Illinois Department on Aging

Emergency Home Response Service Policy 2024

CCP Community Care Program

Policy Reference Number: 2.3.201:CCP.EHRS.EHRS.2024

The **MISSION** of the Illinois Department on Aging is to serve and advocate for older Illinoisans and their caregivers by administering quality and culturally appropriate programs that promote partnerships and encourage independence, dignity, and quality of life.

IDoA
50th ANNIVERSARY 1973-2023
Illinois Department on Aging

Emergency Home Response Service (EHRS)

Policy Reference Number: 2.3.201:CCP.EHRS.EHRS.2024

- Effective February 1, 2024
- Enhancements to EHRS are now available to Community Care Program (CCP) participants.
- IDoA has updated the EHRS program policy and forms to align with the service changes. The updates will impact EHRS Provider agencies, Care Coordination Units (CCUs), and Managed Care Organizations (MCOs).

Original EHRS

- Basic EHRS
  - a 24-hour emergency communication link to an external support center. EHRS is provided by a two-way communication system consisting of a base unit that can be activated using landline, cellular, and/or internet-based access and a water-resistant activation device worn by the customer. Whenever the system is engaged by a customer, the support center assesses the situation and directs an appropriate response. EHRS equipment shall include a variety of remote or other specialty activation devices from which the individual can choose in accordance with their specific needs.

Changes in EHRS OPTIONS

New • EHRS with Global Positioning Services (GPS)
  - Allows EHRS ***activation*** to be answered by the call center when the participant is away from home.

New • EHRS with Fall Detection
  - Technology is used to gauge a person's movements and will detect sudden movement that would indicate a fall. If a fall is indicated, the EHRS call center will check on the participant and assess the situation.

New • EHRS with Fall Detection and Global Positioning Service

Changes in INSTALLATION FORMS

New • The Landlord Agreement form has been discontinued.

New • If a participant does not own the property and any modifications need to be made to the home to install the EHRS equipment:
  - the EHRS Provider must have written permission from the landlord/property owner prior to installation.
  - the EHRS Provider can email aging.occs@illinois.gov to assist in communication with the landlord/property if there is trouble receiving written authorization.

Changes in EQUIPMENT OPERATION: New Critical Event Reporting

- When any activation is a result of a “critical incident,” the EHRS Provider must make an entry into IDoA’s Critical Event Reporting Application (CERA).
  - CERA entry must be within 7 calendar days as outlined in IDoA’s Critical Event Reporting Policy.

Note: CERA is being introduced in this presentation, but access to this application and using the application are separate trainings.

Changes in AUTHORIZATION FORMS

New • The Cellular Emergency Home Response and/or Automated Medication Dispenser Service Participant Acknowledgement Form (IL-402-1168 Rev. 5/18) form has been discontinued.

New • A specific form is now used for the chosen service (see next 2 slides)

- Emergency Home Response Service Participant Acknowledgement Form (IL-402-1168; Rev 9/23)

Or

- Automated Medication Dispenser Service Participant Acknowledgement Form (IL-402-1338; 10/23)

State of Illinois
Illinois Department on Aging

Illinois Department on Aging

Community Care Program

Emergency Home Response Service

Participant Acknowledgment Form

I,_____(participant name), understand and agree to the following as it relates to my Emergency Home Response Service (EHRS):

- ☐ My Care Coordinator/EHRS Provider has explained to me that by using a cellular or GPS based unit (instead of a land line unit) the quality or reliability of network connections may impact equipment operation.
- ☐ An EHRS Provider will not install EHRS equipment in my home if the installer cannot ensure adequate connectivity at the time of installation.
- New ☐ My Care Coordinator/EHRS Provider has explained to me that EHRS equipment with fall detection may not recognize a fall, or may incorrectly recognize a fall.
- New ☐ My Care Coordinator/EHRS Provider has explained to me that EHRS equipment with GPS tracks my location and will share my location with my EHRS Provider and with emergency personnel when my device is activated or in the event of an emergency.
- New ☐ I understand that if my EHRS operates using a landline, it is my responsibility to pay for the landline service. I also understand that I may contact my CCU at any time to request a change to EHRS equipment that operates using cellular or internet-based service.
- New ☐ I agree to work with my EHRS Provider at least monthly to test my EHRS equipment to ensure service quality.
- New ☐ I agree to notify my EHRS Provider as soon as I become aware of any EHRS equipment that is not operational.
- New ☐ I agree to notify my EHRS Provider if my EHRS equipment is lost or stolen. I understand my EHRS provider may assist me in filing a report of theft with law enforcement, if necessary.
- New ☐ I understand that I may lose EHRS services and/or CCP services if I purposefully damage or lose my EHRS equipment.
- New ☐ I agree to notify my Care Coordinator if I am away from home for longer than thirty (30) consecutive days.

