ASTHMA-SAFE HOMES PROGRAM
Procedure Manual
2022—2023

Wisconsin Department of Health Services
Division of Public Health
P-03343 (01/2023)

CONTENTS

ASTHMA-SAFE HOMES PROGRAM

Overview

The Wisconsin Department of Health Services' (DHS) Asthma-Safe Homes Program provides free in-home asthma education, durables, home assessment, and remediation services to Medicaid-eligible children ages 2-18 years and pregnant adults with poorly controlled asthma. These interventions have been shown to significantly improve children's asthma control, reduce health care utilization and cost, and improve long-term health outcomes. The Asthma-Safe Homes Program has two components, Part A: Asthma Education Services and Part B: Environmental Services.

Goals

The Asthma-Safe Homes Program aims to improve asthma outcomes and reduce disparities for Medicaid-eligible children and pregnant adults. There are more than 500,000 children and adults who have asthma in Wisconsin, and asthma remains the most common chronic disease for children with a statewide prevalence of 6.2%[1]. There are significant racial and socioeconomic disparities in asthma prevalence, with Black, Native American, and low-income populations experiencing the highest rates. Families of color and low-income families are disproportionally at risk of having worse asthma outcomes due to poor quality housing. The Asthma-Safe Homes Program aims to improve asthma outcomes and reduce disparities for Medicaid-eligible children and pregnant adults by promoting access to guideline-based medical management and healthy living environments.

Funding

The program is made possible through a Children's Health Insurance Program (CHIP) health services initiative (HSI), and funding is awarded in the form of reimbursable grants to Asthma-Safe Homes Program service providers.

[1] Behavioral Risk Factor Surveillance System, 2018-2020

2022-2023 Service Providers

Education Providers (Part A)

Children's Wisconsin, Milwaukee
Kenosha County Public Health, Kenosha
One Choice Concepts, Inc., Milwaukee
Revitalize Milwaukee, Milwaukee
Sixteenth Street Community Health Centers, Milwaukee
UniteWI, Milwaukee

Environmental Services Providers (Part B)

Revitalize Milwaukee, Milwaukee
Social Development Commission, Milwaukee

Training Provider

Green and Healthy Homes Initiative (GHHI)

DHS Staff

Asthma-Safe Homes Program staff are located at the Wisconsin DHS Division of Public Health in the Bureau for Environmental and Occupational Health. Program staff can be reached at DHSAsthmaSafeHomes@dhs.wisconsin.gov.

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ONBOARDING

Training

Organization-specific training and ongoing technical assistance is provided to all Asthma-Safe Homes Program service providers. Initial training on program and invoicing procedures is provided by the DHS Asthma-Safe Homes Program staff and content-specific training is provided by the Green & Healthy Homes Initiative within the first month of the grant award.

Database

Each service provider is granted access to the Asthma-Safe Homes Program web-based database for client and program activity tracking. Database user training is provided by DHS staff within the first month of the grant award. Refer to the database user guides (**Part A** and **Part B**) for more information. For security purposes, the Asthma-Safe Homes Program database must only be accessed on work-issued computers.

Program Materials

Program materials are linked throughout this document and can also be found on the Asthma-Safe Homes Program SharePoint site.

CLIENT ELIGIBLITY CRITERIA

Clients must meet the following criteria to be eligible for the Asthma-Safe Homes Program.

Demographics

1. Child aged 2-18 years; or
2. Pregnant adult

Medicaid enrollment

1. Currently enrolled in Medicaid (confirmed by DHS); or
2. Eligible and in process of enrolling in Medicaid

Asthma screening

Has poorly controlled asthma (assessed at intake)

Service area

Resides in Wisconsin and in an area currently served by the Asthma-Safe Homes Program

PART A: EDUCATION SERVICES PROCEDURES

Referrals

1. A client may be referred by a health care provider, hospital, emergency department, clinic, Federally Qualified Health Center, school, friend or family member, self-referral, or other source.
2. Ensure referral partners understand the eligibility criteria for the Asthma-Safe Homes Program. Use the **Asthma-Safe Homes Program Referral** form as needed.
3. Request that referral partners provide the following at time of referral at a minimum: client first name, client last name, client date of birth, and contact information (name and DOB required for Medicaid enrollment confirmation).
4. Upon receiving a referral, create a new client case in the database.

Note

Prior to starting a new client case in the database, search for the client in the database to check if they are a previous client. If they are a previous client, contact the Asthma-Safe Homes Program staff.

Materials needed

Asthma-Safe Homes Program Referral form

Medicaid enrollment confirmation

1. If possible, prior to completing the client intake enter the following minimum information into the database when creating a client case for DHS to confirm Medicaid enrollment: client first name, client last name, and client date of birth.
2. DHS will confirm enrollment within 24 hours (M-F).
3. If the client is enrolled in Medicaid, you will receive an email notifying you that Medicaid enrollment was confirmed.
4. If the client is not enrolled in Medicaid, DHS will inform you via phone or email. Contact the client to determine if the client may be eligible for Medicaid. If eligible and interested in enrolling, assist them, or refer them to assistance with applying. Visit the BadgerCare Plus website for information

about determining eligibility, how to apply, and contact information for agencies who can assist with applications.
    a. If the client is eligible and in the process of applying, continue with the intake and asthma screening.
    b. If the client is not eligible (has private insurance, income exceeds maximum level, etc.), refer them to other asthma management resources if interested and available. Visit the Wisconsin Asthma Program and Children's Health Alliance of Wisconsin websites for more information.
5. If you did not receive the minimum information needed to check Medicaid enrollment from the referral, call the client and complete the intake (see below). Upon completion of the intake, DHS will check Medicaid status (see steps 2-4 above). Let the client know that their eligibility for the program is pending until Medicaid eligibility can be confirmed.

