PART II – Chapter 1600

POLICIES AND PROCEDURES
for
EDWP (CCSP and SOURCE)
EMERGENCY RESPONSE SYSTEM
SERVICES



GEORGIA DEPARTMENT OF COMMUNITY HEALTH

DIVISION OF MEDICAID

Revised: January 1, 2024

PART II - POLICIES AND PROCEDURES
FOR
EMERGENCY RESPONSE SYSTEM

CONTENTS

CHAPTER 1600 GENERAL DESCRIPTION OF THE SERVICE

1600.1 Member Profile

SECTION 1601 Licensure

SECTION 1602 Requirements related to Emergency Response System Services
1602.1 Hours of Operation
1602.2 Member Assessment and Orientation to Service
1602.3 Termination of Service
1602.4 Home Unit Specification
1602.5 Member Record
1602.6 Supervision of Member Care
1602.7 Monitoring Center Specifications

SECTION 1603 Staffing Qualifications

SECTION 1604 Program Evaluation and Customer Satisfaction

SECTION 1605 Reimbursement Methodology

PREFACE

Policies and procedures in this Chapter apply to all EDWP (CCSP/SOURCE) Emergency Response System providers. This Chapter must be used in conjunction with the manuals listed below.

PART I - Policies and Procedures for Medicaid/Peachcare for Kids, Chapters 100 through 500

PART II - Chapters 600 – 1000, Policies and Procedures for CCSP and SOURCE General Services Manual

PART II - CHAPTER 1600

1600. General Description of Services

The Emergency Response System (ERS) service monitors member safety and provides member access to emergency crisis intervention for medical or environmental emergencies. The electronic communication between the member and a central monitoring station provides services 24 hours a day, seven days a week.

1600.1 Member Profile

To be eligible for ERS service, the member is assessed by the care coordinator RN and is:

A) frail and functionally impaired

B) living alone or with another functionally impaired person

C) willing to arrange for private line telephone service if private line is not currently in place **OR willing to sign a form saying that they have accepted a wireless cellular device as an alternative** ***Rev 1/13***

D) mentally and physically able to use the equipment appropriately.

1601. Licensure

If the Electronic Response System requires modification of phone wiring, the ERS Provider must be licensed as a Low Voltage Contractor in either the Alarm or Unrestricted Category and the licensed contractor must supervise the installation of the wiring. Georgia law requires supervision of installation by licensed Low Voltage Contractors if the installation process requires modification of phone wiring.

1602. Requirements Related to Emergency Response System Services

1602.1 Hours of Operation

A) ERS providers provide monitoring services seven days a week, 24 hours a day.

B) Refer to Section 601.1M of the EDWP (CCSP/SOURCE) General Manual regarding staffed business hours.

1602.2 Member Assessment and Orientation to Service

A) If providers require members to sign installation/service agreements or contracts, the agreement must be in compliance with Section 601.1. K. of the EDWP (CCSP/SOURCE) General Manual.

B) A face-to-face assessment of the member takes place within three business days of receipt of the referral packet. Installation of the ERS unit may take place at this time or within 24 hours of the face-to-face assessment.

NOTE:
During the face-to-face assessment the provider develops dispatch instructions including special needs with each member and/or member's representative. Dispatch instructions include directions to the member's home from a major highway, intersection, or locally recognizable landmark, such as church, school, or hospital.

C) The face-to-face member assessment and orientation include, at a minimum:

1) evaluation of the telephone and electrical wiring for compatibility with the ERS unit **if the unit is hard wired** **Rev 01/2013**

2) evaluation of the member's ability and willingness to use the ERS unit

3) a review of the proper use of the Emergency Response System and response protocol

4) a review of indicators that would alert the member that the system may malfunction

5) clear instructions on how to request service for the ERS unit

6) a member initiated test of the ERS unit

7) instruction/clarification of monthly testing procedures.

D) A provider representative conducts the assessment/orientation. The provider develops and uses an orientation form that is signed and dated by the member to indicate that the evaluation was made and training was provided on the above topics. This form will serve as documentation of member training.

