

Community Supports Asthma Remediation and Environmental Accessibility Adaptations Information and Referral Form



P-MM-CSAREAIRF-0524

This referral form is required for authorization of services

Community Supports (CS) are services that are flexible, wrap-around supports designed to fill medical and socially determined health gaps. The services are provided as a substitute or to avoid utilization of other services such as hospital or skilled nursing facility admissions, discharge delays, or emergency department use.

Asthma remediation services are changes made to a home to keep someone with asthma healthier and safe. Services also help them live in their home more easily. Without these services, asthma attacks are more likely, and may lead to trips to the hospital. Some services include allergen-impermeable covers, HEPA vacuums, pest management, de-humidifiers, air filters, mold remediation, ventilation improvements, asthma-friendly cleaning products, and other tailored measures.

Environmental Accessibility Adaptations (Home Modifications) are services that assist with home changes to keep someone healthy, safe, and independent at home. These changes help people stay out of places like nursing homes. Service include building ramps, widening doorways, installing grab-bars and lifts, making bathrooms and showers wheelchair accessible, implementing specialized electric and plumbing systems, and setting up Personal Emergency Response Systems.

Consent



Member Consents to Asthma Remediation and/or Environmental Accessibility Adaptations Services:

YES NO

Authorized Representative Name: _____ Relation: _____

Reason Member unable to consent: _____

If NO, please stop and do not continue

Member Information

Name: Medi-Cal # CIN (9 digits/letter):

DOB: Phone Number: Preferred Language:

Current Living Situation: Address:

CS-Asthma Remediation and Environmental Accessibility Adaptations Information and Referral Form

Referrer Information

Referrer Name: Referrer Phone Number:

Referrer Email: Agency:

Agency Phone Number: Fax Number:

Referrer Signature: _____ Date:

Program Selection

Which Asthma Remediation or Environmental Accessibility Adaptation service should the member receive?

(Select applicable):

- Asthma Remediation
- Environmental Accessibility Adaptations (EAA)/Home Modifications

Eligibility Criteria

Asthma Remediation:	Yes	No
<p>1. Does the member meet any of the following criteria for poorly controlled asthma in the last 12 months?</p> <ul style="list-style-type: none"> a. An emergency department visit or hospitalization b. Two sick or urgent care visits in the past 12 months c. Score of 19 or lower on the Asthma Control Test d. Has a licensed health care provider documented that this service will likely avoid asthma-related hospitalizations, emergency department visits, or other high-cost services for the member. If, so please include documentation by licensed health care provider. 	<p>a. <input type="checkbox"/></p> <p>b. <input type="checkbox"/></p> <p>c. <input type="checkbox"/></p> <p>d. <input type="checkbox"/></p>	<p>a. <input type="checkbox"/></p> <p>b. <input type="checkbox"/></p> <p>c. <input type="checkbox"/></p> <p>d. <input type="checkbox"/></p>
<p>2. Has an in-home asthma visit and assessment been conducted? If the answer to question above is YES, please provide supporting documents when submitting this referral. <i>An in-home asthma visit and assessment is required prior to approval.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>

Eligibility Criteria (cont.)		
Environmental Accessibility Adaptations (EAA)/Home Modifications:	Yes	No
<p>1. Is member currently living in the community AND</p> <p>a. receiving medically necessary nursing facility level of care services or meet the minimum criteria for nursing facility level of care, OR</p> <p>b. require short term or intermittent medical/nursing services and/or equipment to prevent Long Term Care addition?</p> <p>Nursing facility level of care criteria can be found in Chapter 7.0 of the Manual of Criteria for Medi-Cal Authorization.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. Are one or more of the following complex social or environmental factors effecting the member’s health?</p> <p>a. Needing assistance with activities of daily living (ADLs)</p> <p>b. Communication difficulties</p> <p>c. Lack of food access</p> <p>d. Inadequate access to stable housing</p> <p>e. Living alone with unmet needs</p> <p>f. Need for conservatorship or guided decision-making</p> <p>g. Poor or inadequate caregiving which may appear as a lack of safety monitoring</p>	<p>a. <input type="checkbox"/></p> <p>b. <input type="checkbox"/></p> <p>c. <input type="checkbox"/></p> <p>d. <input type="checkbox"/></p> <p>e. <input type="checkbox"/></p> <p>f. <input type="checkbox"/></p> <p>g. <input type="checkbox"/></p>	<p>a. <input type="checkbox"/></p> <p>b. <input type="checkbox"/></p> <p>c. <input type="checkbox"/></p> <p>d. <input type="checkbox"/></p> <p>e. <input type="checkbox"/></p> <p>f. <input type="checkbox"/></p> <p>g. <input type="checkbox"/></p>
<p>3. If the member does not receive the requested products or services, will they need to be placed in a long term care (LTC) facility?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Is the member currently in the process of transitioning out of a skilled nursing facility (SNF) to the community but requires modifications or services prior to the transition to ensure their ability to reside continuously in the community while ensuring their health, welfare, and safety?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. Is the member requesting any of services listed below? (Select all that apply)</p> <p><input type="checkbox"/> Specific equipment or services that don’t require home modifications?</p> <p><input type="checkbox"/> Personal Emergency Response System (PERS) service?</p> <p><input type="checkbox"/> Pest treatment or removal service?</p> <p><input type="checkbox"/> Home modifications?</p>	<input type="checkbox"/>	<input type="checkbox"/>

CS-Asthma Remediation and Environmental Accessibility Adaptations Information and Referral Form

If not submitted via Provider Portal, you may fax this form to: (805) 681-3039 or send via the secure link

Secure Link: <https://gateway.cencalhealth.org/form/cs>

For any questions, please call the Community Supports Unit at (805) 562-1698