Intake (phone)

1. Call the client (parent/guardian if under 18) to complete the intake.
2. Describe the program and obtain verbal consent for collecting and releasing information from the intake to DHS.
3. Enter the client's (and parent's/guardian's if under 18 years) contact information, primary care provider information, and demographics into the *AE Demographics* section of the database. **Client Intake and Asthma Screening** form may be used as back-up paper form.
4. Complete the asthma screening in the *Asthma Screening* section of the database. **Client Intake and Asthma Screening** form may be used as back-up paper form.
5. Determine if client qualifies for the program based on the asthma screening results (database automatically tabulates). They must meet at least one of the following criteria to qualify:
    a. Asthma control assessment score is less than or equal to 19
    b. Emergency department visit for asthma in the last year
    c. Hospitalization for asthma in the last year
    d. Child's school called 911 for asthma in last year
    e. Referred by school nurse or health care provider based on asthma-related missed school days, office visits, incorrect medication use, etc.
6. If the client qualifies for the program, proceed to schedule the first in-person home visit and enter the scheduled date into the *Education Visit Scheduling* section of the database (the first home visit is a required in-person visit). Communicate any of your organization's requirements/expectations around safety during home visits. Consider asking the client to agree to the following if not already included in your organization's protocols:
    a. No loaded guns in the home during home visit
    b. No smoking in the home during home visit
    c. Secure any pets safely in another room during home visit
7. If the client does not qualify for the program, refer them to other asthma management resources if interested and available.

Note

- Consider sending the client (or parent/guardian if under 18) a text message (if a cell phone number is provided) in advance of calling the client to complete the intake so they know your name, phone number, and why you are calling.
- Attempt to reach the client up to three times. If the client is unreachable, send the client a **Client Disposition Letter** and the referral organization a **Referral Disposition Letter**.

Materials Needed

- Asthma-Safe Homes Program Information sheet
- Client Intake and Asthma Screening form

First visit (required to complete program; in-person at client's home)

1. Review the **Part A Participation Agreement** (**Spanish version** available) with the client (parent/guardian if under 18) and obtain their signature on two forms. Keep one for your records and give one to the client.
2. Complete the **Asthma Control Summary** at baseline with the client (parent/guardian if under 18).
    a. The **Asthma Control Test (ACT)** provides a numerical score to help determine if asthma symptoms are well controlled. Use the ACT for all clients 5 years and older (parent/guardian should complete the ACT for children 5-17 years).
    b. The **Test for Respiratory and Asthma Control in Kids (TRACK)** provides a numerical score to help determine if asthma symptoms are well controlled. Use the TRACK for clients 2-4 years old (parent/guardian completes the TRACK).
3. Provide self-management education. Cover as many sections and corresponding teach-backs in the **Asthma Care Guidebook** as time allows. The sequence and depth of each topic will depend on the client's needs.

Section	Teach-back
Section 1: What is Asthma?	• What does it feel like when you have an asthma attack? • Do you remember what happens in your body to cause asthma symptoms?
Section 2: Common Symptoms	Do you remember the four most common symptoms of asthma?
Section 3: Asthma Attacks	• What does it feel like when you have an asthma attack? • Do your symptoms change as your asthma attack gets worse?
Section 4: Asthma Triggers	• Which trigger affects your asthma the most? • What can you do to avoid or remove these triggers?
Section 5: Asthma Medicines	Discuss client medications.
Section 6: Medicine Devices	• Where do the medications work within the lungs? • When do you take them? • What do you take in an emergency?
Section 7: Using Inhaler and Spacer	Demonstrate the proper technique for using each of the inhalers you might use.
Section 8: Asthma Action Plans	Review key elements of asthma action plan. If client does not have current plan, instruct client/caregiver to ask doctor for an asthma action plan.

4. Provide asthma management recommendations. Discuss priorities, barriers, and questions around implementing the recommendations.
5. Provide any referrals for health care services (primary or specialty care such as an allergist or pulmonologist) and community resources (such as food assistance, early intervention programs, maternal and child health programs, benefit programs, code enforcement, and weatherization programs).
6. Provide the following durables and discuss their use (see page 10 for durable distribution procedure):
    a. Mattress dust mite cover
    b. Pillow dust mite cover
    c. Mildew-proof shower liner
    d. Door mat
    e. Asthma-friendly cleaning kit
7. Schedule the second visit.
8. Upon completion of the first visit:
    a. Upload signed Part A Participation Agreement into the database.
    b. Enter first visit completion date, location, durables, length, and notes into the *Educator Visit Scheduling* section in the database. **Home Visit Checklist** may be used as back-up paper form.
    c. Enter second visit scheduled date into the *Educator Visit Scheduling* section in the database.
    d. Enter Asthma Control Measures at Baseline and Asthma Management Recommendations into the *Asthma Control Summary* form in the database. **Education Summary** may be used as back-up paper form.

Note

- Place a reminder call or text to the client 24-48 hours before appointments.
- If the client is unavailable for a visit, attempt to reschedule up to three times. If the client is unreachable, send disposition letters as described above.
- For clients 2-7 years, the target for self-management education is the parent/guardian (serving as the proxy for the client). The child does not need to be present for the visits.
- For clients 8-17 years, the primary target for the self-management education is the parent/guardian (serving as the proxy for the client).
    - Ideally clients ages 8-17 years will be present for the first home visit (covering asthma education) and involved with the teach-back.
    - If the child is not present during the home visit, consider scheduling a time to meet with the child at school, home, or another offsite location to cover medication, inhaler technique, and triggers.
- For clients 18 years and older, the primary target for the self-management education is the client.
- Most of the sections of the Asthma Care Guidebook can be covered during the first visit. This will depend on the client and/or parent/guardian. Any section not fully covered should be covered during subsequent visits.
- It is recommended to attempt to schedule the second visit no later than two weeks after the first visit to maintain engagement with the client.

