

Quick Guide: Workflow for Updated Guidance for Asthma Preventive Services and Asthma Remediation

Effective no later than 1/1/2026

Pre-steps before your organization provides Medi-Cal's asthma services

Contracts: If your organization is interested in providing Asthma Preventive Services (APS) and/or Asthma Remediation (AR), you need to first have a contract with one or more managed care plans (MCPs) to provide the services. Note that APS is a covered benefit statewide, but AR is a Community Supports program that is optional for MCPs. [This resource](#) shows which Community Supports options each plan has selected.

If you don't know how to start the conversation with a plan, you can use [these talking points](#) that RAMP created. Be sure to talk up your asthma home visiting experience and the successes of your program; we encourage you to use both data and stories from your work with clients.

We recommend you emphasize that the asthma home visiting services you provide encompass both Asthma Preventive Services (APS), which covers education and the in-home assessment, and Asthma Remediation (AR), which covers remediation supplies and services. You can note that, although they are two different policies with different requirements, the services work best for the client when provided seamlessly as a set of comprehensive services. As such, you hope they'll contract with you for both. For a refresher on the policy details, check out our fact sheets for [APS](#) and [AR](#).

Payment: Part of the contracting process includes payment negotiation. The APS benefit has published fee-for-service (FFS) rates. Per DHCS, payments to providers for the APS benefit under managed care do not have to mirror the FFS rates; higher reimbursement rates may be negotiated between managed care plans and APS providers. RAMP encourages such negotiations as published FFS rates -- particularly the rate for the home trigger assessment -- are likely insufficient to cover the services. For Asthma Remediation, in addition to the supplies and services, programs can negotiate payments for staff time. It's important to determine the actual cost of providing these services so that they are sustainable. RAMP can help with this!

Requirements: In order to provide Medi-Cal services, your organization must have a National Provider Identifier (NPI). For organizations that do not already have a NPI, there is a [step-by-step guide](#). In order to provide APS, Community Based Organizations (CBOs) and Local Health Jurisdictions (LHJ) must enroll through Medi-Cal's PAVE system. Learn more about CBO/LHJ enrollment requirements [here](#) and [here](#). Other provider types may have different enrollment pathways through Medi-Cal.

1 Receive and/or generate client referrals

It's a good idea to discuss the referral process with the MCP upfront, including strategies and your respective roles.

- To increase the chances of success, you will likely need to do a lot of outreach to prospective clients. Chances are that no single referral method will be sufficient, so create multiple referral paths. As just a few examples, you can give presentations to local provider groups, build relationships with ECM providers in your community, and do direct community outreach.
- For the MCP, you may suggest that they use their database to identify clients, reach out to those clients, and then do a warm hand-off, and/or that they develop a protocol with the local ED to systematically identify patients that come to the ED with asthma who they can quickly refer so you can reach them when they're most in need. MCPs can also reach out to clinicians in their network to make sure that they are aware of these services and know how to refer their patients.

2 Confirm eligibility

Asthma Preventive Services “must be recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under state law.” Examples include, but are not limited to, physicians, nurse practitioners, physician assistants, and registered respiratory therapists.

- Asthma self-management education is available to all Medi-Cal beneficiaries with a diagnosis of asthma.
- In-home environmental trigger assessments are available to Medi-Cal beneficiaries with poorly controlled asthma (which must be documented in the medical record), or on the recommendation of a licensed physician, nurse practitioner, or physician assistant. Poorly controlled asthma is defined as 1) having a score of 19 or lower on the Asthma Control Test or 2) an asthma-related emergency department visit or hospitalization or two sick or urgent care asthma-related visits in the past 12 months.

If the referral did not come from the MCP (that is, if you identified the client through outreach or you received a referral directly from a provider), you should seek approval from the MCP before providing services.

3 Enroll client

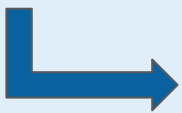
Once eligibility is confirmed and the MCP has given approval to provide the service, you can reach out to the client to offer services, conduct an intake, and schedule the first visit.

Upon receiving a referral, it's a good idea to reach out to the client quickly. If you don't reach them immediately, you may want to try multiple methods (e.g., phone call, text message, email) at different times of the day. Encourage staff to start building rapport with the client during the enrollment process. Establish protocols and tools, such as intake forms and consent forms. You can find samples [here](#).

4 Provide asthma home visits

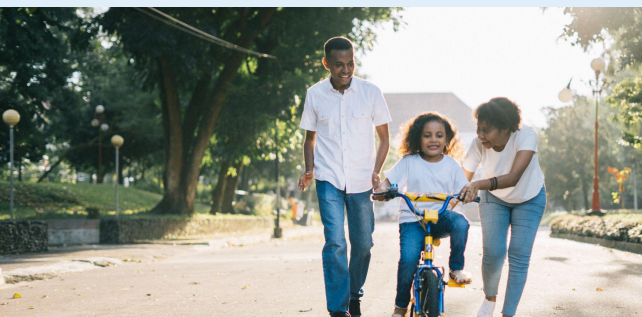
Provide asthma self-management education. The APS benefit covers up to two 2-hour visits. Additional visits may be provided with an approved Treatment Authorization Request (TAR). Work with asthma home visitors to develop key educational messages and identify educational tools they can use to support or augment the education they provide. Ensure that the visitors providing in-home asthma services practice cultural humility and focus on building trust and rapport with clients.

Conduct the in-home trigger assessment for eligible clients. Many programs use [this checklist](#), developed by the EPA, CDC, and HUD. Encourage the home visitors to provide education about reducing exposure to environmental asthma triggers while conducting the assessment.



Bill for APS: Use the agreed upon rates and these codes:

- 98960 with a U3 modifier for asthma self-management education
- T1028 for the home trigger assessment



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TA@rampasthma.org

5 Develop Asthma Remediation (AR) plan

Based on the triggers identified in the home assessment, determine the recommended supplies and services.

Examples of supplies include: mattress and pillow dust covers, HEPA filtered vacuums, dehumidifiers, or air purifiers, also known as air cleaners.

Examples of services include: minor mold removal and remediation services, ventilation improvements, and Integrated Pest Management (IPM).

Other supplies and services may be covered if identified to be medically appropriate and cost effective.

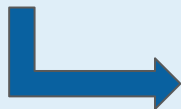
6 Get MCP approval

Submit the completed home trigger assessment and list of recommended supplies and services to the MCP for approval. Some plans may have their own protocol and form for you to use.

7 Provide Asthma Remediation

Provide supplies, services, and education to the client.

- You can find examples of supplies here. Note that DHCS requires air cleaners to be mechanical HEPA air cleaners.
- Services may include a subcontract for specialized remediation services. Note that DHCS provided [updated guidance](#) on Integrated Pest Management services.



Bill for AR: Submit an invoice to the MCP using code S5165 with modifier U5 with the agreed upon rates and format.



Additional Resources

For a simplified visual version of this Quick Guide, see the Workflow on the next page.

For more information about the policy details, check out our fact sheets on [Asthma Preventive Services](#) and [Asthma Remediation](#).

For guidance on building your asthma home visiting programs, check out our [Roadmap for Sustainable Asthma Home Visiting](#).

Workflow for updated policy guidance on APS and AR*

