

# 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.

## **Conflict Free Case Management**

In order to honor choice and prevent conflicts of interest, providers of Waiver Case Management services must not provide any other waiver service to the same person. When there is a conflict, the WCM will help the participant understand why a conflict exists and offer a choice of either another WCM provider or another waiver service provider. The Case Manager must then transition the participant to the chosen provider within 60 days.

**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 Waiver Case Manager must offer a choice of providers and document that offering in the participant’s file. Once a provider is chosen, the request can be made to the SCDDSN Waiver Administration Division. To initiate the service following approval by the Waiver Administration Division, an electronic authorization must be completed and submitted to the chosen. The service must be Direct-billed to SCDHHS. This must be indicated on the authorization.

Services must be authorized annually at the time of the Support Plan, and as changes are made to the service throughout the plan year.

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 Waiver Case Manager must monitor the service for effectiveness, usefulness and participant satisfaction. Monitoring may be completed with the participant, representative, service providers, or other relevant entities. 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. DDSN recommends that the Waiver Case Manager monitors this service when it begins and as changes are made.

Monitoring must be conducted as frequently as necessary in order to ensure:

- the health, safety and well-being of the participant;
- the service adequately addresses the needs of the participant;

- the service is being furnished by the chosen provider in accordance with the authorization, relevant policies and quality expectations;
- the participant/representative is satisfied with their chosen provider/s.

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 reconsideration, 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 reconsideration/appeals process.