**Section 240.237 Automated Medication Dispenser Service**

a) Service Description

1) AMD service is defined as a portable, mechanical system for individual use that can be programmed to dispense or alert the participant to take non-liquid oral medications through auditory, visual or voice reminders; to provide notification of a missed medication dose; and to provide 24-hour technical assistance for the AMD service in the participant's residence. The service may include medication specific directions or reminders to take other types of medications such as liquid medications or injections based on individual need. The AMD unit is connected to a Department approved support center through a telephone line or wireless/cellular connection in the participant's residence.

2) The purpose of the service is to provide eligible participants with medication reminders to foster timely and safe administration of a medication schedule, thereby promoting independence and safety of all participants in their own residence, as well as reducing the need for nursing home care.

3) The authorization to receive this service is determined by the care coordinator through a screening process set forth in Section 240.741, which requires the participant/authorized representative to designate an assisting party to manage the AMD unit and medications.

4) The Department does not perform medication management, oversight or handling of the participant's medications.

5) Provision of this service is contingent upon it continuing to be an approved service under the HCBS Waiver for Persons Who are Elderly.

b) Specific components of AMD service must include, at a minimum, the following:

1) an AMD unit installed in the participant's residence with all connectors, parts and equipment necessary for installation, and adaptations for operation by individuals who have functional, hearing or visual impairments, or who exhibit language barriers.

2) delivery of the AMD unit to the participant and installation of the unit within 48 hours after the referral when the participant is at imminent risk of institutionalization and within 15 calendar days from the date of the referral in all other instances.

A) This timeline can be extended if requested by the participant/authorized representative/assisting party.

B) This service shall not be subcontracted and shall be provided by trained employees who will identify themselves by picture identification that can be verified by the participant/authorized representative/assisting party.

C) Delivery and installation of the AMD unit may include coordination of EHRS for a participant.

D) Provider shall make every effort to schedule and conduct the installation when the participant, authorized representative (if applicable), and assisting party are present. Documentation of such efforts shall be provided to the Department upon request.

3) training for the participant/authorized representative and assisting party on the proper use of the AMD system at the time of installation and subsequently when needed. The training will include:

A) demonstration of the use, including any adaptations for operation, general care, and maintenance of the unit/equipment;

B) explanation of the AMD provider's services and notification processes;

C) instruction on any testing or monitoring used to assure the proper functioning of the AMD unit/equipment, including how to report any malfunctions; and

D) providing the participant/authorized representative/assisting party with easy to understand written instructions in the use, general care and maintenance of the AMD unit/equipment. These instructions will be available in options such as non-English languages, large print, Braille, and audible recordings to meet the participant's needs.

4) ensuring the participant/authorized representative reviews their assisting party designation at least every six months. Any changes in this designation must be sent to the CCU within five calendar days after the date of execution of the assisting party change. If there is a change in designation, the AMD provider must complete new training as required under subsection (b)(3) within seven calendar days after the date of execution of the assisting party change.

5) both:

A) obtaining the signature of the participant/authorized representative to verify that:

i) the AMD unit/equipment was delivered and installed; and

ii) instructions and demonstration were given and understood by the participant/authorized representative; and.

B) providing to the CCU and the participant/authorized representative a copy of the verification, to be kept on file at the CCU.

6) maintaining adequate local staffing levels of qualified personnel to conduct and provide necessary administrative activities, installation, in-home training, unit/equipment monitoring, technical support, AMD unit programming, and repair requests in a timely manner. An AMD provider must have a written training program for personnel and be able to demonstrate that its staff members are qualified and have passed background checks.

7) repairing or replacing the AMD unit/equipment within 24 hours after receiving a malfunction report. This timeline will be extended if requested by the participant/authorized representative/assisting party.

8) alerts to the participant/authorized representative and assisting party when electric power to the AMD unit has been interrupted (e.g., unplugged) and the unit is operating on a standby power source.

9) notification to the CCU within one calendar day after installation of the AMD unit and working with the appropriate care coordinator to resolve service complaints from the participant/authorized representative/assisting party.

10) notification to the CCU within two calendar days if the AMD service cannot be initiated or must be terminated.

11) maintaining records in accordance with Section 240.1544 relating to participant referral and service statistics, including unit/equipment delivery; unit installation and programming; participant/authorized representative and assisting party training; missed medication notifications and dispositions; other AMD unit/equipment monitoring and test transmission activity; unit/equipment malfunction, repair and replacement; power interruption alerts; notifications to the CCUs; billing and payment information; and personnel qualifications, training and background checks.

12) making available participant reports on missed medication doses, power and battery status, and other reporting features on an ongoing basis to the participant/authorized representative, assisting party and care coordinators via a privacy-protected and secure website or other modality.

13) providing access to individual and aggregate reports and AMD system performance measures on an ongoing basis to authorized persons through a privacy-protected and secure website or other modality.

14) providing ad hoc reports to the Department upon request.

c) Units of Service

1) One unit of installation service is the one-time fee to the AMD provider for the activity associated with the installation of the AMD unit/equipment in the participant's residence and training of the participant/authorized representative and assisting party.

2) One unit of monthly service is the fixed unit rate of reimbursement, per month, for the provider agency activity associated with providing the AMD service to each participant.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)