

Service Specific Attachment
Personal Emergency Response System (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?*

Yes No

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.

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. * (one or both must be completed)

Personal Emergency Response Systems (PERS)

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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. *

Attach any necessary additional documentation, clearly noting which attachment(s) go with which question(s).

Attachment Name(s): _____

Provider employee who completed this form*

Name: _____ Date: _____