E) Providers serving members who are hearing-impaired provide TDD/TTY service to these members or make other documented arrangements for communicating with hearing-impaired members.

F) Providers serving members whose language is other than English provide access to an interpreter or make other documented arrangements for communicating with members who speak languages other than English.

1602.3 Termination of Service

The ERS provider notifies the care coordinator before removing the equipment from the member's home. If the member or member's representative requests removal of the equipment prior to the end date of a termination notice, the ERS provider obtains written verification of the request before removing the equipment. The ERS provider maintains the written verification in the member's case record. If the member's request for removal of the equipment results in reinstallation costs at the same location, the member is responsible for the expense.

NOTE:
If a member expires or enters a nursing facility for a permanent stay, the ERS provider may disconnect the service before the end of the 30-day discharge notice. The ERS provider is responsible for removing/ retrieving the equipment from the member's home. The provider cannot instruct the member to mail the equipment to the provider.

1602.4 Home Unit Specifications

A) The provider activates the home unit from a simple device that can be worn or attached to the member.

B) The provider attaches the home unit to existing telephone lines **or by providing a wireless device that uses cellular technology**. The unit must not interfere with normal use of the telephone. **Rev. 1/ 2013**

C) All ERS home units are programmed to dial a toll-free number to access the central monitoring station. ERS providers have a toll-free number for customer service and repairs. The member may not be required to pay a telephone expense for use of the ERS.

D) In the event of a power failure in the home, the home unit has a battery to provide a minimum of twelve hours operation of the ERS unit.

1) the battery assumes the operation of the ERS unit immediately upon loss of power.

2) members requiring oxygen or other life support systems report power failure to the monitoring center immediately.

3) the battery uses a self-charging system which will return battery to full power within 24 hours of restoration of power.

4) the ERS unit automatically communicates low battery status to the monitoring center prior to the unit's inability to transmit signals.

5) low battery signals are treated as equipment malfunctions.

6) **If the ERS unit is a wireless unit that uses cellular technology, recharging equipment and/or batteries must be provided as part of the unit. Rev. 01/2013**

E) The ERS provider maintains detailed technical manuals from the ERS equipment vendor relating to operational aspects of the ERS unit, installation, and testing. The provider has these manuals available at all times at the ERS provider's office.

F) Within 72 hours of notification of malfunction, the provider provides replacement and/or repair of malfunctioning ERS equipment.

1602.5 Member Record

A) The clinical record for each member contains sufficient information to identify the member. ERS providers are responsible for all aspects of the Clinical Record outlined in Section 606.4 EDWP (CCSP/SOURCE) General Manual. ERS providers **are not** required to maintain the following documentation:

1) provider care plan

2) records regarding medications, dietary information, medical treatment, or activity orders

3) service record form.

B) ERS providers document dispatch instructions that address special needs for each member. The provider updates this information at least annually, and includes, at a minimum:

1) verification of the member's telephone number and address

2) verification from each of the member's emergency contacts of continued willingness to serve, as well as their telephone numbers

3) verification of the telephone numbers of police, fire, and EMS dispatch

4) updated medical information

The provider documents all telephone calls made to verify information in the member's file. The person completing the call documents the date of completion and initials the note.

C) ERS providers ensure that all members have a current level of care/assessment signed by the member's physician and that the ERS

service is recorded on page 5 of the EDWP (CCSP/SOURCE) Level of Care and Placement Instrument.

D) Providers document all training and orientation that occurs with the member on how to use and operate the equipment.

E) Providers maintain documentation of monthly supervisory calls and incident report follow up in each member's file as the record of services rendered to the member.

F) Providers keep written incident reports of all ERS system activations in which members received assistance. Providers notify the care coordinators when members receive assistance/services from the ERS.

1602.6 Supervision of the Member's Care

Refer to Section 606.17 in the EDWP (CCSP/SOURCE) General Manual for general policies and requirements relating to supervision of EDWP (CCSP/SOURCE) services. In addition to the policies and standards stated in 606.17, the ERS provider meets the following requirements:

A) A staff member with ERS equipment training and experience supervises the member's care. (**NOTE**: The ERS provider is not required to employ a registered nurse for supervisory responsibilities).

