

Activity and Sensory Monitoring (ASM) Guidance

Description of ASM Service

**From the Medicaid Community Choices Waiver (CCW) Provider Manual –
Section 7.1 – Page 23:**

<https://www.lamedicaid.com/provweb1/Providermanuals/manuals/CCW2/CCW.pdf>:

“This service is a computerized system that monitors the recipient’s in-home movement and activity for health, welfare and safety purposes. The system is individually calibrated based on the recipient’s typical in-home movements and activities. The provider agency is responsible for monitoring electronically generated information, for responding as needed, and for equipment maintenance. At a minimum, the system shall:

- Monitor the home’s points of egress;
- Detect falls;
- Detect movement or the lack of movement;
- Detect whether doors are opened or closed; and
- Provide a push-button emergency alert system.

NOTE: Some systems may also monitor the home’s temperature.”

ASM May Benefit the Following CCW and ADHC Waiver Participants, Especially During the COVID-19 Event:

- Participants linked/certified but do not have Personal Assistance Services (PAS) or Long Term-Personal Care Services (LT-PCS) in place yet;
- Participants whose Direct Service Provider (DSP) is having trouble securing Direct Service Workers (DSWs);
- Participants that can’t go to ADHC centers due to their closures as a result of the COVID-19 emergency;
- Participants with brittle or lack of natural support;
- Participants refusing PAS or LT-PCS due to COVID-19 exposure concerns; and
- Participants experiencing repeat falls, as indicated by Critical Incident Reports (CIRs).

ASM Talking Points:

- Explain how ASM is beneficial to the participant/family based upon their current situation.
- Explain if the participant doesn’t have a DSW or inconsistent support, this would allow someone to be aware of what is happening in the home and react, as needed.

For CCW:

- Explain that the ASM cost is \$1,760.00 for a year or \$130 per month. The amount will be deducted from the participant’s CCW budget either way.
 - There is a one-time \$200 installation fee.
 - Participants can elect to keep ASM for the year or just during the COVID-19 event.
 - Cost is roughly 3 hours per week of PAS when calculated for a 12-month period. If the participant uses it for just one month, the cost is about an hour per day of PAS.
 - If the participant already has PERS, the cost will be less.

For ADHC Waiver:

- Explain that participants can **ONLY** have this service during the COVID-19 emergency.
- ASM Monthly Monitoring Procedure Code (S5161) can **ONLY** be added to the POC Revision for up to 120 calendar days (up to 4 months).

Plan of Care (POC) Revision Instructions to Add ASM During COVID-19 ONLY:

1. Explain to participant that currently **Acadian On Call** is the only provider of this service and document in the POC Revision that verbal consent was given by the participant to choose **Acadian On Call**.
2. The **“Revision-Emergency”** box should be checked on page 1 of the POC Revision.
3. The Provider Number is the **Acadian On Call Provider Number for PERS: 1954934**
4. The ASM Procedure Codes are as follows: (**BOTH** the installation and the monthly maintenance codes **must** be used.)

ASSISTIVE DEVICES AND MEDICAL SUPPLIES (ADMS)				
16 (Personal Emergency Response System – PERS)	Telecare – Activity and Sensor Monitoring – Equipment Installation and Removal	Emergency Response System, Installation and Testing	S5160	\$200.00 one time at installation
	Telecare – Activity and Sensor Monitoring – Monitoring, Routine Maintenance, and Rental	Emergency Response System, per month (Excludes installation and testing)	S5161	\$130.00 monthly

5. Obtain approval/verbal signature from the participant for the POC Revision.
6. The SC Supervisor reviews/approves the POC Revision.
 - Electronic signatures are acceptable.
7. The SC Supervisor sends the POC Revision to SRI via email.

