ADMINSTRATIVE 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.*

ADMINSTRATIVE OVERVIEW
SERVICE SPECIFIC ATTACHMENT

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".					

Name and Position of Provider Direct Demonstrator	