

Community Pathways Waiver – **Revised Draft Proposal**

Service Type: Other Service

Service (Name):

Alternative Service Title: **REMOTE ELECTRONIC MONITORING**

HCBS Taxonomy:

Check as applicable

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.

Service is not included in the approved waiver.

Service Definition:

A. Remote Electronic Monitoring services provides oversight and monitoring within the participant's a home through an off-site electronic surveillance-support system in order to reduce or replace the amount of staffing an individual a participant needs.

B. Remote Electronic Monitoring sService includes:

A-1. Electronic surveillance-support system installation, repair, maintenance, and back-up system;

B-2. Training and technical assistance for the individual-participant and their his or her support network;

C-3. Off-site system monitoring staff; and

D-4. Stand-by intervention staff for notifying emergency personnel such as police, fire, and back-up support staff.

SERVICE REQUIREMENTS:

A. Before a participant may request this service, the participant's team must conduct a preliminary assessment for appropriateness in ensuring the health and welfare of the all individuals in the residence. The preliminary assessment must be documented in the participant's Person-Centered Plan.

A-B. Remote Electronic Monitoring is only available for individuals aged 18 or older.

B. ~~Individuals requesting this service must be preliminarily assessed by their team for appropriateness in ensuring the health and welfare of the all individuals in the residence. These actions must be documented in the person-centered plan.~~

C. Each individual residing in the residence, his or her legal guardians, and teams must be made aware of both the benefits and risks of the Remote Electronic Monitoring service operating parameters and limitations. Informed consent must be obtained for all individuals in the residence.

D. The use of This service must be designed and implemented to ensure the need for independence and privacy of the person participant who receives services in their own home.

~~D~~.E. Remote Electronic Monitoring must be done in real time, by awake staff at a monitoring base using:

1. ~~Engage in Live~~ two way communication with the person participant being monitored ~~video feed~~;
2. ~~motion~~ Motion sensing systems;
3. ~~radio~~ Radio frequency identification;
4. ~~web~~ Web-based monitoring systems; ~~or and~~
5. ~~other~~ Other devices approved by the DDA.

~~E~~.F. Use of the system may be restricted to certain hours as indicated in the participant's Person-Centered Plan ~~person centered plan of the individual involved~~.

~~F~~.G. To be reimbursed for operating an electronic monitoring and surveillance support system, a provider must ~~adhere meet the to the~~ following requirements:

1. The system to be installed must be preauthorized by the DDA
2. The provider must have written policies in effect, which detail how the participant's privacy and the system's security will be maintained in use of the system, and are approved by the DDA.
- 2.3. The electronic monitoring/surveillance support system and on-site response system must be designed and implemented to ensure the health and welfare of the individual(s) participant(s) and achieve this outcome in a cost neutral manner.

~~G~~.H. Time limited direct supports from the existing services are available during transition to remote monitoring.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This service may not exceed \$6,000 per year ~~Annual cost limit of up to \$6,000- per home.~~

Service Delivery Method (check each that applies)

Participant Directed as specified in Appendix E

Provider Managed

Specify whether the service may be provided by (check all that applies):

Legally Responsible Person

Relative

Legal Guardian

Provider Specifications: (Instructions list the following for each type of provider that can deliver the services):

Provider Category	Provider Type Title
Agency	DDA Approved Remote Electronic Monitoring Provider

Provider Specifications for Services

Provider Category: Agency

Provider Type: DDA Approved Remote Electronic Monitoring Provider

Provider Qualifications License (specify):

License (specify):

Certificate (specify):

Other Standard (specify):

Provider must:

1. Be approved by the DDA;
2. Be enrolled as a Maryland Medicaid provider;
3. Assure that the stand-by intervention (float) staff meets the qualifications for direct support professional as required in COMAR;
4. Assure that the system ~~must~~ will be monitored by a staff person trained and oriented to the specific needs of each ~~individual participant~~ served as outlined in his or her ~~P~~ person-centered ~~Centered~~ plan ~~Plan~~

Verification of Provider Qualifications Entity

Responsible for Verification:

- DDA for verification of approved provider
- Remote Electronic Monitoring Provider for verification of staff qualifications

Frequency of Verification:

- DDA - Prior to service authorization and annually thereafter
- Remote Electronic Monitoring Provider – prior to service delivery and annually thereafter