

# Building Healthy Indoor Environments with Healthcare

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Big Changes in Healthcare Policy and Ways Communities Can Partner with  
Healthcare to Build In-Home Environmental Health



## **Building Systems to Sustain Home-Based Asthma Services**

*Developed by the National Center for Healthy Housing and operating  
in collaboration with Regional Asthma Management and Prevention*

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# Building Healthy Indoor Environments with Healthcare

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A conversation about policy change in healthcare that invites health, housing, and energy programs to **invest with healthcare partners where environmental exposure risks cluster**, as in asthma, where **a ZIP code can be a health destiny**.

# A Conversation for Our Community

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Including health departments, asthma and healthy housing programs, community health workers (CHWs), Medicaid, Medicare and commercial healthcare insurers, weatherization programs, housing departments, community action programs, clinical care teams, healthcare administrators, and policymakers at federal, state, and local levels.

Listen in on a conversation about healthcare policy focused on [built environments as good health investments](#).



# Healthcare is paying for work outside the clinic to change the course of high-cost disease.

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Including home environment services that improve asthma:

- Trigger education
- Supplies
- Home environment modifications







# Healthcare isn't lining up to pay for home environments.

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Environmental health needs to show healthcare we are the **business partner they need**.

Need new language, policies, and models to help **maximize benefits where we meet: in homes**.

**This must happen.** U.S. is going healthcare broke from uncontrolled chronic disease and health disparities.

# There is not one healthcare policy for home environments.

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Every community is making new policy that may include healthcare support for home environments.

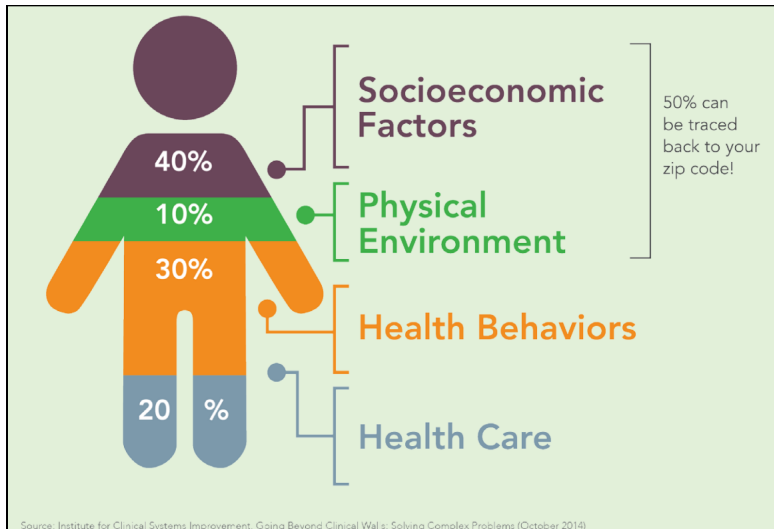
Every community is solving its puzzle: **Environmental exposures vary** by geography, climate, and *housing*; and **solutions vary** by assets and population.

Still, **healthcare dollars are flowing to environmental health in homes, particularly for childhood asthma.**



# Healthcare knows it needs help on the SDOH.

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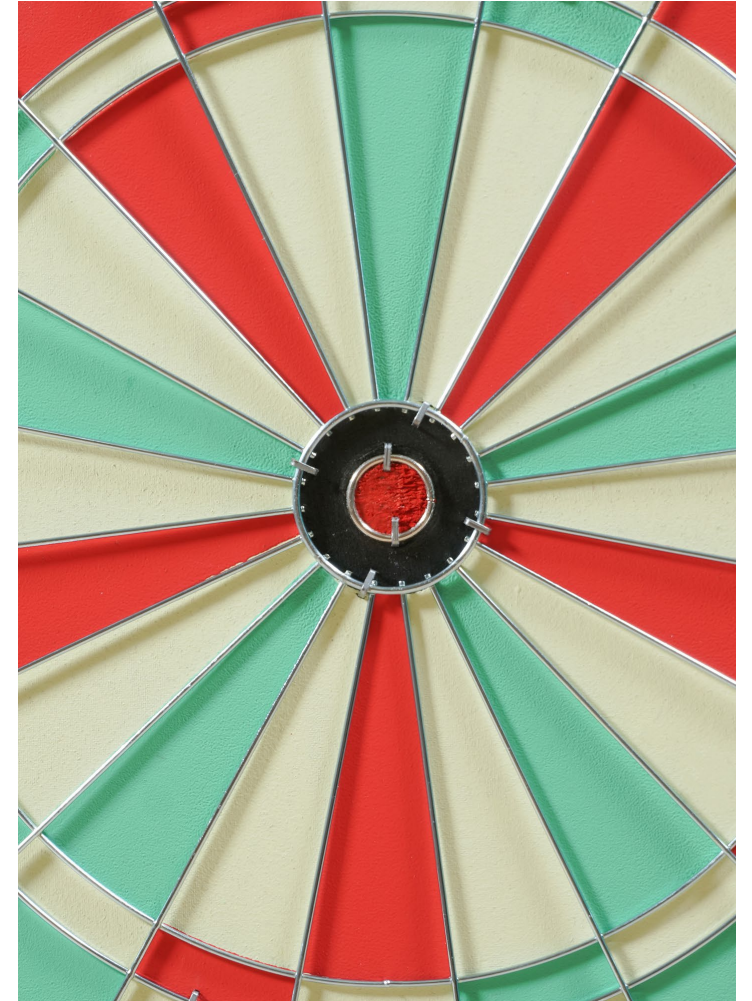
- Factors **outside clinic reach** determine most health outcomes and costs.
- Need new solutions for out-of-control health outcomes and costs of care.
- SDOH solutions are often best **delivered in the community**, like in home environments, **by non-clinicians**.
- Need **SDOH partners** for better care at better cost with better outcomes, the **healthcare Triple Aim**.