8. After submission to SRI, the SC accesses Acadian’s link below, completes the requested informational fields with accurate contacts for family members as well as SC and uploads the approved POC Revision to Acadian On Call.

https://urldefense.proofpoint.com/v2/url?u=https-3A_www.acadiantotalsecurity.com_ladhh_&d=DwIGaQ&c=xlPCXuHzMdaH2Flc1sgyicYpGQbQbU9KDEmgNF3_wl0&r=rm0Vl1SNsdU6pdfkaxkeB01b_UKhyktGX-QY40y9r4c&m=3lQB4kEXS4pQGgpXgx7eTte57vdNXHSvhJljhKZggSk&s=ZUml0JtIyBfiBKEY2NkWuRtAWpOqaJEJxwpCHbpmxs&e

- a. The SC completes the fields as indicated below and submits the revision/budget via the **“Attach Documents”** section.

The screenshot shows a web browser window with the URL <https://www.acadiantotalsecurity.com/ladhh/#con>. The page header includes the Acadian Total Security logo, a "Return to Acadian" link, "LA DHH", and a "Call 855.222.3426" button. The main heading is "Louisiana DHH Wellness Monitoring Registration" with a sub-link "What's Included? Click Here". The form is divided into two sections: "Case Manager Information" and "Client Information".

Case Manager Information

Case Manager First Name *	Case Manager Last Name *
<input type="text" value="Case Manager Full Name"/>	<input type="text" value="Case Manager Last Name"/>
Phone Number *	Email *
<input type="text" value="Phone"/>	<input type="text" value="Email"/>

Client Information

Client First Name *	Client Last Name *
---------------------	--------------------

A green chat bubble icon is visible in the bottom right corner of the form area.

<https://www.acadiantotalsecurity.com/ladh/#con>
 State of Lo... Fee Schedu... Resources | ... Manuals | D... lamedicaid... LaSRS | Das... lamedicaid... LADHH | ...

Acadian Total Security
[Return to Acadian](#)
 LA DHH
 Call 855.222.3426

Phone Email

Client Information

Client First Name * Client Last Name *
 First Name Last Name

Street Address *
 Street Address

City * State * Zip Code *
 City State Zip Code

Phone Number Mobile Number
 Phone Mobile

Installation

<https://www.acadiantotalsecurity.com/ladh/#con>
 State of Lo... Fee Schedu... Resources | ... Manuals | D... lamedicaid... You're not ... lamedicaid... LADHH | ...

Acadian Total Security
[Return to Acadian](#)
 LA DHH
 Call 855.222.3426

Installation

Are there pets in the residence? * How many exterior doors? *
 --- ---

Enter desired installation date and time details. Please allow 2 business days for processing. *

Emergency Contacts

Contact 1 Full Name * Contact 2 Full Name Contact 3 Full Name
 Contact 1 Full Name Contact 2 Full Name Contact 3 Full Name

Relation * Relation Relation
 Relation Relation Relation

<https://www.acadiantotalsecurity.com/ladhh/#con>
 State of Lo... Fee Schedu... Resources | ... Manuals | D... lamedicaid... Waiting for ... lamedicaid... LADHH | ...

Acadian Total Security

[Return to Acadian](#)
[LA DHH](#)
Call 855.222.3426

Emergency Contacts

Contact 1 Full Name * <input type="text" value="Contact 1 Full Name"/>	Contact 2 Full Name <input type="text" value="Contact 2 Full Name"/>	Contact 3 Full Name <input type="text" value="Contact 3 Full Name"/>
Relation * <input type="text" value="Relation"/>	Relation <input type="text" value="Relation"/>	Relation <input type="text" value="Relation"/>
Phone <input type="text" value="Phone"/>	Phone <input type="text" value="Phone"/>	Phone <input type="text" value="Phone"/>

Attach Documents

Browse...

Browse...

Send

ASM Devices/Equipment (All devices listed below are included in ASM except a cell phone.):


<https://www.acadiantotalsecurity.com/ladhh/#con>
 State of Lo... Fee Schedu... Resources | ... Manuals | D... lamedicaid... LaSR5 | Das... lamedicaid... LADHH | ...

Acadian Total Security


[Return to Acadian](#)
[LA DHH](#)
Call 855.222.3426

Activity Monitoring Components


The items below are included with the Individual Activity Monitoring Program.




(1) Control Panel




(1) Bed Sensor




(1) Chair Sensor




Web Based Management



(2) Motion Sensor



Activity Sensor



(1) Fall Sensor Pendant