

Remote support is available to support participants in attaining as much independence as possible; it is not intended to be a convenience for providers. If remote support does not facilitate the wishes and desires of a participant, it is not an option.

Is the use of technology always considered remote support?

No. As identified in the definition, remote support is intended to decrease the participant's dependence on on-site staff support, and is only available to participants who meet certain criteria. Plan of care teams often use technology to support or enhance a participant's services, but that technology is not automatically considered remote support. For example, a plan of care team may determine that the use of an audio monitor while a participant spends time in their room may be a better option than having a staff person in line of sight at all times. In this example, a staff person is still on site, so this is not considered remote support. Additionally, the use of the monitor is considered a rights restriction, so the team would need to follow the process to have the participant's right restricted as outlined in Chapter 45, Section 4 of the Department of Health's Medicaid Rules.

Another example in which teams use technology is to monitor vitals, such as blood oxygen levels or blood sugar, during the night. Having a monitor that sends an alarm if there is a dangerous dip in one of these levels is much less intrusive than having a staff person check the participants vitals at scheduled times during the night. This monitoring is not remote support, but simply the use of technology to address a specific participant need.

If technology is not specifically identified as remote support, the supervision level stated in the participant's IPC must be met at all times.

Are there acceptable audio or video monitoring options?

Although live feed is prohibited, technologies that require the participant to actively engage in the support are allowed and encouraged. For example, the use of Skype, Facetime, or alternative video communication must be initiated or answered by the participant; therefore, this type of technology is allowed.

What if the risk assessment identifies risks? Is a participant still eligible for remote support?

The identification of risks or concerns should not prevent the participant from receiving remote support. If a risk is identified, it is up to the team to determine if that risk can be decreased by using technology.

Examples:

- If a participant is known to forget to turn off the stove, will a sensor that notifies a remote support staff member that the stove has been left on so they can follow up with a phone call or a visit to the residence be sufficient to mitigate the risk?
- If a participant is known to open the door without checking to see who is visiting, will a camera that displays who is at the door be enough to keep the participant from opening the door to a stranger?

If a risk has been identified, it should also be identified in the IPC, and the specific technology options and training that the participant will need should be addressed in the remote support protocol that is submitted.

How does a participant get remote support added to their plan?

Once the team has completed the risk assessment and developed the remote support protocol, the case manager is responsible for identifying remote support on the *Needs and Risks* screen in the Electronic Medicaid Waiver System (EMWS). The case manager must provide an explanation of the remote support that will be provided, and upload the risk assessment and remote support protocol. The case manager must ensure that the provider offering the service is certified by the Division as a remote support provider. A Participant Support

Specialist will review the plan to ensure that all required documentation is present before acknowledging the plan in EMWS.

How does a participant pay for remote support and associated equipment?

Remote support is a component of CLS; therefore, if a participant currently receives CLS there is no additional cost for remote support.

Remote support equipment (sensors, monitoring hubs, etc.), which will belong to the participant, may be paid through specialized equipment, as long as the equipment meets the participant's needs as indicated on the risk assessment. The equipment must meet the service definition, cannot exceed the specialized equipment service cap, and must fit within the participant's individual budget amount (IBA). The definition of specialized equipment does state that two bids must be submitted before the service will be approved. A participant or family member can also choose to use personal funds to purchase remote support equipment. Providers can purchase equipment to support participants; however, they will not be reimbursed for the expense.

Some remote support programs require a monthly monitoring or subscription charge. This cost is considered a provider cost of doing business. This subscription cost is not reimbursed through the waiver, and cannot be charged to the participant. Communications such as internet and phone service can be charged to the participant if the cost is something the participant would use without remote support; otherwise, these costs must be absorbed by the provider. For example, if the participant uses the internet for Facebook and Youtube, the cost of internet services can be charged to the participant. If the participant does not have a computer or use the internet at home, this cost must be absorbed by the provider.

All costs associated with remote support must be disclosed to the participant and plan of care team before remote support is implemented.

What if a participant wants to discontinue remote support services?

If a participant is receiving remote support, and a risk of immediate jeopardy to the participant is identified, the provider must provide services that meet the participant's immediate health, safety, and supervision needs, including an immediate return to CLS without remote supports.

If a participant or legally authorized representative chooses to discontinue remote support services for a reason other than a risk of immediate jeopardy to the participant, the case manager must reconvene the plan of care team and follow the process to transition the participant back to CLS without remote support.

If remote support is discontinued, the individualized plan of care must be updated to reflect the current services being provided.

What does a provider need to do to become certified to offer remote support services?

Providers offering remote support opportunities must meet all federal, state, and local regulations, including the registration of remote support equipment, if applicable. Additionally, providers must meet strict standards and receive written authorization from the Division to provide remote support. These standards are subject to change, given that this is a new support option for the DD Waivers. Providers will receive notification of changes to standards, and will be required to adhere to changes within thirty (30) calendar days of notification. Standards include, but are not limited to:

- System backup procedures.
- Emergency response drills, including one on-site response drill every twelve (12) months.

- Staffing strategies that demonstrate how all participants receiving remote support will receive necessary responses as outlined in the remote support protocol and IPC.
- A policy covering initial and ongoing participant training, which includes, but is not limited to, emergency drills, remote support equipment, disengaging the system, and responding to system failure.
- A policy covering initial and ongoing remote support staff training, which includes, but is not limited to, participant remote support protocols, emergency drills, remote support equipment, response requirements, and policies and procedures related to remote support.
- An updated cost disclosure policy that includes participant and organizational costs for remote support equipment and services (internet, phone line).
- A response procedure for participant disengagement of the system.
- A procedure for notification of emergency response personnel (i.e., law enforcement, fire, paramedic).
- Emergency procedures for weather related and medical emergencies.
- Documentation of HIPAA privacy and security compliance, including system requirements, privacy/confidentiality at the remote support base, and appropriate business associate agreements.
- An updated contingency plan that includes remote support services.

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.