

## Personal Emergency Response System

### **Definition**

Personal Emergency Response System (PERS) is an electronic device that enables a HASCI Waiver participant who is at high risk of institutionalization to secure help in an emergency. To provide ongoing monitoring, the system is connected to the participant's telephone and programmed to signal an emergency response center staffed by trained professionals. The participant may wear a "help" button that allows for mobility.

### **Service Unit**

PERS Installation: one-time service

PERS Monitoring: one unit equals one (1) month

Refer to the current HASCI Waiver rate table for reimbursement amounts. *This can be accessed via the SCDDSN Application Portal >R2D2 >View Reports >Waiver >Service Rates >HASCI.*

### **Service Limit / Restrictions**

PERS is limited to participants who live alone, or who are alone for any part of the day or night, and who would otherwise require extensive routine supervision.

If PERS is needed by a participant receiving **HASCI Waiver Residential Habilitation** paid at a daily rate (resides in a CRCF, CTH-I, CTH-II, or SLP-II), it is considered a component of Residential Rehabilitation and covered by the rate paid to the residential provider. It does not require authorization by the Service Coordinator; it must be obtained and paid for by the residential provider.

If a PERS is needed by a participant receiving HASCI Waiver Residential Habilitation paid at an hourly rate (resides in a SLP-I), it can be separately obtained through HASCI Waiver.

In accordance with the South Carolina Consolidated Procurement Code, SCDDSN directive 250-08-DD, *Procurement Requirements for Local DSN Boards*, applies to all procurement activities supported in whole or in part by SCDDSN funding, including Medical Supplies, Equipment and Assistive Technology funded by HASCI Waiver.

Providers contracted with SCDDSN must establish and follow procurement policies and procedures with requirements at least as restrictive as those contained in this directive. Directive 250-08-DD can be accessed on the SCDDSN website: [www.ddsn.sc.gov](http://www.ddsn.sc.gov) >About DDSN >Directives and Standards >Current DDSN Standards

## **Providers**

PERS must be provided by a vendor enrolled with SCDHHS as a PERS provider.

## **Arranging and Authorizing the Service**

If the Service Coordinator determines that a participant is in need of and desires a PERS, this must be clearly documented in the individual's Support Plan. The Support Plan must clearly reflect that the person lives alone, or is alone for any part of the day or night, and will need help in an emergency situation.

After it is determined and documented that PERS is needed, the Service Coordinator must give the participant or representative a choice of provider of the service. Offering of choice of provider and provider selected must be clearly documented in a Service Note.

Since the cost of PERS is \$2500 or less, it is only necessary to identify a qualified vendor acceptable to the participant or representative that will provide PERS at the current rate designated for the HASCI Waiver.

After a provider is determined, the participant's Support Plan must be updated to reflect the name of the service and payer, the amount, frequency, and duration of the service, and provider type. Budget information for the service must then be entered into the Waiver Tracking System (WTS), including a comment that cites the price quote that was obtained and service information must be entered into the Service Tracking System (STS).

To initiate the service following WTS processing, authorization must be forwarded to the vendor using *Authorization for PERS Services* (HASCI Form 12F). *This can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.* PERS Installation must be authorized as a one-time service. PERS Monitoring must be authorized as a monthly service. A copy of the authorization must be maintained in the participant's file.

An individual may need a modification to the PERS to make it accessible for his or her use. Modification of the system may be requested through HASCI Waiver Supplies, Equipment and Assistive Technology.

## **Billing**

PERS must always be Direct-billed to Medicaid. Billing to SCDHHS is indicated on the *Authorization for PERS Services* (HASCI Form 12F); a prior authorization number must be assigned.

## **Monitorship**

The Service Coordinator must monitor provision of each HASCI Waiver service received by a participant to:

- verify the service is being provided as authorized,
- assure the usefulness and effectiveness of the service,
- determine the participant's and/or representative's satisfaction with the service and service provider(s), and
- confirm health status and safety of the participant.

Monitorship includes:

- Contact with the participant and/or representative within two (2) weeks after beginning the service or beginning with a new provider of the service,
- Contact with the participant and/or representative at least bi-monthly (every other month),
- Contact with service providers as necessary to confirm health status and safety of the participant and appropriate provision of authorized services,
- Face-to-face visit with the participant at least every six (6) months (180 days), and
- Review of the participant's Support Plan as often as needed, but at least every six (6) months (180 days).

Monitoring contacts, face-to-face visits, and review of the participant's Support Plan must be documented in Service Notes.

Information obtained during monitoring may lead to changes in authorized HASCI Waiver services, such as increased/decreased units, change of provider, or change to a more appropriate service.

## **Service Denial, Reduction, Suspension, and Termination**

If a HASCI Waiver participant is denied a service that was requested or denied an increase in units of a service already authorized, the Service Coordinator must provide written notification to the participant or legal guardian, including reason for denial. Information concerning SCDDSN Reconsideration and SCDHHS Appeal must also be provided.

If a participant's authorized units of a HASCI Waiver service must be reduced, temporarily suspended, or indefinitely terminated, the Service Coordinator must provide written notification to the participant or legal guardian, including reason for the action. Information concerning SCDDSN Reconsideration and SCDHHS Appeal must also be provided.

Except when the action was requested by the participant or legal guardian or if the action is due to the participant's death, admission to a hospital or nursing facility, or loss of Medicaid and/or HASCI Waiver eligibility, there must be at least 10 calendar days between the date of notification and effective date of the action.

Written notification to the participant or legal guardian is made using the following forms, which are also used to notify each affected service provider of the action:

- *Notice of Denial of Service* (HASCI Form 11C)
- *Notice of Reduction of Service* (HASCI Form 11A)
- *Notice of Suspension of Service* (HASCI Form 11B)
- *Notice of Termination of Service* (HASCI Form 11)

*These can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.*

When the action becomes effective, the participant's Support Plan must be updated and budget information in the Waiver Tracking System (WTS) must be adjusted accordingly. For service reduction or termination, excess or unused units must be deleted from the budget. Service information in the Service Tracking System (STS) must be updated as necessary.