other Resources

# CalAIM and Community Supports

## ▶ CalAIM

- ▶ CalAIM is a new 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.

## ▶ Community Supports

- ▶ Community Supports are services or settings that managed care plans (Alameda Alliance for Health) may offer in place of services or settings covered under the California Medicaid State Plan that are:
  - medically appropriate
  - cost effective alternatives



# Asthma Remediation

- ▶ Asthma Remediations are modifications to a home environment that are necessary to ensure the health, welfare, and safety of the individual.
  - ▶ Asthma remediations are payable up to a total lifetime maximum of \$7,500.
- ▶ Alameda Alliance for Health (Alliance) has partnered with Alameda County Health Care Services Agency (HCSA) Asthma Start to offer Asthma Remediation services to Alliance pediatric members.



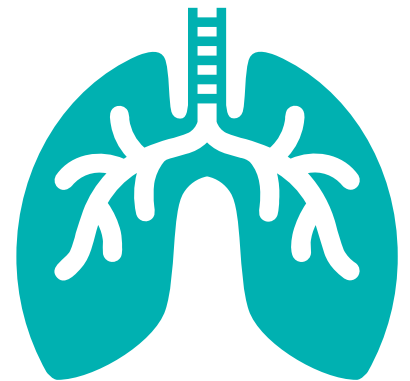
# Eligibility

- ▶ Alliance Medi-Cal members who are:
  - ▶ 0-18 years of age
  - ▶ Have poorly controlled asthma
    - ED or IP hospitalization in the past 12 months
    - 2 sick or urgent care visits in the past 12 months
    - Score of <20 on the Asthma Control Test
    - More than 4 rescue inhaler refills in the past 12 months



# Asthma Start Program

- ▶ [Asthma Start](#) is a NO COST program for the parents/guardians of children diagnosed with asthma, providing case management services which addresses the medical, environmental, and psychosocial needs of families.
  - ▶ Asthma education to families (i.e., symptoms, triggers, prevention, medication, etc.).
  - ▶ Inspections for asthma triggers (i.e., mold, pests, dust, etc.).
  - ▶ Referrals for housing, employment, and health insurance.



# Services and Remediation

## Services

- ▶ Asthma Start provides a comprehensive in-home assessment to determine needs and offers education, support, and guidance for the whole family.

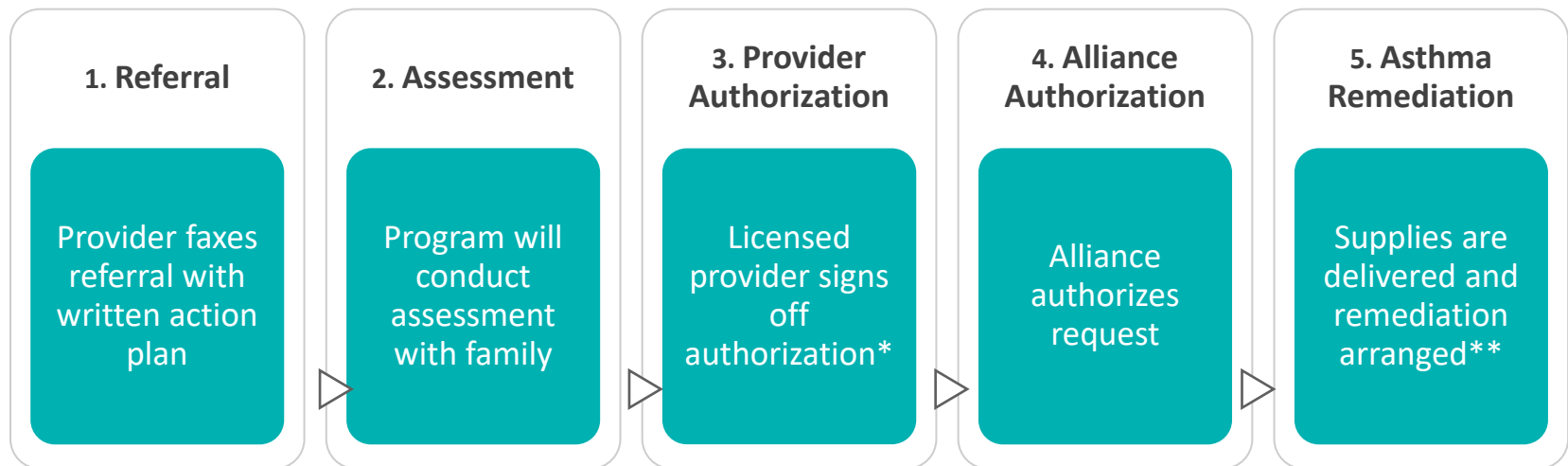
## Possible Remediations

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



# How Can I Make a Referral?

- ▶ Anyone, including providers, can refer Alliance members to Asthma Start ([acphd.org/asthma](http://acphd.org/asthma)) by filling out the program's [referral form](#).



