

A LeadingAge CAST Report

CAST ANALYSIS OF STATE
PAYMENT FOR AGING SERVICES
TECHNOLOGIES (ASTs)

Primary Author: **Scott Peifer**, *Associate Director, State Policy, CAST*

CAST Analysis of State Payment for Aging Services Technologies (ASTs)”



A program of LeadingAge

2519 Connecticut Ave., NW
Washington, DC 20008-1520
Phone (202) 508-9416
Fax (202) 220-0032

Web site: www.agingtech.org

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LeadingAge Center for Aging Services Technologies:

The LeadingAge Center for Aging Services Technologies (CAST) is focused on development, evaluation and adoption of emerging technologies that will transform the aging experience. As an international coalition of more than 400 technology companies, aging-services organizations, businesses, research universities and government representatives, CAST works under the auspices of LeadingAge, an association of 5,500 not-for-profit organizations dedicated to expanding the world of possibilities for aging.

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A State-by-State Analysis of Payment for ASTs January 1, 2011

This summary table describes the availability of Medicaid Waiver reimbursement for Aging Services Technologies (ASTs) in each state. While we believe most instances of reimbursement have been captured below, there are certain to be omissions. We envision report this to also be converted into as a "living document" on CAST's website and will be updated as additional information becomes available. In short, the analysis reveals that while the most common technologies reimbursed are Personal Emergency Response Systems (PERS) – 44 states reimburse for PERS – there are an increasing number of states that are providing reimbursement for other services, such as *medication management* (16 states) and *telemonitoring/home telehealth* (seven states). A couple of states have recently enacted policy change to add new reimbursement for ASTs while others are currently in such policy discussions, as noted in the far right column. It is also important to note that technology service definitions vary in their degree of flexibility for inclusion of new technologies, ranging from traditional parameters to broadly inclusive language about the goals and objectives of technology-enabled services. Pennsylvania has the most comprehensive coverage for ASTs in its Telecare program, including home telehealth, activity/wellness monitoring, medication dispensing and PERS, but New York, South Carolina, and South Dakota also have exemplary reimbursement programs.

It is important to note that the Older American's Act funding through Title III as well as Medicaid state plan services (including Programs of All-Inclusive Care for the Elderly) directly or indirectly cover these services, if they are included in the State Unit on Aging plan of services. Finally, the VA programs in the states operate an extensive telehealth program for veterans.

State	State Reimbursement Programs for ASTs (i.e., HCBS Elderly and/or Physically Disabled Adult Waivers)	Types of Technology Reimbursed/Definition (i.e., Personal Emergency Response System (PERS), Medication Dispensing, Home Telehealth, Remote Monitoring, etc.)	Reimbursement Rates	State Reimbursement Policy Notes
Alabama	SAIL Waiver (for Physically Disabled Adults Ages 18-60) https://www.cms.gov/MedicaidStWaivProgDemoPGI/downloads/AL0241R0400.zip	PERS PERS Service: This service will cover the monthly fee after the system has been installed. PERS is an electronic device which enables certain individuals at high risk of institutionalization to secure help in the event of an emergency. The client may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals. PERS services are limited to those individuals who live alone, or who are alone for significant parts of the day, and have no regular caretaker for extended periods of time, and who would otherwise require extensive routine supervision. By providing immediate access to assistance, PERS serves to prevent institutionalization of those individuals. PERS Installation: The same objective, provider experience, etc., for PERS (S6161-UB) will apply for this service. Price Quotation from the Vendor Providing the Service Specifying the Description of Personal Emergency Requested. Set-up will be provided by individuals who are trained to install this device for specific consumers for whom services are being provided. The maximum is a one-time installation charge. Once the recipient has had one installation, another one cannot be approved. (<i>click for more program details</i>)	PERS Service: \$30/month PERS Installation: \$299 (one-time)	Alabama also has an Elderly and Disabled Medicaid Waiver but no PERS or other technology reimbursement
Alaska	None			No aging services technology reimbursement in Older Alaskans Waiver