Materials needed

- Part A Participation Agreement (two copies)

- Asthma Control Summary
- Asthma Control Test (ACT) (for clients 5 years and older)
- Test for Respiratory and Asthma Control in Kids (TRACK) (for clients 2-4 years old)
- Asthma Care Guidebook
- Home Visit Checklist
- Education Summary
- First visit durables

Second visit (required to complete program; in-person at client's home)

1. Review and/or cover sections and teach-backs in the **Asthma Care Guidebook** not covered during the first visit.
2. Provide an explanation of the home walkthrough and answer any questions the client (parent/guardian if under 18) has. Complete the home walkthrough using the **Home Walkthrough Checklist**.
3. At the conclusion of home walkthrough, share relevant potential action steps listed on the Home Walkthrough Checklist with client (parent/guardian if under 18). Discuss priorities, barriers, and questions around implementing the potential action steps.
4. Provide the following durables and discuss their use:
    a. Vacuum with HEPA filter
    b. Air purifier
    c. Additional durables at your discretion (review durable procedure on page 10)
5. Determine if the client is eligible for referral to Part B environmental services (if available in your service area) based on the criteria listed on the last page of the Home Walkthrough Checklist. If eligible, inform the client and obtain their consent to make the referral. Let the client know that they will be contacted by an Asthma-Safe Homes Program environmental services provider who will share more information about the assessment and home repairs they can provide.
6. Schedule the third visit if needed.
7. Upon completion of the second visit:
    a. Upload the completed Home Walkthrough Checklist into the database.
    b. Enter second visit completion date, location, durables, length, and notes into the *Educator Visit Scheduling* section of the database. **Home Visit Checklist** may be used as back-up paper form.
    c. Enter third visit scheduled date into the *Educator Visit Scheduling* section of the database if needed.
    d. Enter Home Walkthrough Completion data and Home Walkthrough Recommendations into the *Home Walkthrough* section of the database. **Education Summary** may be used as back-up paper form.
    e. Complete the Environmental Assessment Referral section in the *Home Walkthrough* section of the database. If the client is eligible, click the "Environmental Assessment Referral" task button in the database.
    f. Generate the Client Education Visit Report from the database. Add additional notes as needed including any referrals to health care or community resources. Share the report with the client (via email, mail, or subsequent home visit if one is scheduled).
    g. If client consented to release information to a health care provider, generate the Part A Provider Summary Report from the database. Add additional notes as needed. Send to client's primary care provider. If sending the letter via email, follow your organization's

security and privacy protocols for sending personally identifiable information (PII) over email, such as using encrypted email. If that is not possible, the letter must be securely faxed or mailed.

h. If final home visit, select the "All Education Visits Complete" task button in the database.

Materials needed

- Asthma Care Guidebook
- Home Walkthrough Checklist
- Home Visit Checklist
- Education Summary
- Second visit durables

Note

Follow-up visits (2-week and 3-month) will only be conducted with clients who have completed at least two home visits. Clients who complete only one visit do not meet the self-management education requirement and the program will be considered incomplete.

Additional visits (optional; in-person or virtual)

1. Conduct up to four additional (up to six total) visits as needed.
    a. The number of home visits is a function of the client's underlying condition and severity. For children with asthma, the literature supports a range of home visits up to six, depending on the severity of the asthma symptoms.
    b. Visits four to six may be completed at the client's home, school, another alternate location, or virtually.
2. Provide additional durables as needed.
3. Upon completion of additional visits:
    a. Enter visit completion date, location, durables, length, and notes into the *Educator Visit Scheduling* section of the database. **Home Visit Checklist** may be used as back-up paper form.
    b. At final home visit, select the "All Education Visits Complete" task button in the database.

2-week follow-up (required to complete program; phone)

1. Call the client to complete the 2-week follow-up two weeks after final education visit.
2. Check-in about progress on asthma management and home asthma trigger reduction recommendations. Provide any additional education and discuss any remaining barriers.
3. Upon completion of 2-week follow-up:
    a. Enter 2-week follow-up completion date, length, and notes into the *Educator Visit Scheduling* section of the database. **Home Visit Checklist** may be used as back-up paper form.
    b. Enter the 2-week progress for Asthma Management Recommendations and Home Walkthrough Recommendations in the *Asthma Control Summary* and *Home Walkthrough* sections of the database. **Education Summary** may be used as back-up paper form.

Materials needed

- Home Visit Checklist
- Education Summary

3-month follow-up (required to complete program; in-person, virtual, or phone)

1. Call the client to schedule the 3-month follow-up to take place three months after the final education visit.
2. At the 3-month follow-up, complete the **Asthma Control Summary** at 3-month with the client (parent/guardian if under 18).
3. Check-in about progress on asthma management and home asthma trigger reduction recommendations. Provide any additional education and discuss any remaining barriers.
4. Provide any remaining durables.
5. Provide any referrals for health care services (primary care or specialty such as an allergist or pulmonologist) and community resources (such as food assistance, early intervention programs, maternal and child health programs, benefit programs, code enforcement, and weatherization programs).
6. Upon completion of the 3-month follow-up:
    a. Enter 3-month follow-up completion date, location, durables, length, and notes into the *Educator Visit Scheduling* section of the database. **Home Visit Checklist** may be used as back-up paper form.
    b. Enter Asthma Control Measures at 3-month follow-up into to the *Asthma Control Summary* section of the database.
    c. Enter the 3-month progress for Asthma Management Recommendations and Home Walkthrough Recommendations in the *Asthma Control Summary* and *Home Walkthrough* sections of the database. **Education Summary** may be used as back-up paper form.
    d. If client consented to release information to a health care provider, generate the Provider Summary Report (3-Month Follow-up) from the database. Add additional notes as needed. Send to client's primary care provider. If sending the letter via email, follow your organization's security and privacy protocols for sending PII over email, such as using encrypted email. If that is not possible, the letter must be securely faxed or mailed.
    e. Upload final Part A Invoice Form to database.

Note

3-month follow-up can still be provided if the 2-week follow-up is missed (but only if at least the first two home visits are complete).

