

Remote Support Requirements

Remote support is defined as the use of communication and non-invasive monitoring technologies to assist DD Waiver participants attain or maintain independence in their homes while minimizing the need for onsite staff presence and intervention.

Individuals receiving Medicaid home and community based services funded by the Comprehensive or Supports Waiver programs may be offered, where appropriate, the opportunity to be served through the use of an electronic RS system as a component of community living services (CLS).

Wyoming RS systems shall be designed and implemented to promote the health and welfare of the participant in his/her own home, while maintaining the highest level of privacy. Furthermore, the system shall be monitored by an individual trained and oriented to the specific needs of each participant served as outlined in the participant's individualized plan of care (IPC).

RS is an element of CLS and is not a stand-alone service. The use of RS shall be outlined in an individualized RS Protocol, fit within the scope and definition of the community living service being received, and adequately support the supervision needs of the participant. Although the intent of remote support is to decrease participant dependence of on-site staff presence, face to face interaction during each 24 hour period is required in order for the provider to be reimbursed for CLS.

REQUIREMENTS

A. Definitions

- i. "Backup procedures" is defined as written procedures that outline the provider response in the event that remote support systems fail or additional personnel is needed.
- ii. "Backup system" is defined as a system designed to engage in the event that there is a failure in remote support technology, including but not limited to power failure, communication failure, or sensor malfunction.
- iii. "Monitoring base" is defined as the location from which the remote support staff monitor an individual.
- iv. "Remote support risk assessment" is defined as a systematic process and resulting document used by the plan of care team to evaluate the potential risks that may be involved in remote support, and identify ways in which identified risk can be mitigated through technology.
- v. "Sensor" is defined as the equipment used to notify the remote support staff or other individuals designated in the IPC, of a situation that requires attention or activity at the residence which may indicate deviations from routine activity or future needs. Examples include, but are not limited to door sensors, motion detectors, heat detectors, and smoke detectors.

B. Availability

- i. Participants 18 years or older, or the participant's legally authorized representative, may request supervision through RS.
- ii. RS is only available to participants receiving a CLS tier of Basic Daily Level 3 or Level 4. Participants receiving Basic 15 minute units are presumed to have significant time without staff, and any technology used is considered to be a support. This support must be written into the IPC, but does not meet the criteria for RS. CLS Levels 5 and 6 shall not be reimbursed if RS services are provided.

- iii. The case manager must indicate that the participant intends to use remote support by answering Yes to the question "Does this plan include remote support?" The question is found on the Needs and Risks screen in the Electronic Medicaid Waiver System (EMWS), above the list of support areas.

C. Assessment and Informed Consent

- i. The participant shall be preliminarily assessed by the plan of care team for appropriateness, using the Division required Remote Support Risk Assessment form. The form shall include the approval and signature of the legally authorized representative, if applicable, and shall be maintained in the Electronic Medicaid Waiver System (EMWS) and included as part of the IPC.
- ii. The completed assessment shall be discussed, and all identified health and safety concerns shall be addressed, prior to utilizing RS. This discussion shall include full plan of care team participation.
- iii. The plan of care team shall develop an individualized RS Protocol for each individual receiving RS. The protocol shall be current and include all response, contact and emergency information, and other pertinent information. The RS protocol will be uploaded in EMWS as part of the IPC.
- iv. The plan of care team shall identify other participants in the setting who may be affected by the remote support, and obtain informed consent from each of these individuals. This consent, and any rights restrictions that may result from the housemate's use of remote support, must be documented in each individual's IPC.
- v. The plan of care team shall determine the extent to which RS will be used outside of the participant's residence, and document specifics in the RS Protocol (i.e., GPS locators through watches or cell phones).
- vi. Initially, the plan of care team shall assess and determine that continued usage of the RS system will facilitate the health and welfare of the participant at the three month and six month milestone. After the first six months, the plan of care team shall assess the appropriateness of continued usage at least every six months. A review of the risk assessment, RS protocol, and all incident reports and other relevant documentation, to include alert, response, and staff response logs, shall be part of these assessments. Team notes, updated RS protocols, and updated Risk Assessments shall be uploaded in EMWS.
- vii. In the event the participant or legally authorized representatives chooses to discontinue remote support services, the provider and plan of care team transition the participant to traditional community living services within 30 calendar days.
- viii. The participant, legally authorized representative, if applicable, and plan of care team shall understand how the system works, be made aware of both its benefits and risks, and shall sign an informed consent form that indicates they have been adequately informed of the operating parameters and limitations of the system. A copy of this informed consent form shall be maintained in EMWS, by the legally authorized representative if applicable, and in the participant's individual file.
- ix. Updated informed consent forms shall be obtained annually.

