



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

COMMUNITY FIRST CHOICE Policy Manual

**Section: CFC/PAS PERSON
CENTERED PLANNING**

**Subject: Personal Emergency
Response System**

DEFINITION

The Personal Emergency Response System (PERS) is an electronic, telephonic, or mechanical system used to summon assistance in an emergency. The system alerts medical professionals, support staff, or other designated individuals to respond to a member's emergency request.

SERVICE REQUIREMENT

Providers of PERS must be enrolled as a Community First Choice (CFC) Medicaid provider.

SERVICE LIMIT

Reimbursement is not available for the purchase, installation, or routine monthly charges of a telephone or cell phone under this service. Reimbursement is not available for the purchase of a PERS unit or accessories.

PERS is only available as a service option for members receiving CFC services. PERS is not available for members who are on the Personal Assistance Services (PAS) program.

ROLE OF THE PLAN FACILITATOR

1. ➤ Plan Facilitators will discuss PERS services with the member during all person centered planning meetings and complete the PERS section on the PCP Form. If, during the course of the PERS conversation, the Plan Facilitator becomes aware of an issue with PERS, the Plan Facilitator must take appropriate follow-up action. This action should include the following:
 - a. ➤ If the member has PERS authorized by MPQH, but the member has not received the PERS unit, the Plan Facilitator should assist the member in contacting the PERS provider to determine why the unit has not been delivered;
 - b. ➤ If the member has received the PERS and the PERS is

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no longer appropriate for the member, the Plan Facilitator should notify the CFC provider agency to submit an amendment to MPQH to remove the PERS authorization;

- c. ➤If the member has received the PERS and the member is not utilizing the PERS, the Plan Facilitator should evaluate the need for PERS with the member and determine whether the PERS authorization should end (see scenario b) or provide follow-up education with the member about use of the PERS;
- d. ➤If the member has received the PERS unit and the PERS system is not working, the Plan Facilitator should assist the member in trouble shooting with the PERS provider; and
- e. ➤If the member is not authorized for PERS and the Plan Facilitator assesses that the member is appropriate for PERS the Plan Facilitator should notify the CFC provider agency to submit an amendment to MPQH to request a PERS authorization.

➤NOTE: In all of the scenarios outlined above (1(a)-(e)) the Plan Facilitator must document follow-up action in case notes and/or the comments section on the PCP form.

- 2. In addition to the specific scenarios outlined above, the role of the Plan Facilitator in overseeing PERS includes the following:
 - a. Confirm with the member that the PERS system has been received and is set up and functioning;
 - b. Encourage the wearing of pendants on a constant basis;
 - c. Encourage the member to test their PERS system on a monthly basis to ensure they are operating correctly;
 - d. Remind the member that the PERS equipment is distributed on a rental basis and it is the member's responsibility to care for and return the PERS equipment to the provider at the end of PERS services. Members may be held responsible for equipment that is not returned at the end of PERS services; and

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- e. Assist the member in contacting the PERS provider when problems arise.

NOTE: CFC will not pay for the replacement of PERS equipment that is damaged, lost or stolen.

- 3. At any time when the Plan Facilitator determines that the PERS services are not appropriate for the member's situation or the member chooses not to accept the PERS service, the Plan Facilitator must contact the CFC provider agency and request that they submit an amendment to MPQH to remove the PERS authorization from the member profile.

ROLE OF THE CFC PROVIDER AGENCY

- 1. The CFC provider agency is responsible for completing an amendment request to MPQH whenever the Plan Facilitator notifies them of a change in the member's PERS authorization. The need for a change in PERS authorization may be identified in the following circumstances:
 - a. Member requests to change PERS provider;
 - b. The Plan Facilitator notifies the agency of a change in the member's PERS authorization; or
 - c. The CFC/PAS agency identifies that there is a need for a change in the member's PERS authorization.
- 2. Prior to completing the amendment, the CFC/PAS provider agency must communicate with the Plan Facilitator to confirm the request. The CFC provider agency should document communications with the Plan Facilitator in case notes.
- 3. If the CFC provider agency and Plan Facilitator are in disagreement about the amendment request, the provider agency should contact their Regional Program Officer.

➤ROLE OF MPQH: PERS PRIOR AUTHORIZATION

Mountain Pacific Quality Health (MPQH) completes the initial assessment for PERS. MPQH nurses will assess the member to determine if PERS services would be beneficial and appropriate for the member during the prescreening process for CFC services.

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1. If a member is found to be appropriate for PERS, MPQH will complete the following:
 - a. Indicate that PERS is authorized with an “A” on the member’s Service Profile (SLTC-155);
 - b. Provide the member with a list of Medicaid approved PERS providers and encourage the member to select a provider;
 - c. Update the member’s Service Profile with the selected PERS provider;
 - d. Generate a 365-day PERS prior authorization;

NOTE: MPQH cannot complete a member’s initial PERS prior authorization until the CFC/PAS provider submits the Admit form (SLTC-163), indicating that the member is receiving CFC services.
 - e. Submit the PERS prior authorization to the PERS provider;
 - f. Track the member’s PERS prior authorization date span;
 - g. Generate and send the PERS re-authorization prior authorization to the PERS provider on an annual basis; and
 - h. End-date and/or update the member’s PERS prior authorization and notify the PERS provider if there is a change in member PERS status mid-year.

2. If the MPQH nurse determines that the member does not qualify for PERS services, PERS will not be authorized on the member’s Service Profile.

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➤ MPQH ANNUAL AUTHORIZATION

The MPQH nurse will assess the continued need for CFC member’s PERS service and discuss any changes the member would like to make in their PERS service during their annual CFC/PAS assessment.

➤ ANNUAL PERS PRIOR AUTHORIZATION

MPQH will renew the PERS prior authorization and fax the renewal information to the PERS provider every 365.

➤ TERMINATION AND DISCHARGE FROM CFC SERVICES

The CFC provider agency must complete and fax the Discharge/Unable to Admit form to MPQH within ten working days of member discharge from CFC services. Upon receipt of this form, MPQH will terminate the member’s PERS prior authorization in MMIS and fax the termination of PERS services to the PERS provider.

NOTE: The failure CFC Provider failure to notify MPQH of the termination or discharge of a member from CFC services may lead to the delivery and payment of non-authorized PERS services.

➤ CHANGE IN PERS PROVIDERS

If a member chooses to change PERS providers, the CFC provider agency must notify the Plan Facilitator and submit an amendment to MPQH indicating the name of the new PERS provider. MPQH will notify the original PERS provider of the termination of services and send a referral to the new PERS provider. MPQH will update the member’s Service Profile with the name of the new PERS provider.

NOTE: The Plan Facilitator should notify the member that all PERS equipment must be returned or the member may be held responsible.

➤ CHANGE IN PLAN FACILITATOR

When MPQH receives notification that there has been a change in the member’s Plan Facilitator, MPQH will notify the PERS provider of the change.

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**PROCEDURE CODES
AND BILLING**

Current maximum allowable PERS rates are listed in the fee schedules on the Montana Medicaid Provider Information web site:

<http://medicaidprovider.mt.gov>.

NOTE: CFC PERS rates should be no more than the “market rates” charged to non-Medicaid individuals obtaining PERS services.

Agency Based CFC/PAS PERS services do not require the use of a modifier. Self-Directed services require a U9 modifier.