

MEDICAID HOME AND COMMUNITY-BASED WAIVER SCOPE OF SERVICES  
FOR

## TELEMONITORING SERVICE

### A. Objective

The objectives of the Telemonitoring service are to maintain and promote the health status of Medicaid home and community-based waiver participants through medical telemonitoring of body weight, blood pressure, oxygen saturation, blood glucose levels, and basic heart rate information.

### B. Conditions of Participation – Providers

1. Providers must have equipment that records at a minimum the participant's body weight, blood pressure, oxygen saturation, blood glucose levels, and basic heart rate information. All agencies must also have nursing personnel and health care professionals able to carry out the duties of the service described below.
2. Providers must agree to participate in all components of the Electronic Visit Verification (EVV) System monitoring and payment system and have the capability to receive and respond to authorizations for service in an electronic format.
3. Providers must have at least one (1) year of experience or otherwise demonstrate competency in the provision of this service.

### C. Conditions of Participation – Community Choices Waiver Participants

Community Choices waiver participants must meet the following criteria to be considered for the Telemonitoring service: [Telemonitoring Assessment](#)

1. Have a primary diagnosis of Insulin Dependent Diabetes Mellitus, Hypertension, Chronic Obstructive Pulmonary Disease, and/or Congestive Heart Failure; and
2. Have a history of at least two hospitalizations and/or emergency room visits in the past twelve (12) months; and
3. Have a primary care physician that approves the use of the telemonitoring service and is solely responsible for receiving and acting upon the information received via the telemonitoring service; and
4. Be capable of using the telemonitoring equipment and transmitting the

necessary data or have an individual available to them that can utilize the telemonitoring equipment and transmitting data to the telemonitoring provider.

5. At a minimum, the South Carolina Department of Health and Human Services (SCDHHS) shall perform a reassessment of the telemonitoring service need at re-evaluation of level of care. The reassessment by SCDHHS shall be done to assess whether any of the above conditions have changed and to assess the continuing need for the service.

#### **D. Description of Services to be Provided**

1. The Unit of Service is one (1) day of direct telemonitoring provided to/for a participant in the participant's place of residence.
2. Home telemonitoring equipment must record, at a minimum, body weight, blood pressure, oxygen saturation, blood glucose, and basic heart rate information. The data must be transmitted electronically, and any transmission costs shall be incurred by the provider of the telemonitoring service. Medical professionals shall receive the data and determine if readings are within normal limits based upon guidelines provided by the physician.
3. The daily reimbursement rate for the Telemonitoring service is inclusive of monitoring of data, charting data from the monthly monitoring, visits or calls made to the home to follow up with participants and/or caregiver, phone calls made to primary care physician(s) that are necessary while the participant is receiving the telemonitoring service, all installation of the equipment in the home, and training on the equipment's use and care while it is in the participant's home. This also includes equipment removal when the service is no longer authorized for the participant.
4. The Provider shall provide the Telemonitoring service seven (7) days per week for all authorized time periods.

#### **E. Staffing**

The provider must provide all the following (some, but not all of which, may be provided through subcontracts):

1. A registered nurse (RN) who meets the following requirements:

- a. Currently licensed by the S.C. Board of Nursing or by a state that participates in the Nursing Compact
  - b. At least one (1) year of experience as a RN in public health, hospital or long-term care nursing
  - c. Capable of evaluating and monitoring vital signs and physiological data transmitted from the participant's residence
  - d. Able to assume responsibility for monitoring and training participants and/or caregivers in the use of telemonitoring equipment
  - e. Able to use the Electronic Visit Verification (EVV) System
2. Technicians that install telemonitoring equipment must meet the following requirements:
  - a. Qualified as a technician to install telemonitoring equipment
  - b. Capable of evaluating whether the telemonitoring equipment is functioning properly
  - c. Able to assume responsibility for training participants and/or caregivers in the use of telemonitoring equipment
  - d. Able to use the Electronic Visit Verification (EVV) System
3. Agency staff may be related to participants served by the agency within limits allowed by the South Carolina Family Caregiver Policy. Copies of this policy are available upon request.
4. A SLED criminal background check is required for all potential employees to include employees who shall provide direct care to SCDHHS participants and all administrative/office employees (office employees required to have SLED background checks include administrator, office manager, nurse supervisor, and persons named on organizational chart in management positions). All SLED criminal background checks must include all data for the individual with no less than a ten (10) year search. At a minimum, the SLED criminal background check must include statewide data. Potential employees with felony convictions within the last ten (10) years cannot provide services to LTSS participants or work in an administrative/office position. Potential employees with non- violent felonies dating back ten (10) or more years can provide services to SCDHHS participants under the following circumstances:
  - Participant/responsible party must be notified of the RN or technician's SLED criminal background.
  - Documentation signed by the participant/responsible party acknowledging awareness of the SLED criminal background and agreement to have the RN or technician provide care must be placed in the participant record.