_____ _____

Participant/Authorized Rep Signature Date

_____ _____

Care Coordinator or EHRS Representative Signature Date

IL-402-1168 (11/13; Rev. 09/23)

State of Illinois
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Automated Medication Dispenser Service
Participant Acknowledgement Form

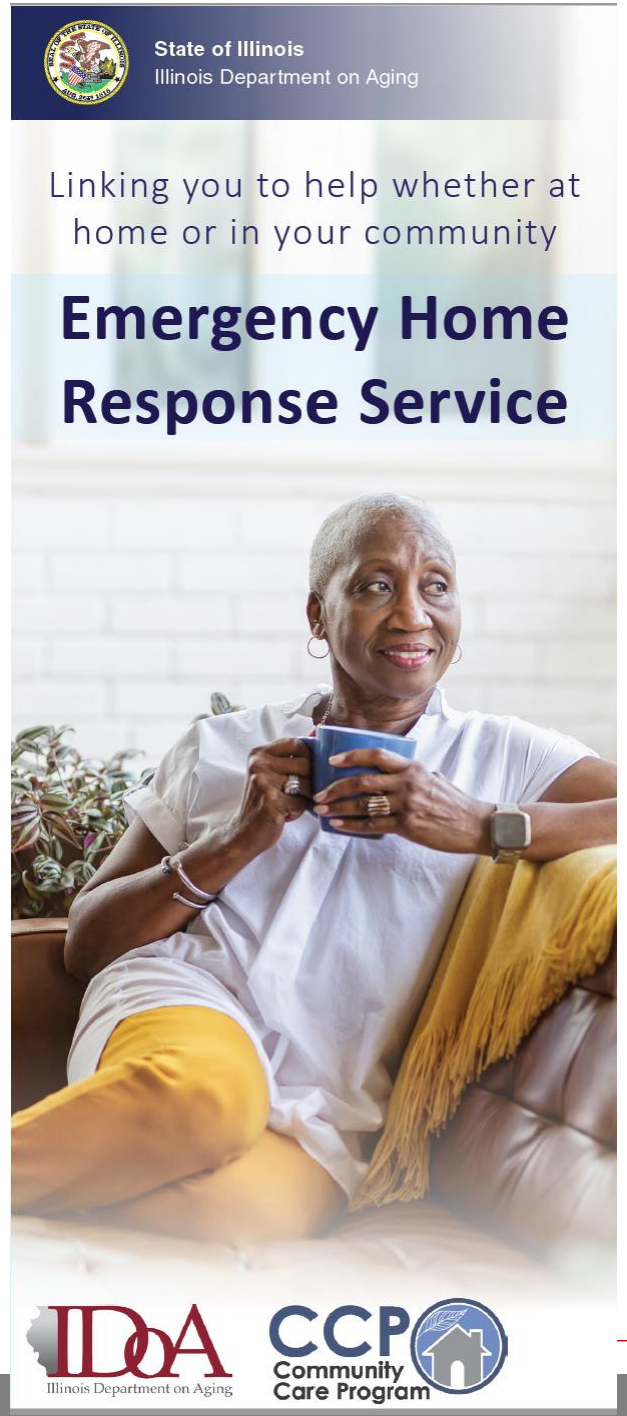
I , _____ (participant name), understand and agree to the following as it relates to my Automated Medication Dispenser (AMD) Service:

- ☐ My Care Coordinator/AMD Provider has explained to me that by using a cellular-based AMD unit, the quality and reliability of network connections may impact equipment operation.
- ☐ An AMD Provider will not install AMD equipment in my home if the installer cannot ensure adequate connectivity at the time of installation.
- New ☐ I understand that if my AMD operates using a landline, it is my responsibility to pay for the landline service. I also understand that I may contact my CCU at any time to request a change to AMD equipment that operates using cellular or internet-based service.
- ☐ I understand and acknowledge that I am responsible for monitoring signal strength, equipment function, power and service quality on an ongoing basis.
- New ☐ I agree to notify my AMD Provider as soon as I become aware of any AMD equipment that is not operational.
- New ☐ I agree to notify my AMD Provider if my AMD equipment is lost or stolen. I understand my AMD Provider may assist me in filing a report of theft with law enforcement, if necessary.
- New ☐ I understand that I may lose AMD services and/or CCP services if I purposefully damage or lose my AMD equipment.
- New ☐ I agree to notify my Care Coordinator if I am away from home for longer than thirty (30) consecutive days.

_____ _____
Participant/Authorized Rep Signature Date

_____ _____
Care Coordinator or AMD Representative Signature Date

New EHRS Brochure



- Please use this updated EHRS brochure to explain services to interested participants.
- A copy of the brochure was sent with the policy.

References

- **Emergency Home Response Service (EHRS)**
  Policy Reference Number: 2.3.301:CCP.EHRS.EHRS.2024
- **Critical Event Reporting**
  Policy Reference Number: 2.1.004: CCP.CriticalEventReporting.2024

- **Emergency Home Response Service (EHRS) Administrative Rules**
  - TITLE 89: Sections 240.235, 240.1541, 240.1542, EMERGENCY-47 Ill. Reg 15675
- **Automated Medication Dispenser Service (AMD) Administrative Rules**
  - TITLE 89: Sections 240.237, 240.1543, 240.1544, EMERGENCY-47 ILL, Reg 15674

PART 240 COMMUNITY CARE PROGRAM : Sections Listing (ilga.gov)