Materials needed

- Asthma Control Summary
- Asthma Control Test (ACT) (for clients 5 years and older)
- Test for Respiratory and Asthma Control in Kids (TRACK) (for clients 2-4 years old)
- Home Visit Checklist
- Education Summary
- Durables (as needed)
- Part A Invoice Form

Durable distribution procedure

Use the following procedure for the distribution of durables. Total amount for durables is not to exceed $1,000 per client.

Visit number	Durables	Approximate cost
1	Provide all clients the following durables: • Mattress dust mite cover • Pillow dust mite cover • Mildew-proof shower liner • Door mat • Asthma-friendly cleaning kit	$130
2	Provide all clients the following durables: • Vacuum with HEPA filter • Air purifier	$450

2-6 and/or 3-month follow-up	Provide any of the following durables at your discretion; below are recommended durables based on client-specific home walkthrough findings:
	• Pest issues identified:
	  ○ Integrated pest management supplies
	  ○ Caulk
	  ○ Copper mesh
	  ○ Trash can with lid
	  ○ Food containers with lids
	• Moisture/mold issues identified:
	  ○ Dehumidifier
	  ○ Window air conditioner
	  ○ Hygrometer
	• Heating/cooling issues identified:
	  ○ Furnace filter
	  ○ Window air conditioner
	  ○ Smoke and CO alarm
		May not exceed $420

Visits at-a-glance

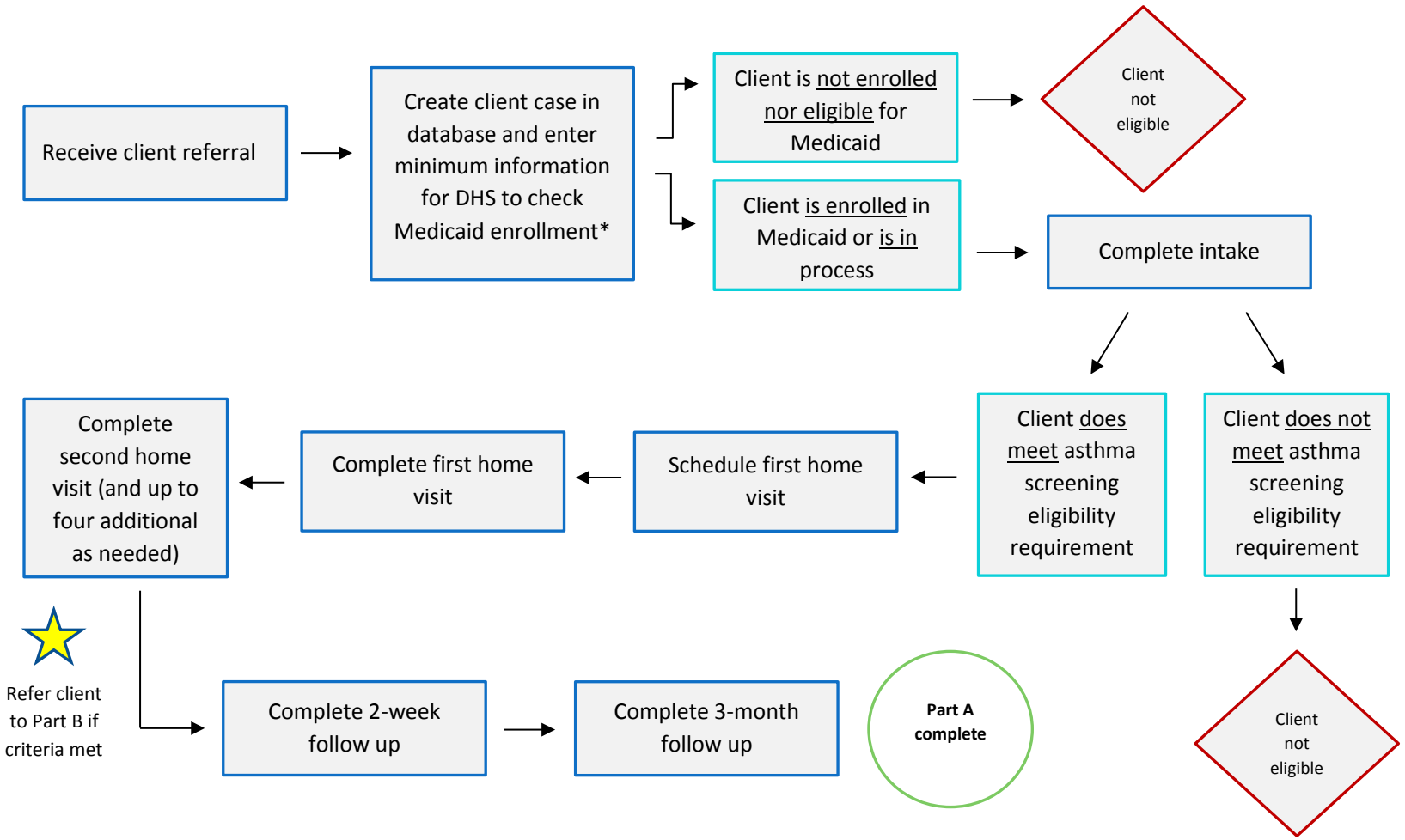
Activity	Visit number				
	1	2	3-6	2-week follow-up	3-month follow-up
Discuss program and sign participation agreement	X				
Complete Asthma Control Summary	X				X
Provide self-management education (Asthma Care Guidebook)	X	(X)	(X)		
Provide/review asthma management recommendations	X	(X)	(X)	X	X
Provide durables	X	X	(X)		(X)
Conduct home walkthrough		X			
Provide/review home environment recommendations		X	(X)	X	X
Refer to Part B, if qualifies		X			
Provide external referrals (health care and community)	(X)	(X)	(X)	(X)	(X)

Key: X = activity occurs; (X) = activity may occur (at educator's discretion)

Frequently asked questions

1. *What if I can't reach the client?*
   Try contacting the client (or parent/guardian if under 18) up to three times. If there is still no response, try contacting the referral source to see if they have any updated contact information.
2. *What if the client moves in the middle of the education visits?*
   Try to reach the client to continue to provide asthma education. Education can be provided in a new residence or at an off-site location.
3. *What if there is more than one child eligible for the program in the household?*
   Enter each child as a separate case in the database. Contact the Asthma-Safe Homes Program staff to discuss on a case-by-case basis regarding which services will be reimbursed per client and which will be reimbursed per household. If the home qualifies for a Part B referral, the referral should be made under only one child. In this case, you should add a note in the database for the child that was not referred that the referral was made under another child living in the same home.
4. *What if a child lives in two different households?*
   In general, if a child lives in a home at least three days a week there could be some services and products provided to two different households. They will be determined on a case-by-case basis—contact the Asthma-Safe Homes Program to discuss. Only one home can be referred to Part B services if eligible and the primary residence should be prioritized.

