

**STATE OF NEVADA  
AGING AND DISABILITY SERVICES DIVISION**

**SERVICE SPECIFICATIONS  
PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)**

**Any exceptions to these Service Specifications must be requested in writing and approved by the Deputy Administrator of the Aging and Disability Services Division.**

**PURPOSE:**

To promote quality of service, the Aging and Disability Services Division (ADSD) has established service specifications that contain general guidelines. The service specifications that each grantee must follow consist of GENERAL REQUIREMENTS and PROGRAM-SPECIFIC REQUIREMENTS established for each type of funded service.

**SERVICE DEFINITION:**

The Personal Emergency Response System (PERS) program enables individuals to summon assistance in an emergency by pressing the alert button on a personal transmitter (worn on the wrist or around the neck). The transmitter alerts a monitoring station that assistance is needed. This service is provided in an effort to maintain the independence of persons 60 years of age and older who are homebound and live alone.

Another type of service within PERs is a computer-assisted or volunteer telephone reassurance program. The program contacts clients via their personal telephone, on a set schedule, to ensure that they are safe, to remind them to complete certain tasks, take medication, prepare for appointments, or meet needs as defined by the provider in a care plan prepared with the client and/or his/her representative.

**SERVICE CATEGORIES AND UNIT MEASURES:**

*PERS Service:* Program volunteers or staff members assess each client's need for PERS service. When the need for a personal transmitter is determined, the program ensures that installation is completed in a timely manner and that the client understands how to use the system. The grant funds for this program should not be utilized for on-going PERS monthly services for individual clients.

***One unit equals one PERS Unit installation.***

*Telephone Reassurance Call:* Telephone calls are made to clients to verify their safety and well-being. Programs may be personalized or computerized. A service agreement is based on a 7-day week schedule. Emergencies are handled 24-hours per day.

- A. Personalized programs establish a service agreement that determines the frequency and type of calls needed by a client who is then matched to a volunteer caller. If the client fails to respond to a scheduled call, the volunteer caller notifies the program

coordinator. The program coordinator calls the designated emergency contact person and/or contacts 911 if the emergency contact person is not reached within one hour.

- B. Computerized programs pre-determine an emergency contact, such as a friend, relative, neighbor or caregiver, who is automatically notified if a client fails to respond to a scheduled call. If the emergency contact does not respond to the call within one hour a designated program staff and/or the computerized system will call 911.

***One unit consists of one telephone contact, or one contact with, or on behalf of, a client.***

GENERAL REQUIREMENTS:

- A. PERS devices must meet manufacturer's standards and specifications. Devices must be clean and in good repair.
- B. Provide telephone reassurance on a regularly scheduled basis to verify the client's safety and well-being.

STAFF or VOLUNTEER ACTIVITIES:

- A. Assessing clients for PERS service, completing care plans and/or service plans, if applicable.
- B. Installation and testing of a PERS device, if applicable.
- C. Ensuring that each client understands how to use the system, if applicable.
- D. Preparing a schedule for reassurance calls, make calls and programming the system, if applicable.

SPECIFICATIONS:

- 1. Client Assessment:
  - 1.1 A client assessment must be completed prior to the client receiving service. The assessment must document the condition of the client based on the assessment criteria contained in Appendix A and the client's eligibility details. To avoid duplication, programs are encouraged to enter into or establish cooperative agreements for sharing information when a client has had an assessment completed by a social worker or case manager under another program.

2. Service or Care Plan:

- 2.1 A service plan must be established that includes a timeline for installation of equipment, instructions to the client on how to use equipment and whom to contact if the equipment does not work. A copy of the service plan must be provided to each client or client's family.
- 2.2 In the case of a reassurance program, a care plan must be developed, which details the days, times and purpose of planned calls, whom should be contacted in the event calls are not answered and whom to contact in the case of an emergency.

3. Documentation Requirements:

- 3.1 Reassurance programs must develop a service agreement that includes the name of the client, address, phone number, frequency/type of contact desired by the client (check or chat), and the designated list of emergency contacts to be called (family member, neighbor, landlord, caregiver, police). A copy of the service agreement must be provided to the client and maintained in the client file. The service agreement must be amended whenever changes are made to the schedule of services. A copy of the amended service agreement must be provided to the client and maintained in the client file.
- 3.2 For computerized reassurance programs, a computer-generated calling record for each client will include client name, phone number, type of contact desired (check or chat), date and time called, and verification of client wellness.
- 3.3 The grantee must document the units of service performed or provided by the staff, volunteers and/or any automated, electronic device. At the conclusion of each device installation, Service Verification forms must be signed by the client or the caregiver and by a staff member, if applicable.

4. Quality Improvement:

- 4.1 A quality assurance contact must be conducted within 90 days of enrollment and once per year thereafter, to assess client satisfaction and amend the scope of the service agreement as necessary. The quality improvement contact will be performed via telephone.
- 4.2 In the case of telephone reassurance, the contact will assess the degree of satisfaction with frequency of calls, appropriateness of the message, time of calls, and current list of responders. Results will be documented in the client file.

## **APPENDIX A ASSESSMENT CRITERIA**

The client assessment must document the condition of the client in the following areas:

A. DESCRIPTION OF CLIENT'S MEDICAL/PHYSICAL CONDITION:

1. Diagnosis (if known);
2. Recent hospitalizations/reason;
3. Physical condition of client: areas of the body impaired, severity of impairments; and
4. Assistive devices used by client in performing Activities of Daily Living, i.e., wheelchair, oxygen.

B. ANALYSIS OF CLIENT'S PHYSICAL STATUS IN THE FOLLOWING AREAS:

1. Ambulating;
2. Vision;
3. Hearing; and
4. Ability to go outside the home without assistance.

C. ANALYSIS OF CLIENT'S SUPPORT SYSTEM:

1. Name, address and telephone number of closest living relative and their relationship to the client; and
2. Other friends and social contacts that provide support and the type of support given.

D. ANALYSIS OF HOME ENVIRONMENT:

1. Number/type of pets; and
2. Unsafe conditions.