

ELDERLY SERVICES PROGRAM (ESPSM)

ELECTRONIC MONITORING SYSTEMS (EMS)

SERVICE SPECIFICATION

**EFFECTIVE MAY 2014
(BCESP) (CCESP) (HCESP) (WCESP)**

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ELECTRONIC MONITORING SYSTEMS (EMS)

1.0 OBJECTIVE

Electronic Monitoring Systems (EMS) is a service designed to monitor client health/safety and provide clients with access to emergency crisis intervention for medical or environmental emergencies through the provision of communication connection systems (CCS).

2.0 UNIT OF SERVICE

A unit of monitoring service includes supplies and monitoring costs of the EMS service. A unit of service is a one month rental price authorized by the Care Manager prior to service and is defined as one of the following:

- 2.1 One unit of service is equal to 16 or more service days a month. This unit includes training requirements of each emergency responder and follow up training to a client, client's caregiver, or Council on Aging.
- 2.2 One half of a unit is equal to 15 or less service days a month. This unit includes training requirements of each emergency responder and follow up training to a client, client's caregiver, or Council on Aging.
- 2.3 One unit of Provider installation: Includes cost for delivery (including travel time), installation of the equipment into the home of the client, the initial face to face demonstration and training on how to use the equipment that the Provider furnishes to the client.

3.0 CLIENT ELIGIBILITY REQUIREMENTS

Clients who are eligible for this service must be enrolled in ESP and must meet the following criteria as determined by the Care Manager by the type of service as listed below:

- 3.1 Client Activated Necklace/Bracelet, Remote Speaker, and Automatic Fall Detection Devices:
 - a) The client lives alone or is alone for a significant period of time
OR
 - b) Other individuals live in the client's home and are unable to assist in the event of an emergency
AND
 - c) The client is at risk for falls as a result of a medical condition

3.2 Medication Dispensers:

- a) Client must have a deficit for medication administration

3.3 Alzheimer's Boundary and GPS, and Motion Sensors

- a) The client has a diagnosis or symptoms of Alzheimer's or other dementia
AND
- b) The client has a history of wandering or is at high risk for wandering

3.4 Fire, Smoke, CO Detector Monitoring

- a) Must follow all applicable State and Local laws pertaining to installation

4.0 PROVIDER REQUIREMENTS

4.1 The Provider shall ensure that each client is supplied with the equipment that meets his or her specific needs as authorized by the Care Manager in the care plan. The Provider shall offer each client a variety of remote activation devices from which the client may choose according to his or her specific needs so long as each remote activation device is wearable and waterproof, unless the client requires a specialty activation device that is not wearable and waterproof to accommodate his or her specific needs. Provider shall make good faith effort to accommodate special needs including, but not limited to, visual impairment, hearing impairment, deafness, severe speech impediment, or other language needs.

4.2 The Provider must own, operate and staff an emergency response center that functions twenty four hours per day, three hundred sixty five days per year.

4.3 The Provider shall receive and respond to alarm signals from clients twenty four hours per day, three hundred sixty five days per year.

4.4 The Provider must maintain the capacity to respond to all alarm signals.

4.5 The Provider must maintain the capacity to respond to all incoming alarm signals in case the primary system is unable to respond.

4.6 The Provider must respond to each alarm signal no more than sixty seconds after it receives a signal.

4.7 The Provider must notify the Care Manager or designee of any emergency involving a client no more than twenty four hours after the alarm signal.

4.8 The Provider must conduct monthly testing of each client's EMS equipment to ensure proper operation. The Provider shall retain a record of the monthly testing that includes the date, time, and results of the test.