PART A: EDUCATION SERVICES FLOW CHART



**If you did not receive the minimum information needed to check Medicaid enrollment from the referral, contact the client and complete the intake. Upon completion of intake, DHS will check Medicaid status.*

PART B: ENVIRONMENTAL SERVICES PROCEDURES

Referrals

1. Part A asthma educator determines if the client is eligible for referral to Part B environmental services based on the criteria listed in the **Home Walkthrough Checklist**. DHS approves the referral and assigns a Part B organization.
2. When a referral is received, review client information and educator findings in the *EA & HI Demographics* section of the database.
3. Connect with the educator if there are any clarifications or questions.

Schedule home assessment

1. Call the client (parent/guardian if under 18) and describe the environmental services offered as part of the Asthma-Safe Homes Program.
2. If the client agrees to participate, schedule the environmental assessment. Enter environmental assessment scheduled date in the *Environmental Assessment* section of the database.

Comprehensive home assessment (onsite activities)

1. Review the **Part B Participation Agreement** (**Spanish version** available) with the client (parent/guardian if under 18) and obtain their signature on two forms. Keep one for your records and give one to the client.
2. Complete the comprehensive home assessment using the **EA Onsite Checklist**.
3. If lead hazards are present, refer client to Lead-Safe Homes Program. Provide any other referrals for housing resources as needed.
4. Confirm evidence of homeowner's insurance (required for home intervention).
5. If the client is not the property owner, collect the property owner/landlord name and contact information (property owner approval required for home intervention).
6. Inform client that a report of the findings of the comprehensive assessment will be developed and, if intervention/remediation services are recommended, a meeting to review the report and scope of work will be scheduled (including property owner/landlord if not client).
7. Upon completion of the comprehensive home assessment:
    a. Upload signed Part B Participation Agreement into the database.
    b. Upload completed EA Onsite Checklist into the database.
    c. Enter Environmental Assessment data in the *Environmental Assessment* section of the database. **Environmental Services Checklist** may be used as back-up paper form.

Materials needed

- Part B Participation Agreement (two copies)
- EA Onsite Checklist
- Environmental Services Checklist

Assessment report (offsite activities)

1. Develop an environmental assessment report based on the findings of the comprehensive assessment. See the program SharePoint site for a sample template.
2. Determine if home intervention is recommended.
    a. If yes, proceed to Scope of Work development.

b. If no, contact the client to inform them that home intervention is not recommended and their participation in the program is complete. Share a copy of the Environmental Assessment Report with the client (and property owner if not client).

3. Upon completion of assessment report:
    a. Upload Environmental Assessment Report into the database.
    b. Enter Home Intervention data in the *Environmental Assessment* section of the database. **Environmental Services Checklist** may be used as back-up paper form.

Materials needed

Environmental Services Checklist

Scope of work

1. Develop a proposed Scope of Work based on the priority interventions identified.
2. Upload proposed Scope of Work to the database.
3. DHS will review and approve or reject within 3 business days.
    a. If approved, you will receive an email notifying you that the proposed Scope of Work was approved.
    b. If rejected, DHS Asthma-Safe Homes Program staff will call or email you to resolve any issues identified in the Scope of Work.
4. Contact the client (and property owner if not client) and schedule a time to review the Environmental Assessment Report and approved Scope of Work.
5. Share copies of and review the Environmental Assessment Report and DHS-approved Scope of Work with client (and property owner if not client).
6. Have client (and property owner if not client) sign Scope of Work, approving work to be done on home.
7. Provide referrals as necessary for other housing services not covered by the Asthma-Safe Homes Program, such as the Lead-Safe Homes Program, weatherization services, etc.
8. Upon completion of scope of work, upload signed scope of work into database.

Materials needed

Environmental Services Checklist

Contractor selection

1. Identify contractor(s) to deliver the services outlined in the Scope of Work. Follow your organization's procurement procedures and requirements.
2. Have property owner sign contract agreements with contractor(s).
3. Upon completion of contractor selection:
    a. Upload contract agreement(s) to database.
    b. Upload evidence of contractor certification/insurance to database.

