

ADMINISTRATIVE OVERVIEW  
SERVICE SPECIFIC ATTACHMENT

**Personal Emergency Response Systems (PERS)  
Enhanced PERS (E-PERS)**

**I. Service Capacity**

- A. Describe how your PERS and E-PERS work.
  
- B. After receiving a call from the ASAP to initiate service, describe your agency's procedures. Include expected time frames and average time between ASAP referral and the start of service to the consumer.
  
- C. Describe your process for responding to consumers who speak a language not spoken by your monitoring staff, are hearing impaired, or are confused.
  
- D. Describe your process for testing in-home equipment. How frequently is testing done? What is the procedure for replacing or repairing malfunctioning equipment?
  
- E. What documentation is kept on file? Who is responsible for the testing? Is the consumer able to replace the pendant battery?
  
- F. Where is your monitoring station located?
  
- G. How do you notify the ASAP regarding consumer PERS usage?
  
- H. Is there a charge for a second pendant in a 2-person household?
  
- I. What is your proposed rate for E-PERS? Describe any additional charges.

**NOTE:** Rates for PERS and PERS installation are standard MassHealth rates established by the Division of Health Care Finance and Policy.

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- J. In the event of a power failure (e.g. electric, telephone), will the PERS/E-PERS continue to work?
  
- K. What is your agency's policy in the event that equipment is damaged or lost?
  
- L. Describe the process for retrieval of equipment once a consumer is terminated from the ASAP.

**II. Staff Qualifications**

- A. Describe the experience and qualifications of the person responsible for service provision (the manager of the program), if different from the information provided in the Administrative Overview.
  
- B. Describe the experience and qualifications you require for staff providing this service, including coordinators, installers, and, as applicable, monitoring station personnel.

**III. Supervision**

- A. Describe the procedures for supervision, including frequency, documentation, and credentials/qualifications of supervisors for each position.
  
- B. Describe the systems and procedures employed to ensure that services are delivered to consumers as authorized.

Provider employee who completed this form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## SERVICE SPECIFIC ON-SITE REVIEW

### Personal Emergency Response Systems (PERS)

Please note the documents and records which will be required for the Consumer files and/or Employee files to be reviewed at the time of On Site Evaluation

EMPLOYEE Records Review					
Provider					
Date					
Monitor					
Start Date & Termination Date, if applicable					
Number of reference checks					
CORI Check					
Orientation: Date					
Job Description(s)					
Physical: Latest date (if applicable)					
TB: latest date (if applicable)					
Ongoing training: dates					
OIG monthly checks					
Annual Performance Appraisal: Date					
Comments					

## SERVICE SPECIFIC ON-SITE REVIEW

### Personal Emergency Response Systems (PERS)

Please note the documents and records which will be required for the Consumer files and/or Employee files to be reviewed at the time of On Site Evaluation

CONSUMER Records Review					
Provider _____					
Date _____					
Monitor _____					
ASAP authorization					
ID Info – name; address; phone; DOB					
Physician(s) name and phone					
Current CM/RN and phone					
Emergency Responder(s) name, phone, location of keys					
Date of referral/installation					
Hospital name and phone					
Date of service termination					
Date of unit removal					
Comments					
NOTE: Shaded data elements are only required in the Consumer File if provider is not on Provider Direct. Otherwise the PD Demonstrator will be asked to illustrate “on screen”.					
<b>Name and Position of Provider Direct Demonstrator</b>					