Arizona	1115 Demonstration Waiver Arizona Health Care Cost Containment System / Arizona Long Term Care System	PERS "Life Line Alert"	N/A	
Arkansas	AR Elder Choices <i>(for older adults 65 - no max age)</i> https://www.cms.gov/Medicare/Programs/LongTermCare/AR0400.zip	<p>PERS Service: Personal emergency response system (PERS) is an electronic device that enables waiver participants to secure help in an emergency. The participant may also wear a portable "help" button to allow for mobility. The system is connected to the participant's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals, as specified herein. Personal emergency response system services are limited to those participants who live alone, or who are alone for significant parts of the day, and have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision. The personal emergency response system is an in-home electronic alarm system that enables an elderly, infirm or homebound participant to secure immediate help in the event of physical, emotional or environmental emergency. The goals of the personal emergency response system are:</p> <ol style="list-style-type: none"> 1. To provide a high-risk elderly participant with the security and assurance of immediate assistance in an emergency, making it possible for them to remain in their home. 2. To eliminate the need for costly in-home supervision provided by a paid attendant that also affords the participant the emotional satisfaction or independent living. <p>Personal emergency response system is not intended to be a universal benefit. It is specifically for those "high-risk" participants whose needs are determined through the assessment/reassessment process. The criteria for eligibility are based on the participant's level of medical vulnerability, functional impairment and social isolation. Participants of the personal emergency response system must be physically and mentally capable of utilizing the service or reside in the home with a caregiver who is capable of utilizing the service for the benefit of the waiver participant. No limit on the amount, frequency or duration of the Personal Emergency Response System service (click here for more program information)</p>	<p>PERS Service: \$33 per month</p> <p>PERS Installation: \$29.90</p>	<p>Arkansas is considering adding a telemonitoring/Home Telehealth service to the waiver, currently on hold due to Budget concerns</p>
California	CA Nursing Facility/Acute Hospital Waiver <i>(for older individuals ages 65 yrs and older, Physically Disabled (PD) individuals under 65)</i>	<p>PERS Service: (excludes installation and testing) Personal Emergency Response System (PERS) is an electronic device that enables individuals at high risk of institutionalization to secure help in the event of an emergency. Authorization is limited to individuals who: live alone or who are alone for significant parts of the day; have no regular caregiver for extended periods of time; and who would otherwise require extensive routine supervision.</p> <p>PERS Installation and Testing: Installation and testing of a Personal Emergency Response System (PERS) for individuals at high risk of institutionalization to secure help in the event of an emergency. Authorization is limited to individuals who: live alone or who are alone for significant parts of the day; have no regular caregiver for extended periods of time; and who would otherwise require extensive routine supervision.</p> <p>PERS (same as above)</p>	<p>PERS Service: Negotiated Rate</p> <p>PERS Installation: Negotiated Rate</p>	<p>CAST Whitepaper: State of Technology in Aging Services in California http://www.aahsa.org/WorkArea/link.aspx?LinkId=1&ItemID=10207</p> <p>Note: Nursing Facility/Acute Hospital Waiver due for renewal Fall 2011, will hear stakeholder recommendations for waiver amendments in Spring</p>
	CA In Home Operations <i>(for medically fragile, technology dependent individuals, no max age)</i> https://www.cms.gov/Medicare/Programs/LongTermCare/CA0457R0100.zip		<p>PERS Service: \$31.51 per month</p> <p>PERS Installation: \$35 (one-time)</p>	