Materials needed

Environmental Services Checklist

Home intervention

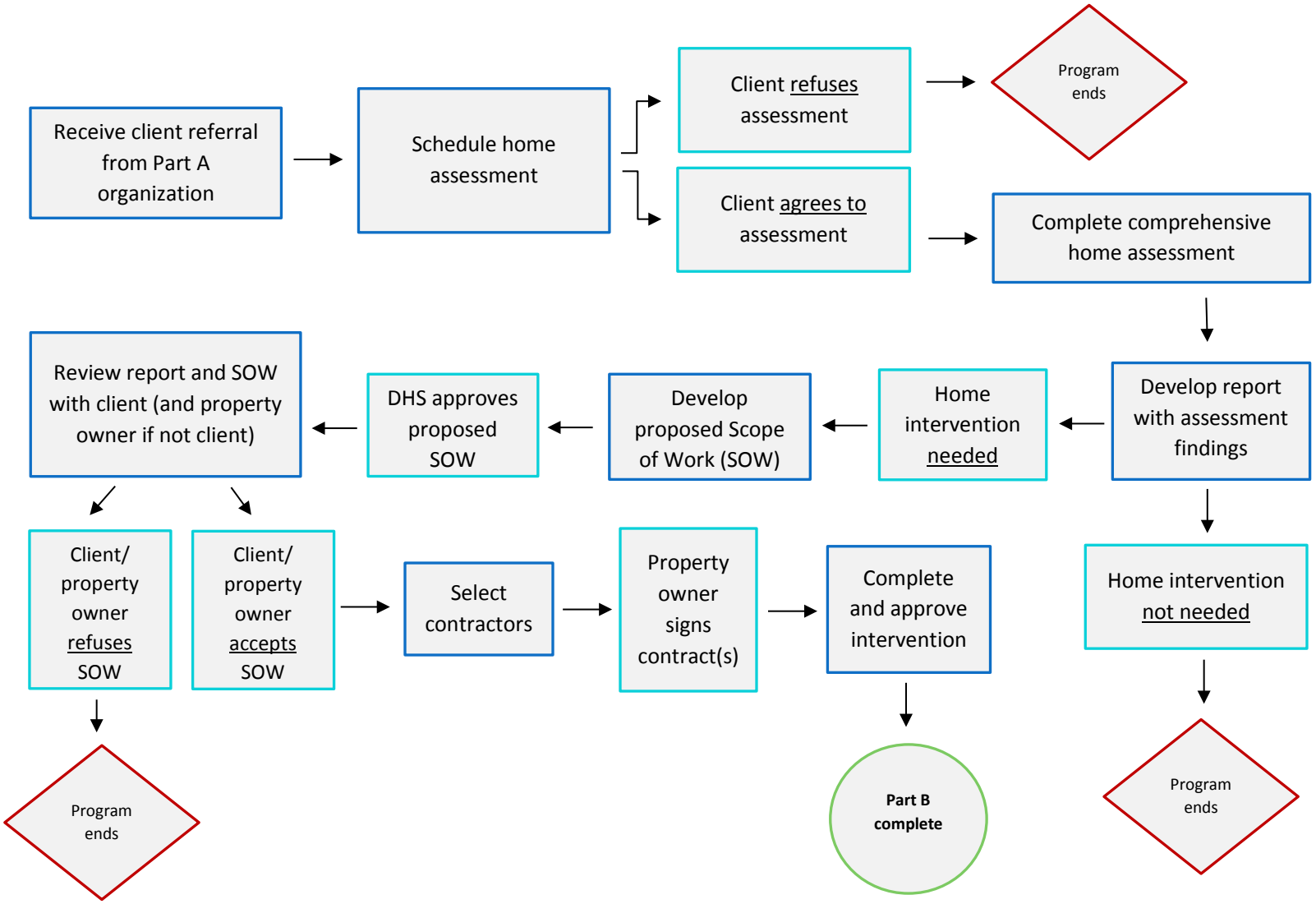
1. Work with the client (and property owner if not client and if necessary) to schedule and complete the home intervention.
2. Upon completion of home intervention:

a. Review and approve the contractor's work. If work is not complete or to standard, work with contractor to remedy.
b. Upload final Part B Invoice Form in database.
c. Select *Home Intervention Complete* task in database and enter the completion date.

Materials needed

Environmental Services Checklist

PART B: ENVIRONMENTAL SERVICES FLOW CHART



INVOICING PROCEDURES

Grant awards

- Grants are awarded in the form of reimbursement for actual services provided and related expenses incurred during the funding period.
- The grants are stand-alone grants with no match requirement.
- Grantees must have their own financial resources/capacity to conduct services prior to invoicing for reimbursement.
- No reimbursement is provided as a prior or upfront payment of any kind in any circumstance.
- The awarded total grant amount per organization is based on the number of clients the organization has agreed to serve during the grant period and is the maximum that can be reimbursed.
- There is no carryover funding as part of this opportunity. All funds must be spent during the grant period.

Grant funds usage

Grant funds are required to be used for:

- Outreach, intake, screening, and scheduling (Part A)
- Home visits for asthma self-management education and home walkthrough (Part A)
- Purchase and distribution of durables to reduce exposure to environmental hazards and improve asthma management (Part A)
- Home assessment (Part B)
- Home intervention oversight (Part B)
- Home intervention (Part B)
- Travel/mileage reimbursement and related expenses (Part A & B)
- Attending DHS training (Part A & B)

Part A Education Services - Reimbursement payment levels per client based on services completed

- **$1,800.00 high-end reimbursement** - would consist of two required home visits + four additional visits and follow-ups at 2wks, 3 months + intake/screening/scheduling/assistance with resources/mileage & 10% admin cost and program completion incentive payment of $200
- **$1,500.00 mid-level reimbursement** -would consist of two required home visits and follow-ups at 2wks and 3 months + intake/screening/scheduling/assistance with resources/mileage & 10% admin cost and program completion incentive payment of $200

Part A Education Services – Allowable cost categories

Please note that the hours allotted to each allowable cost category are estimates, and reimbursement will be based on actual hours billed. Billable reimbursement service hours and related expenses are estimated based on the number of clients you have agreed to serve during the grant period. If you anticipate being able to reach additional clients during the grant period, please discuss with the Asthma-Safe Homes Program staff for possible budget amendment. Budget amendments will depend on available state and federal grant funds.

Outreach/intake/scheduling/screening/data entry

Up to a total of 3 hours allowed per client at a billable rate of $50 per hour to complete the following:

1. Conduct outreach within health care systems in your target area to solicit referrals for program participation (organizations will not be reimbursed for time used to conduct presentations or attend tabling events to recruit for program participants).

2. Screen and enroll Medicaid-eligible children or pregnant adults with uncontrolled asthma into the Asthma-Safe Homes Program.
3. Collect and record all required program information to include consent forms, intake demographics, asthma screening tool and asthma control assessment into database.