B) Once a month the member must test the system. In the event that no signal is received, the provider must contact the member and initiate a test. Monthly testing is conducted by the member from the personal transmitter of the ERS. The member uses the personal transmitter to activate the system. Personal transmitters include:

- neck pendant
- wrist band
- pin
- sip and puff
- pressure pad.

The purpose of this test is to detect malfunction and to ensure that the member continues to be able to use the system properly. This monthly contact constitutes supervision of member services. **Silent testing is not permitted. Rev 01/2013**

1) If the ERS provider agency or designated monitoring center is unable to reach the member to request activation for testing, the

ERS provider agency attempts to contact the member at least three times within the following five business days. The provider documents dates and times of these calls in the member's file.

2) In the event that the ERS provider agency is unsuccessful in contacting the member directly, the ERS provider uses alternate methods to determine the whereabouts of the member. Alternate methods include contacting emergency contacts, family members, and member's representative. The provider documents contacts in the member's file.

3) Should alternate methods to locate the member fail, the ERS provider agency contacts the care coordinator within 24 hours. The provider informs the care coordinator of the agency's inability to contact the member and sends the EDWP Notification Form documenting this communication to the care coordinator within three business days.

    a. Case Management follows up with the member and reports back to the provider the attempts to have the member test the transmitter.

4) If the ERS provider agency is unable to reach the member for two consecutive months, the ERS provider and case management collaborate to assess the member's continued need and use of the ERS.

    a. The provider is to be paid for month 3 of service but is to alert the member in writing after 60 days of non-compliance that a discharge will occur for failure to test by the 90th day.

C) When a EDWP (CCSP/SOURCE) member receiving Emergency Response System services on a monthly basis is temporarily out of the home due to medical circumstances or orders (i.e. hospitalization, convalescence), the ERS provider may continue to bill up to 62 days to avoid second installation costs. The ERS provider maintains close communication with the care coordinator regarding the status of the member's absence from the home.

NOTE:
To control installation costs, EDWP (CCSP/SOURCE) **continues to pay the ERS monitoring fee for up to 2 months (62 days) while the member is admitted for a temporary stay in a nursing facility.**

1602.7 Monitoring Center Specifications

Monitoring Center services may be operated by the ERS provider or may be contracted to another qualified company. All monitoring centers meet the following specifications:

A) Operation and technical manuals are available to all appropriate staff. These manuals cover the following topics:

1) home unit operation

2) response protocol

3) documentation and record-keeping

4) monthly testing procedures

5) installation and member training

6) general home unit troubleshooting

7) disaster preparedness plan

B) The monitoring center is equipped with:

1) primary and backup receiver

2) clock printer

3) telephone line monitor

The primary and backup receiver are interchangeable.

C) The monitoring center has a backup power supply to operate for a minimum of 24 hours following a power failure.

1) The ERS provider agency develops a disaster plan for power outages of longer than 24 hours. The plan is available for review in the ERS provider agency's office.

2) The monitoring center is capable of transferring monitoring responsibility to alternate site(s) in the event a power or telephone outage should last longer than the monitoring center's ability to provide backup power.

D) The clock printer prints:

1) the date and time of the emergency signal

2) the home unit or member identification code

3) the type of signal codes received

E) The monitoring center records all incoming and outgoing calls of the monitoring center including, but not limited to calls from:

- members
- installation technicians
- emergency contacts (i.e., member's representative, family, friends, etc.)
- emergency personnel
- other calls regarding the member's ERS unit or service

Recordings of calls are available for review for a minimum of 30 calendar days following completion of the recording.

F) If an incoming receiver telephone line is disconnected for more than two minutes, telephone line monitors give visual and audible signals.

G) Receiving and printing stations have a minimum of two telephone lines per receiving station. These two lines automatically interchange in a rollover system when any two alarms attempt to communicate with a single receiver at the same time.

H) The monitoring center provides the ERS provider with documentation and follow-up needed to comply with EDWP (CCSP/SOURCE) documentation and reporting regulations.

