Policy Statement:

The Personal Emergency Response System is an in-home, 24-hour electronic alarm system that enables an elderly, infirm or homebound individual to secure immediate help in the event of physical, emotional or environmental emergency.

All providers of Personal Emergency Response Systems which are funded wholly or in part by ElderChoices, the Medicaid Section 2176 Aging Waiver, and/or other public monies must comply with all regulatory and procedural requirements specified by the Arkansas Department of Human Services.

Purpose:

To ensure that all providers of Personal Emergency Response Systems maintain a high quality of service to all recipients and comply with all assurances and requirements which are conditions of participation in federal and state funded programs.

Scope:

This policy applies to all providers of Personal Emergency Response Systems which are funded wholly or in part by ElderChoices, the Medicaid Section 2176 Waiver, or other public monies.

General Authority:

The authority for this policy is Arkansas Code Ann., Section 25-10-101 et seq.
SCOPE

This procedure applies to all providers of Personal Emergency Response Systems funded through federal, state or other public funds.

DEFINITIONS

I. Personal Emergency Response System (PERS): a twenty-four hour, seven day a week, in-home electronic support system that provides two-way verbal and electronic communication with an emergency control center. It enables an elderly, infirm or homebound individual to secure immediate help in the event of physical, emotional or environmental emergency.

II. Provider: operator of PERS providing services to elderly (age 60 and older), functionally impaired persons in the community.

III. Help device: a device, worn or carried by the client, which can be pressed to call for help. It signals a central switchboard where a trained staff immediately initiates emergency procedures to respond to the call.

IV. Communicator: the in-home two way communication equipment attached to the telephone line which receives the wireless signal from the help device and transmits it to the emergency control center.

PROCEDURAL REQUIREMENTS

I. PERS provider minimum requirements are to:

A. provide service which meets the definition of PERS as set forth above. PERS must be activated by voice, button or other simple device that can be worn or attached to the person;

B. designate or operate an emergency response center (monitoring station) where signals are received and response is made according to a specified operating protocol;

C. demonstrate fast emergency response capability, i.e. within one or two minutes;
D. provide a capability of responding to client’s signal even when the client is unable to communicate verbally;

E. provide, install and maintain FCC-approved equipment that meets all Underwriter Laboratories safety standards;

F. provide emergency power failure backup and safety systems;

G. establish a specific protocol for answering emergency signals;

H. instruct clients in the proper use of the equipment;

I. establish response system for each client and ensure that responders receive necessary instruction or training;

J. call each client at least once a month to test system operation; the client shall call the medical control center at least once a month to test system operation and as often as necessary to ensure client’s familiarity with procedures to use in an emergency. Provider shall maintain a log of monthly client calls;

K. provide operational and technical manuals and training to appropriate PERS staff.

II. Equipment Specifications

A. Home Units

1. The home equipment shall be activated by voice, button or other simple device that can be worn or attached to the client.

2. The system shall be useable by persons who are visually impaired, physically handicapped or disabled.

3. The Communicator, the two way communication equipment, shall have a receiver to receive wireless signals.

4. The Communicator shall be attached to telephone lines and shall not interfere with normal use of the telephone.

5. The Communicator shall have a battery to provide a minimum of six to eight hours of operation in the event of a power failure. It shall also utilize a self charging system and report its condition to the monitoring station after two hours of power loss.
6. The Communicator shall be equipped with a self-diagnostic program which it performs in each 24-hour period.

7. The PERS provider shall obtain from the vendor of the equipment detailed manuals relating to the operation of the system, including technical specifications, installation and testing.

**B. Monitoring Equipment**

1. The emergency response center equipment shall consist of a primary receiver, a back-up receiver, a clock printer, a back-up power supply and a telephone line monitor.

2. The primary and back-up receivers shall be independent and interchangeable.

3. The printer shall print out the time and date of the emergency signal, the client identification code, and emergency codes indicating active or passive alarm or responder reset.

4. The emergency response center shall have the back-up power supply capacity to operate in excess of six hours.

5. The telephone line monitor shall give visible and audible signals in the event an incoming telephone line is disconnected for more than ten seconds.

6. The emergency response center shall obtain from the equipment vendor detailed manuals relating to the operation of the system, including physical arrangement of the equipment, installation of all elements, testing procedures, emergency reporting and response procedures and servicing.

7. The receiving and printing stations at the monitoring center shall have a minimum of two (2) incoming telephone lines that are automatically interchanged in the event of telephone or equipment malfunction or unusual load demands.

**III. Emergency Procedures**

A. The PERS staff shall have written procedures for dealing with emergencies of clients. The procedures shall cover immediate care of the client, ambulance to be called,
name(s) and phone numbers of physician(s), persons to be notified, and reports to be prepared.

B. All PERS staff who provide direct services shall have initial and ongoing training in emergency procedures. These procedures shall include the name and telephone number of the client’s attending physician; the client’s preference of hospital; name of family numbers or others to be contacted in case of emergency; a listing of any known drug allergies; and any other pertinent medical information which is deemed critical to the care of the client in an emergency.

IV. Staffing

A. Duties of all PERS staff must be clearly defined in written job descriptions.

B. Initial on-location training must be provided to response center staff before they assume normal job responsibilities. This shall include training on all operational aspects of the PERS, including installation and testing of equipment and program implementation.

C. In-service training for PERS staff must be regularly scheduled. It shall total six hours per year and shall be documented in staff personnel records as to content, date, and duration.

V. Documentation

A. Both provider and emergency response center must maintain technical and operations manuals describing equipment functioning, testing and installation procedures; emergency response protocol; record keeping and reporting procedures; and, user agreements.

B. A log of all client calls will be kept by the emergency response center. This log shall record for each call the date, time, and nature of the call and the response initiated by the center.

C. All calls shall be documented in the clients’ permanent files.

D. All client records and logs of calls shall be retained in accordance with the requirements of the program under which the service is being funded.
VII. Confidentiality

A. The PERS provider shall have written procedures governing the use and removal of client records and conditions for release of information on individual clients in compliance with state and federal requirements.

B. Information contained in records maintained by a provider on individual clients shall not be disclosed to any person other than authorized representatives of the Department of Human Services without the express prior written consent of the client.