- 4.9 The Provider shall contact emergency service personnel if a client sends an alarm signal and the Provider cannot reach a designated responder.
- 4.10 If a client sends an alarm signal, the Provider shall remain in communication with the client through the two-way communications feature of the equipment until a designed responder arrives in the client's home, until the emergency service personnel arrives in the client's home, or until the emergency subsides.
- 4.11 The Provider furnishes documentation that will include manufacturers' specifications, installation instructions, training manuals, and/or compliance with industry standards, demonstrating that the EMS home communication unit and activating devices meet the requirements and operating instructions:
- a) EMS services must be capable of being activated by a remote wireless device and be connected to the client's functioning telephone line, wireless telephone service, or other telecommunications technology. The Provider will furnish hands-free voice-to-voice communication with the response center.
- 4.12 The Provider must have access to the most current health/safety monitoring system technology and make it available to COA at competitive rates. The current technology must include, at a minimum:
- a) Medication dispensers that can accommodate all types of medication and is capable of sending an alert when medications are not taken or if the dispenser is damaged or forcefully opened.
 - b) Client activated necklace or bracelet
 - c) Alzheimer's Boundary and GPS
 - d) Remote speaker which enables client to push a button to answer phone calls and a button for use in emergencies
 - e) Automatic fall detection devices
 - f) Fire, Smoke, and CO Detector monitoring
 - g) Motion sensors
- 4.13 Provider installers and service staff must have proper identification, including photo ID with company name.
- 4.14 Provider installers and service staff must have criminal background checks.
- 4.15 Provider must label equipment with company name and a toll-free number for client access to Provider.
- 4.16 The Provider must comply with Council on Aging's ESP Conditions of Participation.

- 4.17 The Provider agrees to provide COA with ongoing updated information regarding technologies that become available for in-home health/safety monitoring.
- 4.18 The Provider must have the capability to triage calls and take appropriate action based on industry standard triage protocol.
- 4.19 The Provider must notify Care Managers of when a client receives emergency medical services as a result of emergency signals. The notifications should be sent via fax numbers supplied by COA. Additionally, a monthly report covering all EMS device activations should be sent to COA.

5.0 EMS EQUIPMENT

- 5.1 All EMS equipment must contain an internal battery that provides at least twenty four hours of power without recharging and that sends notification to the emergency response center if the battery's level is low.
- 5.2 The EMS equipment, when activated, must dial a toll-free number in order to contact the primary or back-up response center.
- 5.3 The EMS installation must include seize line circuitry which guarantees the unit to have priority over the telephone should the phone be off the hook or in use when the unit is activated.
- 5.4 The EMS equipment must, in the event it cannot get its signal accepted at the response center within the first call placed, be able to self-disconnect and redial the back- up monitoring system without the client resetting the system.
- 5.5 A microphone and speaker in the EMS home communication equipment unit must ensure effective two-way communication.
- 5.6 Replacement equipment: At no additional cost to the client or COA, the Provider shall replace any malfunctioning EMS equipment in fewer than twenty four hours after it is notified of the malfunction or in fewer than twenty four hours after the malfunction is detected through the monthly testing or equipment, unless the malfunction is due to confirmed misuse, abuse, or negligence.
- 5.7 EMS activating device must have a range to include an area outside of the client's home.

- 5.8 The speaker in the home communication equipment must address the needs of hard-of hearing clients.
- 5.9 EMS equipment installed must meet Underwriters Laboratories (UL) Safety Standards for Home Health Signaling Equipment.

6.0 TRAINING

- 6.1 The Provider shall furnish each EMS client with an initial face-to-face demonstration and training on how to use the EMS equipment unless otherwise specified by the client's care plan. Upon completion of the install the Provider must leave simple instructions approved by COA on how to use the device. Examples of reasons to use the device would also be helpful. The Provider shall retain records that include:
- a) Client's name and contact information
 - b) Date of delivery, installation, demonstration, and training
 - c) Client's signature attesting to receiving training
- 6.2 As part of the monthly service, the Provider shall provide additional training to the client, caregiver, or COA upon request at no additional cost.
- 6.3 Definition for this rule: "Designated Responder" means an individual the emergency response center contacts if the client signals an alarm.
- 6.4 The Provider shall train every designated responder before activating the EMS equipment, on an annual basis, and upon request. This training is part of the monthly service. At a minimum, the training must include:
- a) Instructions for responding to an emergency, including instructions for contacting emergency personnel.
 - b) Written instructions for responding to the client's alarm signals.