I) Response protocol includes, at a minimum:

1) a call to the member's home 15 minutes after dispatch to ensure all needed help has arrived and to make additional dispatch if necessary

2) contacting dispatched EMS or other public safety personnel within two hours of the original dispatch to determine the disposition of the call

3) if the member is transported to a hospital, contacting the hospital the next business day to determine if the member was admitted. The provider will notify the care coordinator if the member was admitted to the hospital.

NOTE:
The ERS provider has a written contract with the monitoring center even if the monitoring center is owned by the EDWP (CCSP/SOURCE) enrolled agency. The contract addresses, at a minimum, each of the Monitoring Center Specifications listed above. Both the ERS provider and the President/Owner of the monitoring center sign this contract.

1603. Staffing Qualifications

The ERS provider ensures that the ERS supervisory and staff duties are clearly described in criteria-based job descriptions.

The ERS supervisor must have training and experience in administration, supervision and operation of ERS equipment, i.e., installation, maintenance, monitoring and record keeping. Education and training of the staff demonstrate that the provider agency is knowledgeable in implementing an effective ERS system.

A) Administrative Staff Qualifications

Administrative Staff:

1) are trained in the use and testing of the Emergency Response System

2) have read and understand provider manuals related to the ERS system

3) have an understanding of how an emergency is handled by the monitoring center

4) are familiar with the monthly testing procedure

5) know how and when to communicate with care coordinators

6) know what documents are required by EDWP (CCSP/SOURCE) for all ERS members

7) know when each document is updated, by whom, and how to request an updated version, if necessary

Management ensures the quality of service and courtesy of the administrative staff.

B) Technical Staff Qualifications

Technical Staff:

1) have complete knowledge of the ERS system operation and repair/replacement of the system

2) have a low voltage license if modifying telephone wiring

3) are able to determine the member's ability to use the ERS

4) meet the requirements of member protection of direct service staff as outlined in the EDWP (CCSP/SOURCE) General Manual

Management ensures the quality of service and courtesy of members of the technical staff.

1604. Program Evaluation and Customer Satisfaction

Program evaluations are conducted at least annually by a designated staff position. Evidence is available to demonstrate that the results of the program evaluation are analyzed and used to improve the quality of services. Refer to Section 609 of the EDWP (CCSP/SOURCE) General Manual. At a minimum, program evaluation includes, but is not limited to:

A. Member satisfaction as indicated by the measurement of:

1. staff responsiveness to member's needs

2. timeliness

3. sensitivity to culturally diverse populations

4. staff respect for member's rights, choices, privacy, dignity, property and protection from harm and exploitation

5. staff attitude and courtesy

B. Review of policies and procedures-The provider reviews policies and procedure at least annually and revises them as needed. The provider indicates in policy how changes in agency policies and procedures are communicated to all staff.

C. Review of member's clinical records-The provider monitors and reviews clinical records to insure they contain current, required information.

1605. Reimbursement Methodology

A) For rates on ERS installation, and weekly and monthly monitoring fees, refer to Appendix S in the EDWP (CCSP/SOURCE) General Manual.

B) Only one installation fee for two or more members sharing the same ERS will be reimbursed. Separate monitoring fees for members sharing the same ERS will be reimbursed.

C) Reimbursement for employee travel time and expenses to and from the member's home is included in the reimbursement rate for Emergency Response Services.

D) The installation or repair of the member's telephone equipment will not be reimbursed.

E) For reimbursement during member's absence from the home, refer to Section 1602.6C.

F) The ERS provider provides whatever assistance is required, at no additional cost, when an ERS member relocates within the same PSA and the ERS equipment is reconnected.

G) The ERS provider who has installed a unit under private contract may not receive Medicaid reimbursement for installation if/when the member enters the EDWP (CCSP/SOURCE).

H) ERS providers are not required to replace a system unless there is a malfunction/ defect in the current unit, unit upgrade by the provider agency or act of nature issue with the existing unit. If the unit is damaged or lost by the member/caregiver, neither the provider nor Medicaid will be responsible for the cost of a new unit/install. A member remaining active in the waiver program but requesting ERS service termination and then return of the ERS service within a 12 month period (excluding a temporary nursing home stay) will be subject to the cost of the second installation fee.