# Healthcare's Triple Aim x COVID = Focus on IAQ

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- Affordable Care Act (2010) expands coverage, launches Triple Aim and value transformation.
- New healthcare policy emerges because outcomes vary by population (e.g., SDOH, population health).
- Healthcare testing for Triple Aim care, like indoor environment upgrades where asthma is worst.
- Pandemic (2019-) spotlights indoor exposures, health outcomes, and built environment interventions.



# Indoor Environment Interventions as Healthcare Business Opportunity

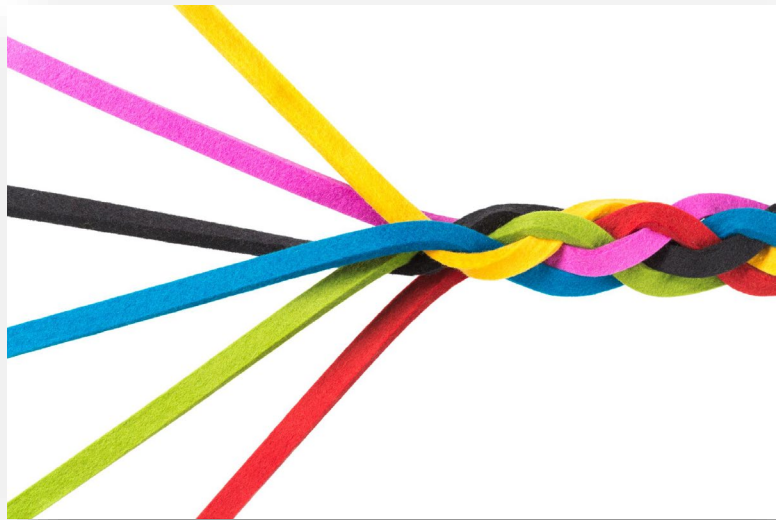
- Who to pay for what in-home activities as healthcare?
- Which beneficiaries should be eligible?
- Under what authority can we pay for what?
- How and what data to share to track outcomes?
- How to drive value with in-home visits and activities?
- What not to pay for (i.e., where there is no HC-ROI)?



Show up as business partners to help healthcare payers and community service partners figure out where and how to direct what blend of resources to get the best health outcomes for their people.

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BLENDED RESOURCES



CLUSTERS OF INDOOR EXPOSURES





# Where Indoor Environments Benefits Fit

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SDOH

Disparities

Health equity

Social needs

Expanded access

Population health

Quality improvement

Community supports

In lieu of services

Community benefits

Housing supports

Housing modifications

Environmental services

Healthcare policies and payment models that could include indoor environmental health services often include other activities like meal delivery, transportation benefits, housing support services, and/or substance use disorder counseling.

# Healthcare Policy Has Expanded to Cover In-Home Environmental Services for Asthma

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SUSTAINABLE PAYMENTS

**CA:** CHW asthma home-visiting covered in two Medicaid SPAs; in 2022, home remediation services under Community Supports can provide up to \$7,500 PMPL modifications, including mold, pests under 1115 waiver.

**MD:** Pays under CHIP with federal match for LHD's CHWs for lead and asthma Healthy Homes services.

**MN:** Pays under a Patient Education and Care Coordination SPA for CHWs; and enhanced asthma care with home visits and products by environmental health specialist, credentialed assessor, or BPI-healthy homes specialist.

**MO:** Pays under a Preventive Services SPA for CHWs referred by licensed providers for patient education and asthma home visits by AE-Cs and Healthy Homes practitioners.

**Memphis and Philadelphia:** MMCOs pay CHWs (increasing) FFS rates, perhaps 2/3 of total costs; complex pediatric patients with referrals have some access to home repairs and Weatherization (Wx).

DEMONSTRATIONS

**MA:** 1115 Waiver covers broad CHW scope and sub capitation payments to ACOs to fund community partnerships and diverse care teams, including access to referrals for in-home services.

**NC:** 1115 Waiver covers children with one or more uncontrolled chronic conditions (asthma is called out), eligible for enhanced case management pilot, incl. housing quality and safety investments (mold and pests).

**WA:** 1115 Waiver for a value payment for CHWs in Health Homes and ACH as hubs developing.

# Medicaid/CHIP Policy in CoP for In-Home Environmental Asthma Visits

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RAMP and NCHH are here to help environmental health champions work with their community healthcare partners to find high-value solutions for asthma disparities and to build health at home for all children.

# Glossary of Terms from Previous Slides

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CoP – U.S. EPA Asthma  
Community of Practice

CHIP – Children’s Health Insurance  
Program

HSI – Health Services Initiative

SPA – State Plan Amendment

CHWs – Community health  
workers

FFS – Fee for service

MMCOs – Medicaid managed care organizations

AE-Cs – Certified Asthma Educators

SDOH – Social determinants of health

WX+ – Weatherization plus Health (Wx –  
Weatherization)

PMPL – Per member per lifetime

ACOs – Accountable care organizations

EPSDT – Early and Periodic Screening and  
Diagnostic Testing

# THANK YOU

Contact NCHH and RAMP with any questions or to learn more about available technical assistance at...

[askanexpert@nchh.org](mailto:askanexpert@nchh.org)



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