<p>Colorado</p>	<p>Money Follows the Person http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/homecd_007.doc</p>	<p>Specialized Supply (T2028) / (Medication Dispensing & Other) Also classified as an assistive device. Items designed to accommodate an individual's functional limitations and promote independence, including, but not limited to, lift chairs, stair lifts, diabetic shoes and adaptations to personal computers. The need for items must be documented in the individual's comprehensive service plan with an explanation of how the item(s) would prevent elevation to a higher level of care or return to a health care facility. (Note: To date this code has been used for medication dispensing technologies and special equipment needed in homes).</p>	<p>Negotiated Rate, Limited to term of 365 days "By Report," not to exceed \$7,500</p>	<p>Colorado is considering adding home telehealth/telemonitoring to this waiver.</p>
<p>CO Support Living Services (for individuals with Developmental Disability (DD) ages 18 - no max age) https://www.cms.gov/MedicaidSTWaivProgDemoPGI/downloads/CO0293R0300.zip</p>	<p>PERS Service: PERS is an electronic device that enables waiver participants to secure help in an emergency. The participant may also wear a portable "help" button to allow for mobility. The system is connected to the participant's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals. The participant and their case manager develop a protocol for identifying who is to be contacted if/when the system is activated.</p>	<p>PERS PERS Service: PERS is an electronic device that enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. Monitoring of the device is included in the PERS service. The response center is staffed by trained professionals. Limitations: PERS services are limited to those individuals who live alone, or who are alone for significant parts of the day, and have no regular caregiver for extended periods of time and who would otherwise require routine supervision.</p>	<p>PERS Service: \$37.57 - \$43.18 per month</p>	<p>Medication Reminder System: (The service title approved in the current waiver has been changed from "Specialized Medical Equipment and Supplies Provider" to Medication Reminders) The devices, controls, or appliances which enable an individual at high risk of institutionalization to increase their abilities to perform activities of daily living, such as medication administration. Medication Reminders shall include devices or items that remind or signal the client to take prescribed medications or other devices necessary for the proper functioning of such items, and durable and non-durable medical equipment not available as a State plan benefit. Medication Reminders shall be considered a benefit only when reasonable and necessary for the treatment of an individual's illness, impairment, or disability as documented on the ULTC 100.2 and service plan. Items reimbursed as Medication Reminder shall be in addition to any medical equipment and supplies furnished under the Medicaid State plan. Medication Reminder shall be authorized only for individuals who have the physical and mental capacity to utilize the particular system requested for that client. Medication Reminder shall be authorized only if they are in accordance with current accepted standards of medical practice in the treatment of the client's condition without excess or extreme function or expense beyond which is necessary.</p>
<p>CO Elderly, Blind and Disabled (for older individuals ages 65 - no max age and physically disabled ages 18-64) https://www.cms.gov/MedicaidSTWaivProgDemoPGI/downloads/CO0006R0600.zip</p>	<p>Electronic Monitoring On occasion "Electronic Monitoring" technologies have been reimbursed, no established rate, negotiated by care manager at single point of entry agency.</p>	<p>Electronic Monitoring On occasion "Electronic Monitoring" technologies have been reimbursed, no established rate, negotiated by care manager at single point of entry agency.</p>	<p>PERS Service: \$40.58 - \$43.18 per month</p>	<p>Medication Reminder: \$40.58 - \$43.18 per month</p>

Connecticut	<p>CT Personal Care Assistance (for physically disabled adults ages 18-64) https://www.cms.gov/MedicaidStWaivProgDemo PGI/downloads/CT0301R0300.zip</p>	<p>PERS PERS Service: An electronic device that enables certain consumers at high risk of institutionalization to secure help in an emergency; the system may include a portable "help" button to allow for mobility. The system is connected to the person's telephone and programmed to signal a response center once "help" button is activated. Trained professionals shall staff the response center. Other standard: Has approved contract through DSS, or is a contractor of the department to provide PERS for other existing DSS programs, or who obtains an approved contract through DSS to provide PERS services.</p> <p>Assistive Technology An item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, monitor or improve functional capabilities of participants to perform Activity of Daily Living (ADL), or Instrumental Activities of Daily Living (IADL). Assistive technology service means a service that directly assists a participant in the selection, acquisition, or use of an assistive technology device. Care plans will be developed based on the needs identified in the comprehensive assessment. The cost of the Assistive Technology cannot exceed the yearly cost of the service it replaces. When an assistive technology device is identified that will support the waiver participant's independent functioning, the services will be reduced commensurate with the cost of the service it replaces. This reduction will be made with consideration of the waiver participant's health and safety needs. The service shall be capped at an annual cost of \$1000. For telemonitoring services must be a Home Health Agency licensed in the state of Connecticut as specified in Subsection (k) section 19a-490 of the general statutes</p>	<p>PERS Service: \$55 per month</p> <p>Assistive Technology Rate \$1000 per year</p>	<p>Note: While others states have AT in waiver, the CT scope and definition is broader than others (i.e., inclusion of telemonitoring), hence its inclusion in this summary.</p>
Connecticut	<p>CT HCBS for Elders (for older individuals ages 65 - no max age) https://www.cms.gov/MedicaidStWaivProgDemo PGI/downloads/CT0140R0500.zip</p>	<p>PERS/ Medication Dispensing ("Two-way" systems) PERS Service: PERS is an electronic device which enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals 24/7. PERS services are limited to those individuals who live alone, or who are alone for significant parts of the day, and have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision. Installation, upkeep and maintenance of the device is provided.</p> <p>Telemonitoring Telemonitoring Services Provided by Home Health Agencies approved in 2009-2010 Budget, the CT Department of Social Services (DSS) has amended the waiver to permit telemonitoring and policy guidelines for implementation are in development. Telemonitoring services are to be provided by home health agencies including coverage for the cost of equipment rental and 24-hour monitoring for patients with congestive heart failure or chronic obstructive pulmonary disease who meet certain medical criteria. From the budget bill: "This initiative is expected to result in net savings due to reduced skilled nursing visits and improved disease management, requiring fewer hospital visits...DSS will track both costs and savings over a two-year period. An evaluation will be performed at the end of the demonstration period to confirm the program's cost effectiveness."</p>	<p>PERS Service (one-way): \$29.17 - \$32.21 per month (two-way): \$58.33-\$64.38 PERS Installation: \$35.00 - \$38.65 Telemonitoring: TBD</p>	<p>Note: Two-way systems include medication dispensing; very few two-way have been utilized to date.</p>
Delaware	<p>DE Elderly & Disabled (for older individuals ages 65 - no max age and physically disabled individuals ages 18-64) https://www.cms.gov/MedicaidStWaivProgDemo PGI/downloads/DE0136R0500.zip</p>	<p>PERS A Personal Emergency Response System is a device that allows a person at high risk (for example an older person who lives alone and has a health problem) to get immediate help in the event of an emergency. The person who is using the system wears a button that he or she can push if needed. The button connects electronically to the person's phone, which is programmed to send a signal to a response center or other contact persons who can then carry out a series of actions to help the person in need. This service does not duplicate a service provided under the state plan as an expanded EPSDT service.</p>	<p>PERS Service: \$24.95 - \$34.95 per month</p>	<p>Delaware is considering adding reimbursement for "PERS 2.0" technology which does not require a push of a button, a medication dispensing.</p>