Potential administrative/office employees with non-violent felony convictions dating back ten (10) or more years can work in the agency at the Provider's discretion.

Hiring employees with misdemeanor convictions shall be at the Provider's discretion.

5. Personnel folders: Individual records shall be maintained to document that each member of the staff has met the above requirements.

## F. Conduct of Service

The provider must maintain documentation showing that it has complied with the requirements of this section.

1. Participants and/or caregivers shall choose among qualified providers of the telemonitoring service. Once a provider has been chosen by the participant and/or caregiver, the Telemonitoring provider shall receive a referral that must have information on the participant's condition. Telemonitoring providers must accept or decline referrals from SCDHHS within two (2) working days. Failure to respond shall result in the loss of the referral.
2. If the referral is accepted, the provider shall obtain the physician's authorization for the Telemonitoring service. The provider shall notify the Case Manager when it has received the signed physician authorization for Telemonitoring form. A blank copy of the physician authorization form can be obtained on our website.
3. The provider shall initiate Telemonitoring services on the date agreed upon by the Case Manager, provider, and participant indicated on the service authorization. The Case Manager must be notified if services are not initiated on that date. Services provided prior to the service authorization date are not reimbursable.
4. The Case Manager shall authorize Telemonitoring services by designating the amount, frequency and duration of service for participants in accordance with the participant's Service Plan. The Service Plan shall be developed utilizing the telemedicine assessment criteria and in consultation with the participant and others involved in the participant's care. The Case Manager must update the Service Plan yearly, or more frequently as needed, and send it to the Provider.
5. The Case Manager shall notify the provider immediately if services to a participant are to be terminated. However, the provider must refer to the language in the LTSS Services Provider Manual in [Administrative and Billing Manual](#), General Information and Administration, regarding the Provider's responsibility in checking the participant's Medicaid eligibility status.
6. The provider shall install the equipment in the home and train the

participant and/or caregiver in the use of the telemonitoring equipment. The installation and training must be done by a trained technician and/or RN knowledgeable of the equipment and able to address issues that may arise during training and in the installation of the product. The daily monitoring fee is inclusive of installation and training.

7. As part of the conduct of service, Telemonitoring must be provided by a RN (or physician) who meets the requirements as stated in the scope and shall:
  - a. Be responsible for daily medical telemonitoring of body weight, blood pressure, blood glucose levels, and basic heart rate information. Each day when the physiological data is conveyed, the nurse shall analyze and interpret the data. If the data continues to remain within normal limits, information shall be conveyed at least quarterly, or more often if requested by the primary care physician accepting responsibility for the telemonitoring information. The telemonitoring agency and primary care physician accepting responsibility for the data shall maintain a written protocol that indicates the manner in which data shall be shared in the event of emergencies or other medical complications that arise during the monitoring service.
  - b. Call the participant at least monthly to determine if the participant and/or caregiver are utilizing the equipment correctly and that the equipment continues to operate appropriately.
8. The provider shall notify the Case Manager in the event the provider becomes aware of any of the following situations:
  - a. Participant is institutionalized, dies or moves out of the service area
  - b. Participant no longer wishes to receive telemonitoring services
  - c. Knowledge of the participant's Medicaid ineligibility or potential ineligibility
  - d. Participant is not able to utilize the telemonitoring equipment any longer
9. Telemonitoring equipment located in the participant's home must, at a minimum, be an FDA Class II Hospital grade medical device that includes a computer/ monitor that is programmable for a variety of disease states and for rate and frequency. The equipment must have a digital scale that measures accurately to at least 400 lbs. that is adaptable to fit a glucometer and a blood pressure cuff. All installed equipment must be able to measure, at a minimum, blood pressure, heart rate, oxygen saturation, blood glucose, body weight. Telephones, facsimile machines, and electronic mail systems do not alone meet the requirements of the definition of Telemonitoring but may be utilized as a component of the telemonitoring system. All data must be transmitted electronically, and any fees or costs associated with the transmission are the sole responsibility of the Provider. The maintenance, repair and/or replacement of any damaged telemonitoring equipment are the Provider's sole responsibility and are not a reimbursable Medicaid service. Major telemonitoring equipment failures which affect the ability to transmit or receive data must be repaired within two (2) working

