

ELECTRONIC MONITORING REQUIREMENTS-DD Waiver Renewal

Any current BDDS approved provider interested in adding the service of Electronic Monitoring that would like to utilize Rest Assured and/or Night Owl must submit a request letter identifying their choice of partnership agency. Eligibility for this service also includes fulfilling the requirements for the Residential Habilitation and Support (RHS) component of Electronic Monitoring. Please review the Service Definitions and Requirements for Electronic Monitoring.

Providers are not limited to utilizing the two DDRS recognized agencies-Rest Assured or Night Owl-as DDRS/BDDS will consider other technological agencies for partnering with RHS providers. Providers may also request approval to be the sole entity for Electronic Monitoring, fully responsible for the technological software as well as the RHS component.

***Please Note:** In addition to the standard Bureau of Developmental Disabilities (BDDS) approval process, service definitions and requirements for Electronic Monitoring include approval by the Division of Disability and Rehabilitative Services (DDRS) Director.

All requests from current RHS providers to be an Electronic Monitoring provider must be received by Provider Relations no later than November 18, 2009 in order to submit recommendation for approval to the Community Residential Facility Council (CRFC) in the November council meeting.

ELECTRONIC MONITORING-RHS RESIDENTIAL PROVIDER:

Electronic Monitoring/Surveillance System & On-Site Response includes the provision of oversight and monitoring within the residential setting of adult waiver participants through off-site electronic surveillance. Also included is the provision of stand-by intervention staff prepared for prompt engagement with the participant(s) and/or immediate deployment to the residential setting.

DDRS Approved Electronic Monitoring Agency

To be approved to provide Electronic Monitoring/Surveillance System & On-Site Response services, a provider shall:

- Be an entity approved by DDRS/BDDS to provide Residential Habilitation and Support services
- Assure that the system must be monitored by a staff person trained and oriented to the specific needs of each participant served as outlined in his or her Individualized Support Plan (ISP)
- Assure that the stand-by intervention (float) staff meets the qualifications for direct support professionals as set out in 460 IAC 6-14-5.

Service Standards:

To be reimbursed for operating an electronic monitoring and surveillance system, a provider must adhere to the following:

- The system to be installed must be reviewed and approved by Director of DDRS.

- The Electronic Monitoring/Surveillance System & On-Site Response system must be designed and implemented to ensure the health and welfare of the participant in his/her own home/apartment and achieve this outcome in a cost neutral manner.
- The case manager and/or the BDDS Service Coordinator will review the use of the system at seven (7) days, and again at fourteen (14) days post installation.
- Services provided to waiver participants or otherwise reimbursed by the Medicaid program is subject to oversight/approval from the OMPP.

Responsibilities of: RHS RESIDENTIAL PROVIDER:

- **Assessment and informed consent**

Initial assessment: Participants requesting this service must be preliminarily assessed by the Individualized Support Team (IST) for appropriateness in ensuring the health and welfare of the participants and have written approval by the human rights committee (HRC). These actions must be documented in the ISP and the DDRS case management system.

Informed consent: Each participant, guardian and IST must be made aware of both the benefits and risks of the operating parameters and limitations. Informed consent documents must be acknowledged in writing, signed and dated by the participant, guardian, case manager, and provider agency representative, as appropriate.

A copy of the consent shall be maintained by the local BDDS office, the guardian (if applicable) and in the home file.

Annual assessment updates: At least annually, the IST must assess and determine that continued usage of the electronic monitoring system will ensure the health and welfare of the participant. The results of this assessment must be documented in the ISP and in the DDRS case management system. A review of all incident reports and other relevant documentation must be part of this assessment.

The provider must have backup procedures for system failure (e.g., prolonged power outage), fire or weather emergency, participant medical issue or personal emergency in place and detailed in writing for each site utilizing the system as well as in each participant's ISP. This plan should specify the staff person or persons to be contacted by monitoring base staff who will be responsible for responding to these situations and traveling to the participant's living site(s).

- **Stand-by intervention staff (float staff)**

The float staff shall respond and be at the participant's residential living site within 20 minutes or less from the time the incident is identified by the remote staff and float staff acknowledges receipt of the notification by the monitoring base staff. The IST Team has the authority to set a shorter response time based on individual participant need.