7.0 RESPONSE PLAN

- 7.1 The Provider shall work with the client to develop a written response plan regarding how to proceed if the client signals an alarm. The Provider must review the client's health assessment in the ESP computer system to obtain information regarding the health of the client prior to correspondence with the Care Manager. The plan must include a summary of the client's health history, the client's functioning level, and the name of the contact information for the individuals the client chooses as his or her designated responders. If the client designates only one individual, then the Provider must also designate emergency service personnel as a back-up responder.

- 7.2 The Provider shall update the written response plan no less often than every six months.
- 7.3 The Provider shall retain a record of the response plan and all subsequent response plans.
- 7.4 If the client's designated responder ceases to participate, the Provider shall work with the client to replace the responder and revise the written response plan as follows:
- a) If the client had only one designated responder, the Provider shall replace that responder in fewer than four days after it receives notice that the responder ceases to participate.
 - b) If the client had two or more designated responders, The Provider shall replace the responder in fewer than seven days after it receives notice that the responder ceases to participate.
 - c) If the Provider is unable to replace a responder, the Provider shall designate emergency service personnel as the responder.
 - d) The Provider shall record that name and contact information for any replacement responder in the response plan.

8.0 SERVICE VERIFICATION

- 8.1 For each episode of service or incident related contact with the client, the Provider shall retain a record that includes the following:
- a) Client's name
 - b) Date and time of contact
 - c) Summary of the incident
 - d) Service delivered (including the service of responding to a false alarm)
 - e) Name of each staff person having contact with the client
- 8.2 The Provider may use a technology-based system to collect or retain the records required under this rule.

9.0 REQUIRED REPORTING

- 9.1 Provider shall submit electronic data for all EMS alerts, alarms, and other events involving COA clients. Provider shall work with COA to establish an ODBC (Open Database Connectivity) interface, through which COA will regularly extract data for storage, analysis, and internal communication. Alternately, Provider may suggest some other industry-standard data transfer methodology, provided it supplies weekly data refreshes to COA, fulfills data security requirements, ensures sound data integrity and continuity, and supports automated data file transfers from Provider to COA. Data file must contain, at a minimum, the following data elements: Client COA identification

number, date/time of event, event code (what kind of alert/alarm), device issuing alarm, and outcome. COA reserves the right to request additional data fields.

10.0 EMS DEFINITIONS ESP PROGRAM

EMS Voice- Code 500- Has a speakerphone so client does not have to pick up the phone to speak to an Emergency Response (ER) Center. Often these units automatically test on a daily basis.

EMS Code 501: PERS Special– 24-hour off-site monitoring by means of special devices i.e., Wellness Check-In, Telephone with reminders, etc. (Non-monitored devices are considered Home Medical Equipment.)

EMS Medication Dispenser (Monitored)-Code 510- Medications are monitored by an alert, which is sent to an EMS center, if medications are not taken as prescribed. Provider should have a selection of medication dispensers that can accommodate all types of medications and medication packaging. The EMS center then calls the client to find out why medications were not taken. The Medication Dispenser (Monitored) Code 510 Unit includes the PEMS Code 500 Unit. (Non-monitored devices are considered Home Medical Equipment.)

EMS Alzheimer's Boundary/Special Monitoring-Code 520- 24-hour off-site monitoring of client movement beyond certain pre-determined boundaries. (Non-monitored devices are considered Home Medical Equipment).

EMS Additional Activation Device-Code 530- Issued as second (2nd) activation device in one home, only in conjunction with the basic 500 (PERS) unit, the 540 Unit (Voice Plus) or the 510 (Medication Dispenser - Monitored) unit. May be used for second EMS client in home (additional pendant) OR as special activation device, ex. pillow switch, and puff/sip. (Non-monitored devices are considered Home Medical Equipment).

EMS Remote Speaker-Code 540- Client can push a button to answer phone calls, as well as to push a button for Emergency Help from an ER Center. This is also called Voice+ or Voice/Remote Answer/Speaker Phone by some Providers.

Note: Over the life of the contract, COA anticipates billing code changes. Provider is responsible for ensuring all charges are billed to COA with the correct billing codes.

Note: Providers should be cognizant of the equipment available in the market and bring opportunities to COA. For example some units offer additional features

without additional cost like a flashing keypad for hearing impaired persons, large numbers on the phone, and light-up keypads.