

1240-D EMERGENCY ALERT SYSTEM

EFFECTIVE DATES: 02/14/96, 02/01/2020

APPROVAL DATES: 10/01/01, 03/01/06, 03/01/07, 10/01/07, 07/01/12, 11/21/19

I. PURPOSE

This Policy applies to ALTCS E/PD, DES/DDD (DDD), Fee-For-Service (FFS) Programs including: Tribal ALTCS; and all FFS populations, excluding Federal Emergency Services (FES). (For FES, refer to AMPM Chapter 1100). This Policy establishes requirements for the provision of emergency alert systems for members.

II. DEFINITIONS

ALTERNATIVE HOME COMMUNITY BASED SERVICE (HCBS) SETTING

For purposes of this Policy, a living arrangement approved by the Director and licensed or certified by a regulatory agency of the state, where a member may reside and receive HCBS, including:

For a person with a developmental disability

1. Community residential setting.
2. Group home.
3. State-operated group home.
4. Group foster home.
5. Licensed residential facility for a person with traumatic brain injury.
6. Behavioral health adult therapeutic home.
7. Level 2 and Level 3 behavioral health residential agencies.
8. Rural substance abuse transitional centers.

For a person who is Elderly and Physically Disabled (E/PD), and the facility, setting, or institution is registered with AHCCCS:

1. Adult foster care.
2. Assisted living home or assisted living center, units only.
3. Licensed residential facility for a person with a traumatic brain injury.
4. Behavioral health adult therapeutic home.
5. Level 2 and Level 3 behavioral health residential agencies.
6. Rural substance abuse transitional centers.

HOME

As specified in AAC R9-28-101, a residential dwelling that is owned, rented, leased, or occupied by a member, at no cost to the member, including a house, a mobile home, an apartment, or other similar shelter. A home is not a facility, a setting, or an institution, or a portion of any of these that is licensed or certified by a regulatory agency of the state as a:

1. Health care institution under ARS 36-401.
2. Residential care institution under ARS 36-401.
3. Community residential setting under ARS 36-551; or Behavioral health facility under 9 AAC 20, Articles 1, 4, 5, and 6.

III. POLICY

In order to be approved to receive/use emergency alert system equipment, the following criteria shall be met:

1. The member shall have the ability to use and operate the system.
2. The member does not have reliable/available emergency assistance on a 24 hour basis and is unable to access assistance in an emergency situation.
3. The member lives alone in his or her own Home or would be alone for intermittent periods of time without contact with a service provider, family member, or other support systems, putting the member at risk.
4. The assessment of the member's medical and/or functional level documents an acute or chronic medical condition.
5. The Emergency alert system equipment may not be provided without orders from the member's primary care provider. The member's case manager shall authorize the service initially, and each time the member's service plan is reviewed in order to continue the service.

If emergency alert system equipment is to be provided for members residing in an Alternative Home Community Based Service (HCBS) Setting, it shall be justified by the case manager and approved by the Contractor or AHCCCS for FFS members.