D. Remote Support Protocol Guidelines

The Remote Support Protocol is intended to be a guiding document for the plan of care team and remote support staff, and must outline how remote support will be implemented for each individual. The RS protocol shall include:

- i. The specific technologies that will be utilized, and what each of these technologies will monitor;
- ii. Supervision needs identified through the risk assessment (i.e.; kitchen, community, personal care, medication), and how these needs will be addressed through technology;
- iii. Results of ongoing assessment to assure remote support continues to be an appropriate option for the participant;
- iv. Response mechanisms and timeframes for each alert/alarm/notification;
- v. If applicable, de-escalation techniques unique to remote support services, and potential elopement locations;
- vi. Backup procedures for the specific location in which the participant resides; and

- vii. Staff response time at the participant's living site from the time the needed support is identified and acknowledged by the RS staff. Extenuating circumstances shall be explainable and/or verifiable.
- viii. An informed consent statement, signed by the participant and legally authorized representative, acknowledging the inherent risk associated with remote support, and agreeing to the protocol developed by the team.

E. Case Manager Guidelines for EMWS

The case manager is responsible for updating the IPC and ensuring that all documents related to RS are current and stored in EMWS. In order to accurately identify the participant as utilizing RS, the case manager shall:

- i. On the Circle of Supports screen, under the *Housing* tab, select that remote support is used on the Circle of Supports screen in EMWS, under the *Housing* tab;
- ii. On the Needs and Risks screen, above the list of support areas, answer *Yes* to the question "Does this plan include remote support?"
- iii. Upload the following documents on the Needs and Risks screen:
 - a. Risk Assessment
 - b. Remote Support Protocol

F. System Guidelines

- i. A secure, HIPAA compliant network system requiring authentication, authorization, and encryption of data shall be in place to ensure access to sensor or written information is limited to authorized staff, legally authorized representatives, case managers, and the participant.
- ii. Bandwidth must support the services and technologies that are selected.
- iii. The provider shall have safeguards and backup systems (i.e., battery backup, generator) in place at the RS base and participant living sites in the event of electrical outages. In addition to backup systems, the provider shall have an established process for ensuring appropriate on-site staff support in such an event.
- iv. The RS system shall include notification of smoke/carbon monoxide alarm activation at each remote living site.
- v. The RS system shall include other components, as identified by the Risk Assessment and RS Protocol, and may include, but are not limited to: stove sensors, door sensors, panic alarms, and communication technologies. Continuous live video and audio feed are not acceptable remote support technologies.
- vi. A mechanism to disengage the RS system at the participant living site shall be in place. If the system is disengaged during the agreed service span without consultation or prior agreement, this constitutes an internal incident. If the participant chooses to disengage the system, the provider shall ensure appropriate on-site staff support.
- vii. RS equipment shall include a visual indicator to the participant that the system is on and operating.

G. Operating Guidelines

- i. Remote support shall only be offered by a provider organization that is comprised of two or more staff members.
- ii. The monitoring base shall not be located at the residence of a participant who receives CLS.
- iii. At the RS base, the provider shall maintain a file on each participant monitored. The file shall include a current photograph of each participant, which shall 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 facilitating the participant's safety. All files shall be maintained and accessed in a way that assures ongoing HIPAA compliance.
- iv. The provider shall have backup procedures for system failure (e.g., prolonged power or internet outage), fire or weather emergency, participant medical issues, or personnel emergency in place

and detailed in writing for each site utilizing the system, as well as in each participant's RS protocol. This plan shall specify the staff position(s) to be contacted, and who will be responsible for responding to these situations and traveling to the remote living site(s), if necessary.