The service must be provided by one (1) float staff for on-site response, the number of participants served by the one (1) float staff is to be determined by the Individualized Support Team (IST) based upon the assessed needs of the participants being served in specifically identified locations.

Float staff will assist the participant in the home as needed to ensure the urgent need/issue that generated a response has been resolved. Relief of float staff, if necessary, must be provided by the residential habilitation provider.

- Retention of written documentation is required for 7 years
- Retention of video/audio records, including computer vision, audio and sensor information, shall be retained for 7 years if an Incident Report is filed.

Documentation Standards:

To be reimbursed, the provider must prepare and be able to produce the following:

• Provider documentation

- o Status as a DDRS/BDDS approved provider
- o Case notes regarding the assessment and approval by both the IST of each participant and the HRC will be documented within both the DDRS system and the ISP.
- o Informed consent documents must be acknowledged in writing, signed and dated by the participant, guardian, case manager, and provider agency representative, as appropriate. Copies of consent documents will be maintained by the local BDDS office, the case manager, the guardian (if applicable) and in the home file.
- o Utilization of the electronic monitoring device must be outlined in the ISPs, service planners and budgets of EACH participant in a setting, including typical hours of electronic monitoring. Each remote site will have a written policy and procedure approved by DDRS (and available to OMPP for all providers serving waiver participants) that defines emergency situations and details how remote and float staff will respond to each.

Examples include:

- o Fire, medical crises, stranger in the home, violence between participants, and any other situation that appears to threaten the health or welfare of the participant.
- o Emergency Response drills must be carried out once per quarter per shift in each home equipped with and capable of utilizing the electronic monitoring service.

Documentation of the drills must be available for review

- At least every 90 days, the appropriateness of continued use of the monitoring system must be reviewed by the IST; the results of these reviews must be documented in the DDRS case management system and/or the ISP.

Areas to be reviewed include but are not limited to the number and nature of responses to the home as well as damage to the equipment.

REIMBURSEMENT PARAMETERS:

The budget will be completed for each participant based upon the number of participants residing within the residence.

Tier 1 1 Participant in a home \$13.62

Tier 2 2 Participants in a home \$ 6.81

Tier 3 3 Participants in a home \$4.54

Tier 4 4 Participants in a home \$3.41

DDRS Approved

460 IAC 6-10-5-Criminal Histories,
460 IAC 6-12 Insurance,
460 IAC 6-11 Provider's Financial Status,
460 IAC 6-5-30(b) and 6-34 Transportation,
460 IAC 6-14-5 Direct Care Staff qualifications,
460 IAC 6-14-4 Staff Training,

Must comply with BDDS Electronic Monitoring Service Standards and Guidelines.
Initially, BDDS. For re-approval, BDDS or BQIS

ACTIVITIES ALLOWED:

- Electronic Monitoring/Surveillance System & On-Site Response may be installed in residential settings in which all residing adult participants, their guardians and their support teams request such surveillance and monitoring in place of on-site staffing.
- Use of the system may be restricted to certain hours through the Individualized Support Plans of the participants involved.

ACTIVITIES NOT ALLOWED:

- Electronic monitoring and surveillance systems which have not received specific approval by the Director of the Division of Disability and Rehabilitative Services (DDRS).
- Electronic Monitoring may not be used concurrently with Adult Foster Care services or in the Adult Foster Care home
- Electronic Monitoring systems intended to monitor direct care staff
- Electronic Monitoring serves as a replacement for Residential Habilitation and Support (RHS) services, therefore, Electronic Monitoring and RHS services are not billable during the same time period
- Electronic Monitoring systems in ICF/MR facilities licensed under IC 16-28 and 410 IAC 16.2
- Electronic Monitoring systems used in place of in-home staff to monitor minors, i.e., participants under the age of 18.
- Installation costs related to video and/or audio equipment
- Services furnished to a minor by a parent(s), step-parent(s), or legal guardian
- Services furnished to a participant by the participant's spouse

***ELECTRONIC MONITORING-* TECHNOLOGY AGENCY:**

Electronic Monitoring/Surveillance System & On-Site Response includes the provision of oversight and monitoring within the residential setting of adult waiver participants through off-site electronic surveillance. Also included is the provision of stand-by intervention staff prepared for prompt engagement with the participant(s) and/or immediate deployment to the residential setting.