You are allowed to round time between 35 -55 minutes and bill for 1 full hour of service.

If you are unable to reach a client, you are allowed to bill for 1 hour of service for making a minimal of three attempts to reach a client. This should be documented in the database under "Part A" notes.

If you complete the screening but the client is not eligible, drops out, or is lost to follow-up before first visit is complete, you can bill up to $150 for outreach/intake/screening/data entry time. Enter all data collected, then complete and upload invoice into database and close-out client in database.

If you complete outreach, intake, screening, and schedule a home visit but client is a "no show" for the scheduled visit, you are allowed to invoice for 1 hour of service under home visit on the invoice template and mileage.

Home visits

In-home asthma education within a minimum of two and maximum of six home visits per client to complete the following:

1. Conduct asthma self-management education with families to include symptom identification and medication use teach-backs.
2. Conduct initial home assessment to identify and document asthma triggers in the home and recommend basic modifications to reduce triggers.
3. Review, share, and update asthma education plan with family members and care providers.
4. Distribute durables to households to reduce exposure to environmental hazards/asthma triggers.

Up to 5 hours allowed per client for the first two home visits (required and in-person) at a billable rate of $80 per hour. Each home visit could run up to 2.5 hours each.

Up to 4 hours allowed for additional home visits per client (in-person not required) at a billable rate of $50 per hour - (30%) of your client target is budgeted for 4 additional one-hour home visits.

You are allowed to round time between 35 -55 minutes and bill for 1 full hour of service.

Purchase of durables and supplies

1. Up to 2 hours per client at a rate of $50 per hour allowed for time to purchase durables and supplies.
2. Up to $1,000 per client household allocated to purchase durables to reduce exposure to environmental hazards and improve asthma management (see recommended durables in SharePoint). Grantee organizations are allowed to purchase durables from a vendor of choice. Total amount for durables is not to exceed $1,000 per client.
3. Grantee organizations are allotted a specified budget amount to purchase supplies for service needs (see your organization's budget for amount allocated for supplies). Supplies average $100 per client. Allowable supplies include coloring books and crayons for kids, office supplies, printing, postage, and program information brochures and other items deemed needed by educator. Grantee organizations are allowed to purchase supplies from a vendor of choice.

Case management

Up to a total of 8 hours allowed per client at a billable rate of $50 per hour to complete the following:

1. Conduct 2-week follow-up two weeks after final education visit to check-in about progress on asthma management and home asthma trigger reduction recommendations.

2. Conduct the 3-month follow-up to take place three months after the final education visit to conduct final asthma assessment, check-in re: progress on asthma management and provide health care and/or community resources.
3. Write-up and data entry of education management and home walk-through reports and 2-week and 3-month follow-up notes.

You are allowed to round time between 35 -55 minutes and bill for 1 full hour of service.

If you are unable to reach a client for follow-up, you are allowed to bill for 1 hour of service for making a minimal of three attempts to reach a client. This should be documented in the database under "Part A" notes.

Indirect cost – 10%

All grantee organizations are allowed a 10% indirect cost for administrative expenses incurred during the grant funding year. Indirect cost will be auto-populated on monthly invoices and paid monthly.

Mileage reimbursement

Grantee organizations are allowed mileage reimbursement for up to 40 miles for round trip per home for the 2 required site visits per home at the IRS 2022 mileage rate of 62.5 cents per mile. Reimbursement for round trip home visits should not exceed $50.00.

DHS training

Grantee organizations will be reimbursed for staff time to attend required training up to $500 per staff to participate in trainings related to asthma, healthy homes assessment, ASHP protocols and database entry training and capacity development designed to prepare participating organizations to engage in sustainable practices for asthma education services. Grantee organizations should bill for reimbursement of staff time based on salary/hourly rate.

Part A Education Services – Program completion incentive

Grantee organizations providing asthma educational services will be awarded a program incentive of $200 per client if client completes the program – program completion consists of the following required visits: two home visits, 2-week and 3-month follow-up.

DHS will monitor and track program completion status of clients for grantee organizations through the program's database. Organizations will receive program incentive payment at the end of the funding year.

Part B Environmental Services – Allowable cost categories

Please note that the hours allotted to each allowable cost category are estimates, and reimbursement will be based on actual hours billed. Billable reimbursement service hours and related expenses are estimated based on the number of clients you have agreed to serve during the grant period. If you anticipate being able to reach additional clients during the grant period, please discuss with the ASHP team for possible budget amendment. Budget amendments will depend on available state and federal grant funds.

Home assessment

Up to a total of 6 hours allowed per client at a billable rate of $50 per hour to complete the following:

1. Schedule and complete the comprehensive home assessment using the EA Onsite Checklist (3 hours estimated time to complete).
2. Develop an environmental assessment report based on the findings from the comprehensive assessment (2 hours estimated time to complete).
3. Enter Environmental Assessment data in the Environmental Assessment section of the database Entry and submit invoice (1 hour estimated time to complete).

You are allowed to round time between 35 -55 minutes and bill for 1 full hour of service.

If you are unable to reach a client (making a minimal of three attempts) or have “no show” appointments - you are allowed to bill for 1 hour of service. This should be documented in the database under “Part B” notes.

Home intervention oversight

Up to a total of 14 hours allowed per client at a billable rate of $50 per hour to complete the following:

1. Develop a proposed Scope of Work based on the priority interventions identified. Upload to database and share and review DHS approved scope of work with client (3 hours estimated time to complete).
2. Obtain signatures of all required parties to approve scope of work - *Assessor/Owner/Tenant* (1 hour estimated time to complete).
3. Identify sub-contractors, coordinate bidding process, and oversee remediation work in the homes (4 hours estimated time to complete).
4. Contract Agreement (Assessor/Contractor/Owner/Tenant) (1 hour estimated time to complete).
5. One home visit for quality assurance and quality control after remediation services are complete. Assessor Reviews Contractor Work and Signs Off (3 hours estimated time to complete).
6. Complete final data entry and final Invoicing and Payment (2 hours estimated time to complete).

