

# Personal Emergency Response System

Revised September 2024

## 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

## 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 Waiver Case Manager; 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 Specialized Medical Equipment, Supplies 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 provider enrolled with SCDHHS as a PERS provider.

### **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 and Authorizing the Service**

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

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

The participant's Support Plan must be updated to clearly reflect the name of the service and payer, the amount, frequency and duration of the service, and provider type(s). In order to update the Support Plan, the Waiver Case Manager will request approval from the SCDDSN Waiver Administration Division.

Upon approval, service information must be entered into the Service Tracking System (STS) by the Waiver Case Manager.

Following Support Plan approval, the participant or representative must be offered choice of provider. Offering of provider choice and the provider selected must be clearly documented in a Case Note.

To initiate the service following approval by the Waiver Administration Division, an electronic authorization must be completed and submitted to the chosen provider. Services must be authorized annually at the time of the Support Plan, and as changes are made to the service throughout the plan year.

PERS Installation must be authorized as a one-time service. PERS Monitoring must be authorized as a monthly service.

A participant 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 Specialized Medical Equipment, Supplies and Assistive Technology.

### **Billing**

PERS must always be direct-billed to Medicaid. Billing to SCDHHS must be indicated on the authorization.

### **Monitorship**

The Waiver Case Manager must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the participant's/family's satisfaction with the service. 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 an increase/decrease in units authorized, 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 monitorship include:

- Is the participant receiving PERS services as authorized?
- Has the participant used the PERS since the 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?
- Does the service need to continue?
- Is the participant pleased with the service being provided, or is assistance needed in obtaining a new provider?

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

## **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 Waiver Case Manager must provide written notification to the participant or legal guardian, including reason for denial. The Process for Reconsideration of SCDHHS Decisions must also be provided.

If a participant's authorized units of a HASCI Waiver service must be reduced, temporarily suspended, or indefinitely terminated, the Waiver Case Manager must provide written notification to the participant or legal guardian, including reason for the action. The Process for Reconsideration for SCDHHS Decisions must also be provided. The Waiver Case Manager will end the electronic authorization(s), sending notification to the affected service provider.

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:

- *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. Budget information in the Waiver Tracking System (WTS) must be adjusted accordingly.

Service information in the Service Tracking System (STS) must be updated by the Waiver Case Manager as necessary.