\*A licensed health care provider must authorize the request and provide documentation to justify the request.

\*\*Any changes to the property must be approved by the property owner.



# Provider Authorization

Physician Name (please print): \_\_\_\_\_

Physician's Fax #: \_\_\_\_\_

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Physician Signature: \_\_\_\_\_

CA License #: \_\_\_\_\_

Date: \_\_\_\_\_

# Other Resources

▶ Asthma Care Book



▶ Other materials and program information can be requested through Alliance's [Provider Request Form](#).

**Alliance** ALAMEDA  
FOR HEALTH

**PROVIDER REQUEST FORM – ALLIANCE WELLNESS PROGRAMS & MATERIALS**  
Alameda Alliance for Health (Alliance) provides health education at no cost. Please check off the topics that you want us to send your patients covered by the Alliance. You can also request the handouts in other formats. Many handouts can be downloaded at [www.alamedaalliance.org](http://www.alamedaalliance.org).

<p><b>BOOKS</b></p> <p><input type="checkbox"/> Cookbook (choose one):  <input type="checkbox"/> Diabetes   <input type="checkbox"/> Healthy Eating  <input type="checkbox"/> What to do When Your Child Gets Sick</p> <p><b>CLASSES &amp; PROGRAM REFERRALS</b></p> <p><input type="checkbox"/> Asthma  <input type="checkbox"/> Alcohol and Other Substance Use  <input type="checkbox"/> Breastfeeding Support  <input type="checkbox"/> CPR/First Aid  <input type="checkbox"/> Diabetes  <input type="checkbox"/> Healthy Weight  <input type="checkbox"/> Heart Health  <input type="checkbox"/> Parenting  <input type="checkbox"/> Pregnancy and Childbirth  <input type="checkbox"/> Quit Smoking  <input type="checkbox"/> Senior Centers/Programs  <input type="checkbox"/> WW (formerly Weight Watchers)</p> <p><b>MEDICAL ID BRACELETS OR NECKLACE</b></p> <p><input type="checkbox"/> Asthma  <input type="checkbox"/> Adult   <input type="checkbox"/> Child  <input type="checkbox"/> Diabetes   <input type="checkbox"/> Adult   <input type="checkbox"/> Child</p>	<p><b>WRITTEN MATERIALS</b></p> <p><input type="checkbox"/> Advanced Directive (medical power of attorney)  <input type="checkbox"/> Alcohol and Other Substance Use  <input type="checkbox"/> Asthma:  <input type="checkbox"/> Adult   <input type="checkbox"/> Child  <input type="checkbox"/> Back Care  <input type="checkbox"/> Birth Control and Family Planning  <input type="checkbox"/> Breastfeeding  <input type="checkbox"/> Car Seat Safety  <input type="checkbox"/> Diabetes  <input type="checkbox"/> Domestic Violence  <input type="checkbox"/> Exercise  <input type="checkbox"/> Healthy Eating  <input type="checkbox"/> Heart Health  <input type="checkbox"/> Parenting  <input type="checkbox"/> Pregnancy and Childbirth  <input type="checkbox"/> Quit Smoking  <input type="checkbox"/> Safety  <input type="checkbox"/> Sexuality   <input type="checkbox"/> Adult   <input type="checkbox"/> Baby   <input type="checkbox"/> Child   <input type="checkbox"/> Senior  <input type="checkbox"/> Sexual Health  <input type="checkbox"/> Stress and Depression</p>
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Provider Name: \_\_\_\_\_ Provider Clinic: \_\_\_\_\_  
 Provider Phone: \_\_\_\_\_ Provider Fax: \_\_\_\_\_  
 Member Name: \_\_\_\_\_ Alliance ID Number: \_\_\_\_\_  
 Address to Mail Materials to: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Language Preferred:  Chinese    English    Spanish    Vietnamese

**To order, fax this form to:**  
 Alliance Health Programs • 1240 South Loop Road, Alameda, CA 94502  
 Fax: **1.877.813.5151** • Phone Number: **1.510.747.4577**  
 Email (send secure): [livehealthy@alamedaalliance.org](mailto:livehealthy@alamedaalliance.org)

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# Thanks!

## Questions?

You can contact Alliance's Community Supports Department at:

 [CSDept@alamedaalliance.org](mailto:CSDept@alamedaalliance.org)

 510.747.4512