You are allowed to round time between 35 -55 minutes and bill for 1 full hour of service.

If you are unable to reach a client (making a minimal of three attempts) or have “no show” appointments - you are allowed to bill for 1 hour of service. This should be documented in the database under “Part B” notes.

Supplies

Grantee organizations are allotted up to $50 per client to purchase needed supplies for intervention oversight. Allowable supplies include office supplies, printing, postage, and program information brochures and/or other items deemed necessary. Grantee organizations are allowed to purchase supplies from a vendor of choice.

Home intervention

Up to $5,000 per client household is allocated to address asthma triggers related to determinants of health in housing identified in scope of work from findings from comprehensive assessment. Grantee organizations can use funding to subcontract remediation services if the organization does not have the capacity to provide a service. Grantee organizations must have the capacity to pay sub-contractors prior to receiving reimbursement from WI-DHS.

Indirect cost – 10%

All grantee organizations are allowed a 10% indirect cost for administrative expenses incurred during the grant funding year. Indirect cost will be auto populated on monthly invoices and paid monthly.

Mileage reimbursement

Grantee organizations are allowed mileage reimbursement for up to 40 miles for round trip travel for environmental site visits per home at the IRS 2022 mileage rate of 62.5 cents per mile. Reimbursement for site visits should not exceed $75.00 per round trip.

DHS training

Grantee organizations will be reimbursed for staff time to attend required training - up to $500 per staff to participate in trainings related to asthma, healthy homes assessment, ASHP protocols and database entry training and capacity development designed to prepare participating organizations to engage in sustainable practices for home assessment and remediation services. Grantee organizations should bill for reimbursement of staff time based on salary/hourly rate.

Submitting invoices to Asthma-Safe Homes Program (ASHP) database

Grantee organizations are responsible for submitting invoices for actual hours of services completed per client. It is the responsibility of grantee organizations to track and record services completed and upload accurate invoices into the ASHP database. DHS will cross check client data entered with uploaded invoices and submitted invoices from grantee's fiscal department to approve payment for services completed.

Invoices uploaded into the ASHP database are used internally by DHS to track and cross-reference service provision only. Uploaded invoices do not serve as record/documentation for reimbursement of services and will not be used to reimburse grantee organizations. To receive reimbursement for completed services, grantee's fiscal department will need to submit separate invoices monthly to DHS for payment.

Only assigned staff from grantee organizations with a ASHP database license are allowed to upload invoices into the ASHP database. It is the responsibility of assigned staff to work directly with their internal fiscal department regarding processes and procedures for documenting and recording invoices for ASHP database and reimbursement.

Assigned staff from grantee organizations are required to complete and upload separate invoices for services completed for each client monthly into the ASHP database using DHS' fillable invoice template (available in SharePoint with instructions). The invoice template contains data entry fields for each of the allowable cost categories for Part A and Part B services to include mileage and training.

The invoice must contain an invoice number – the client's ID will serve as the invoice number. Instructions on how to submit and upload invoices and supporting documents into the ASHP database are included in the database user guide.

Each invoice should be filled out completely, signed and dated. Supplies, Durables, Mileage and Training are not required to be completed on individually uploaded invoices into database. Assigned staff does not need to calculate a per client cost. These reimbursement items should be included in grantee's fiscal monthly billing accompanied by supporting or back-up documentation, including receipts for durable purchases, supplies and mileage reimbursements. Incomplete invoices will be returned and result in possible delayed payment.

Invoices should be uploaded monthly, no later than the 10th day of each month. Invoices uploaded after the 10th day may result in a late or delayed payment. Assigned staff should work with their fiscal department to make sure invoices uploaded into ASHP database coincide with fiscal monthly invoicing.

Submitting invoices for payment

Grantee organizations are required to submit separate invoices monthly to DHS to receive reimbursement for services completed. Grantee organizations are responsible for submitting invoices for actual hours of services completed and not the estimated maximum of allowable hours noted in your budget. It is the responsibility of grantee organizations to track and record services completed and submit accurate invoices to DHS. DHS will cross check client data entered with uploaded invoices from assigned staff and submitted invoices from grantee's fiscal department to approve payment for services completed. Discrepancies will be returned and may result in possible delayed payment.

DHS is not using billing codes for reimbursements – cost categories are used to document service provision and time for reimbursements to grantee organizations.

Each grantee organization is required to provide to DHS a fiscal oversight contact name, phone number and email address.

You are allowed to use DHS's fillable invoice template (available in SharePoint with instructions), or you can use an internal invoicing template (DHS' cost categories must be included) to submit for payment. All invoices must contain an invoice number – this number can be assigned by grantee's fiscal department.

Monthly invoices should include supporting or back-up documentation, including receipts for durable purchases, supplies, mileage reimbursements and home interventions completed. Incomplete invoices will be returned and result in possible delayed payment.

DHS will cross-check client data entered with database uploaded invoices by assigned staff and submitted invoices from grantee organization's fiscal department to approve payment for services completed. It is the responsibility of assigned staff to work directly with their internal fiscal department regarding processes and procedures for documenting/reporting service provision and invoicing and uploading into the ASHP database. Invoices uploaded into the ASHP database are used for tracking purposes only and do not serve as records/documentation for reimbursement of services and will not be used to reimburse grantee organizations.

Invoices should be submitted monthly, no later than the 10th day of each month. Invoices submitted after the 10th day may result in a late or delayed payment. Grantee's fiscal department should work with assigned staff to make sure invoices uploaded into ASHP database coincide with fiscal monthly invoicing.

All Invoices will be reviewed and processed for payment within 10 business days after the 10th of every month. DHS net term for payment is 30 days.

For questions regarding invoicing procedures, contact Asthma-Safe Homes Program Grants Specialist: Pat Batemon | Email: patricia.batemon@dhs.wisconsin.gov | Phone: 608-264-7068