Service Standards:

To be reimbursed for operating an electronic monitoring and surveillance system, a provider must adhere to the following:

- The system to be installed must be reviewed and approved by Director of DDRS.

- The Electronic Monitoring/Surveillance System & On-Site Response system must be designed and implemented to ensure the health and welfare of the participant in his/her own home/apartment and achieve this outcome in a cost neutral manner.
- The case manager and/or the BDDS Service Coordinator will review the use of the system at seven (7) days, and again at fourteen (14) days post installation.
- Services provided to waiver participants or otherwise reimbursed by the Medicaid program is subject to oversight/approval from the OMPP.

RESPONSIBILITIES OF: Technology Agency

The provider must have safeguards and/or backup system such as battery and generator for the electronic devices in place at the monitoring base and the participant's residential living site(s) in the event of electrical outages.

The provider must have backup procedures for system failure (e.g., prolonged power outage), fire or weather emergency, participant medical issue or personal emergency in place and detailed in writing for each site utilizing the system as well as in each participant's ISP. The electronic monitoring system must receive notification of smoke/heat alarm activation at each participant's residential living site. The electronic monitoring system must have two way (at minimum, full duplex) audio communication capabilities to allow monitoring base staff to effectively interact with and address the needs of participants in each living site, including emergency situations when the participant may not be able to use the telephone. The electronic monitoring system must allow the monitoring base staff to have visual (video) oversight of areas in participant's residential living sites deemed necessary by the IST.

• Monitoring base staff

At the time of monitoring, the monitoring base staff may not have duties other than the oversight and support of participants at remote living sites.

The monitoring base staff will assess any urgent situation at a participant's residential living site and call 911 emergency personnel first if that is deemed necessary, and then call the float staff person. The monitoring base staff will stay engaged with the participant(s) at the living site during an urgent situation until the float staff or emergency personnel arrive.

If computer vision or video is used, oversight of a participant's home must be done in real time by an awake-staff at a remote location (monitoring base) using telecommunications/broadband, the equivalent or better, connection.

The monitoring base (remote station) shall maintain a file on each participant in each home monitored that includes a current photograph of each participant which must be updated if significant physical changes occur and at least, annually. The file shall also include pertinent information on each participant noting facts that would aid in ensuring the participants' safety. The monitoring base staff must have detailed and current written protocols for responding to needs of each participant at each remote living site, including contact information for staff to supply on-site support at the participant's residential living site when necessary.

- Retention of written documentation is required for 7 years
- Retention of video/audio records, including computer vision, audio and sensor information, shall be retained for 7 years if an Incident Report is filed.

Documentation Standards:

To be reimbursed, the provider must prepare and be able to produce the following:

- **Provider documentation**

- o Approval of the specific electronic monitoring/surveillance system by the Director of DDRS.
- o Utilization of the electronic monitoring device must be outlined in the ISPs, service planners and budgets of EACH participant in a setting, including typical hours of electronic monitoring
- Each remote site will have a written policy and procedure approved by DDRS (and available to OMPP for all providers serving waiver participants) that defines emergency situations and details how remote and float staff will respond to each.

- **Examples include:**

- o Fire, medical crises, stranger in the home, violence between participants, and any other situation that appears to threaten the health or welfare of the participant.
- o Emergency Response drills must be carried out once per quarter per shift in each home equipped with and capable of utilizing the electronic monitoring service.

- The remote monitoring base staff shall generate a written report on each participant served in each participant's residential living site on a daily basis. This report will follow documentation standards of the Residential Habilitation Services. This report must be transmitted to the primary RHS provider daily. ***Please note: Monitoring staff will be required to meet the documentation standards required of the service of RHS.**

- Each time an emergency response is generated, an incident report must be submitted to the State per the BDDS and BQIS procedures.

- At least every 90 days, the appropriateness of continued use of the monitoring system must be reviewed by the IST; the results of these reviews must be documented in the DDRS case management system and/or the ISP.

Areas to be reviewed include but are not limited to the number and nature of responses to the home as well as damage to the equipment.

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