- v. Monitoring shall be conducted in real time and provided by an awake staff. Monitoring via audio or video recording is not allowable.
- vi. While remote support is being provided, the RS staff shall not have other direct support obligations, or duties that will impose on RS responsibilities in any way.
- vii. Provider shall ensure that RS staffing is adequate to respond to all alerts and emergencies for all individuals receiving RS, as identified in each participant's IPC, and as outlined in Chapter 45, Section 6(f) of the Department of Health's Medicaid rules. Response could include, but is not limited to: phone calls, text messaging, webcam applications, and on-site visits, and must be specifically addressed in the individualized RS protocol.
- viii. Additional staff shall assist the participant in the home as needed to ensure the urgent need/issue that generated a response has been resolved. If needed, relief staff shall be made available by the provider. Coverage strategies shall be available to the Division upon request.
- ix. Emergency response drills shall be conducted, documented, and be available for review as required by Division standards and rules. At least one on-site response drill must be conducted for each individual annually.
- x. Staff response time at the participant's living site from the time the needed support is identified and acknowledged by the RS staff shall be addressed in the RS protocol. Extenuating circumstances shall be explainable and/or verifiable.
- xi. Appropriate communication and 911 emergency responses shall be determined through the Risk Assessment, approved by the plan of care team, and documented in the IPC and RS protocol.
- xii. If a provider uses an outside entity to address the technology used in remote support, the technology agency will not be required to be a Wyoming provider or follow the rules outlined in Chapter 45. However, if an entity used by the CLS provider has any kind of interaction with the participant (i.e., in person response, phone calls, Skype or Facetime), then that entity is providing the CLS service and will be required to meet rules established in Chapter 45, either as a Wyoming provider, provider employee, or subcontractor.

H. Provider Standards

Providers offering remote support opportunities shall meet all federal, state, and local regulations, including the registration of equipment, if applicable. Additionally, providers must meet the following standards and receive written authorization from the Division to provide remote support. These standards are subject to change. Providers shall receive notification of changes to standards, and shall be required to adhere to changes within thirty (30) calendar days of notification.

- i. System backup procedures.
- ii. Emergency response drills, including one on-site response drill every twelve (12) months.
- iii. Staffing strategy that demonstrates how all individuals receiving remote support will receive necessary responses as outlined in the remote support protocol and IPC.
- iv. Policy covering initial and ongoing participant training, which includes, but is not limited to, emergency drills, RS equipment, disengaging the system, and responding to system failure.
- v. Policy covering initial and ongoing RS staff training, which includes, but is not limited to, participant RS protocols, emergency drills, RS equipment, response requirements, and policies and procedures related to remote support.
- vi. Updated cost disclosure policy that includes participant and organizational costs for remote support equipment and services (internet, phone line).
- vii. Policy addressing a participant's immediate transition from RS services should a health or safety need be identified that overrides the 30 calendar day transition timeline.
- viii. Response procedure for participant disengagement of the system.
- ix. Procedure for notification of emergency response personnel (i.e., law enforcement, fire, paramedic).

- x. Emergency procedures for weather related and medical emergencies.
- xi. Documentation of HIPAA privacy and security compliance, including system requirements, privacy/confidentiality at the RS base, and appropriate business associate agreements.
- xii. Updated contingency plan that includes remote support services.

I. Documentation

- i. As required in Chapter 45, Section 20 of the Department of Health's Medicaid Rules, critical incident reports shall be submitted through the Division's incident reporting system.
- ii. Alert notifications, responses, and staff interventions required during the RS period shall be documented as an internal incident, and reviewed as a component of the ongoing plan of care team assessment. If these situations become excessive, the team should reconvene to review incident reports. If RS is still determined to be an appropriate support, the plan of care team may develop a system to track the specific notification/response/staff intervention without completing an incident report.
- iii. RS information shall be retained for at least six (6) years after the end of the fiscal year during which services were provided.

J. Reimbursement for Services

- i. RS is a component of CLS, and shall be covered through the service rate identified in the current Supports and Comprehensive Waiver Fee Schedule.
- ii. Providers shall not be reimbursed for their expenses related to internet, communications, monthly subscriptions, or other expenses considered to be a cost of doing business. Business expenses incurred by the provider, as a result of providing RS, cannot be passed on to the participant.
- iii. Equipment that is specific to an individual may be purchased through specialized equipment. Equipment will be subject to the scope and limitations of this service.
- iv. Equipment purchased under specialized equipment will be the property of the participant.
- v. Equipment purchased under specialized equipment must fit within current funding guidelines as outlined in the current Comprehensive and Supports Waiver Service Index.

K. Best Practices

- i. Assure confidentiality through the use of a headset, soundproofing, screen protector, etc.
- ii. Establish communication between shifts or services, through written logs/documentation, to assure all providers have the information necessary to provide seamless transitions between services and staff members.
- iii. Encourage participants to purchase renters insurance, which covers personal belongings and technology/systems necessary to provide remote support.
- iv. Providers should take advantage of incidental learning situations to discuss safety in the home and community.