days. Any failure in the individual components of a telemonitoring system such as adaptability with a glucose monitor must need to be corrected within one week of discovering the problem associated with the additional equipment.

10. The provider must maintain an individual participant record which documents the following items:
  - a. Documentation that Telemonitoring services were initiated on the date agreed upon by the Case Manager, provider, and participant indicated on the Medicaid authorization. Services must not be provided prior to the authorized start date and must be provided according to the schedule as indicated on the Service Provision Form/Authorization.
  - b. The written protocol for notifying the primary care physician of all Telemonitoring services.
  - c. The provider shall maintain a record keeping system which documents:
    - i. The delivery of services in accordance with the SCDHHS LTSS Service Plan. Monitoring sheets that are reviewed and signed by the RN, must be filed in the participant's record within two (2) weeks of service delivery.
    - ii. Documentation that a participant phone call has been made on at least a monthly basis to determine that the participant and/or caregiver are utilizing the equipment correctly and that the equipment continues to operate appropriately.
    - iii. In the event services cannot be provided as authorized, the provider must maintain documentation of the reason(s) why services were not completed as specified by the Service Provision Form/ Authorization.

## G. Administrative Requirements

1. The Provider must inform SCDHHS of the Provider's organizational structure including the Provider personnel with authority and responsibility for employing qualified personnel, ensuring adequate staff education, in-service training and employee evaluations. The Provider shall notify SCDHHS within three (3) working days in the event of a change in or the extended absence of the personnel with the above-listed authority.
- 2.
3. The Provider must provide SCDHHS with a written document showing the organization, administrative control and lines of authority for the delegation of responsibility down to the hands-on participant care level staff at contract implementation. The document must include an organizational chart including names of those currently in the positions. Revisions or modifications to this organizational document must be provided to SCDHHS. It is recommended that this document be readily accessible to all staff.

4. Administrative and supervisory functions shall not be delegated to another agency or organization.
5. The Provider agency shall acquire and maintain, for the duration of the contract liability insurance and worker's compensation insurance as provided in Article IX, Section D of the Contract. The Provider is required to list SCDHHS – LTSS as a Certificate Holder for informational purposes only on all insurance policies using the following address: Post Office Box 8206, Columbia, SC 29202-8206.
6. The Provider shall develop and maintain a Policy and Procedure Manual that describes how activities shall be performed in accordance with the terms of the contract. The Policy and Procedure Manual shall be available during office hours for the guidance of the governing body and personnel and shall be made available to SCDHHS upon request.
7. The Provider must comply with Article IX, Section AA of the Contract regarding safety precautions. The Provider must also have an on-going infectious disease program to prevent the spread of infectious diseases among its employees.
8. The Provider shall ensure that key agency staff are accessible in person or by phone during compliance review audits conducted by SCDHHS and/or its agents.
9. The Provider shall ensure that its office is open and staffed by qualified personnel during the hours of 10:00 a.m. to 4:00 p.m., Monday through Friday. Outside of these hours, the Provider agency must be available by telephone during normal business hours, 8:30 a.m. to 5:00 p.m., Monday through Friday. The Provider must also have a number for emergencies outside of normal business hours. Participant and personnel records must be maintained at the address indicated in the contract and must be made available, upon request, for review by SCDHHS.