

Personal Emergency Response System (PERS)

Definition: PERS is an electronic device that enables participants at high risk of institutionalization to secure help in an emergency. The participant may wear a portable “help” button to allow for mobility. The system is connected to the person’s phone and programmed to signal a response center once a “help” button is activated. The response center is staffed by trained professionals. PERS services are limited to those participants who live alone, or who are alone in their own home for significant parts of the day or night, and who would otherwise require extensive routine supervision.

Service Limits: PERS will not be authorized for participants who are authorized to receive Residential Habilitation paid at a daily rate (i.e. those in CRCF, CTH I, CTH II or SLP II). PERS may be authorized for participants who are authorized to receive Residential Habilitation paid at an hourly rate (i.e. those in SLP I).

Providers: PERS services are provided by companies who are enrolled with SCDHHS as PERS providers.

Arranging for and Authorizing Services: Participants assessed to meet the need for PERS must be alone for at least six (6) or more hours per day, three (3) or more days per week and otherwise require routine supervision. Once it is determined that PERS is needed, the need must be documented in the participant’s Support Plan. The Support Plan must clearly indicate that the participant needs help should an emergency situation occur and that he/she lives alone or is alone for significant parts of the day or night (i.e. 6 or more hours per day, 3 or more days per week). The Service Coordinator must offer a choice of providers and document that offering in the participant’s file. Once a provider is chosen, the budget information can be entered in the Waiver Tracking System. Once the service is approved, the Service Coordinator should authorize PERS services, according to the type of provider selected, using the Authorization for PERS (MR/RD Form PERS-A).

Note: The **installation** of PERS will be authorized as a one-time service. **PERS monitoring** will be authorized as a monthly service.

Monitoring Services: The Service Coordinator must monitor the service for effectiveness, usefulness and participant satisfaction. Information gathered during monitoring may lead to a change in the service, such as a change of provider, change to a more appropriate service, etc. The following guidelines should be followed when monitoring PERS services:

- Services should be monitored at least once during the first month of service.
- Services should be monitored at least once during the second month of service.
- Services should be monitored at least quarterly (i.e. within 3 months of the previous monitoring) thereafter.
- Monitoring should start over as if it is the start of service any time there is a change of provider.
- This service may be monitored during a contact with the participant/representative or with the service provider.

Some questions to consider during monitoring include:

- ❖ Is the participant receiving PERS services as authorized?
- ❖ Has the participant used the PERS since your last contact? If so, what was the response from the PERS provider?
- ❖ Does the participant continue to be left alone at home for significant periods of time (i.e. 6 or more hours per day, 3 or more days per week)?

- ❖ Does the service need to continue?
- ❖ Is the participant pleased with the service being provided, or is assistance needed in obtaining a new provider?

Reduction, Suspension or Termination of Services: If services are to be reduced, suspended or terminated, a written notice must be sent to the participant/representative including the details regarding the change(s) in service, the allowance for appeal, and a ten (10) calendar day waiting period (from the date that the reduction/suspension/termination form is completed and sent to the participant/legal guardian) before the reduction, suspension or termination of the waiver service(s) takes effect. See *Chapter 9* for specific details and procedures regarding written notification and the appeals process.

**S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
MR/RD WAIVER**

**AUTHORIZATION FOR PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)
TO BE BILLED TO SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES**

TO: _____

For: Participant's Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Medicaid # _____

Prior Authorization # _____

You are hereby authorized to provide the following service(s). Only the number of units rendered may be billed. Please note: This nullifies any previous authorization to this provider for this service.

PERS Installation (S5160): 1 Unit

Start Date: _____

PERS Monitoring (S5161): 1 unit per month (1 unit = 1 month during which monitoring was provided continuously while the service was authorized)

Start Date: _____

Service Coordination Provider: _____ Service Coordinator Name: _____

Address: _____

Phone # _____

Signature of Person Authorizing Services

Date