<p>Florida</p>	<p>FL Aged & Disabled Adult (for older individuals ages 65 - no max age and physically disabled individuals ages 18-64) https://www.cms.gov/MedicaidSwWaivProgDemo PGI/downloads/FL0010R0601.zip</p>	<p>PERS PERS Service: PERS is an electronic device that enables waiver participants to secure help in an emergency. The participant may also wear a portable "help" button to allow for mobility. The system is connected to the participant's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals, as specified herein. PERS Installation: Installation of the PERS is limited to three installations per lifetime. The Community Care Provider Agency must ensure the PERS contractor meets all applicable licensure and certification standards.</p>	<p>PERS Service: \$40 per month PERS Installation: \$95 per installation, 3 lifetime</p>
<p>Georgia</p>	<p>FL Channeling for the Frail Elderly (for older individuals ages 65 yrs - no max age) https://www.cms.gov/MedicaidSwWaivProgDemo PGI/downloads/FL0116R0500.zip</p>	<p>PERS PERS Service: Personal emergency response system (PERS) is an electronic device which enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals, as specified in the service provider qualifications. PERS services are limited to those individuals who live alone, or who are alone for significant parts of the day, and have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision. The services are provided as detailed in the approved care plan.</p>	<p>PERS Service: \$30.19 - \$36.69 per month</p>
<p>Hawaii</p>	<p>GA Elderly & Disabled (for older individuals ages 65 yrs - no max age, and PD individuals ages 0 - 64) https://www.cms.gov/MedicaidSwWaivProgDemo PGI/downloads/GA0112R0500.zip</p>	<p>PERS PERS Service: The Emergency Response Services (ERS) system monitors member's safety and provides members access to emergency intervention for a medical or environmental crisis. The electronic communication between the member and a central monitoring station provides services seven days a week, twenty-four hours a day, to socially-isolated and geographically-isolated enrolled members. The ERS system is connected to the member's telephone and programmed to signal a response once activated from a device that is worn or attached to the member. ERS home units, which are installed by a licensed Low Voltage Contractor, are programmed to dial a toll-free number to access the central monitoring station. Monthly testing is provided by the ERS Provider to detect any malfunction with the system and to ensure that the member is able to use the system properly. Members have access to a toll-free number to contact customer service or to report repairs. In the event of power failure in the home, the home unit has a battery back-up to provide a minimum of twelve hours operation of the ERS unit. Hearing impaired members are provided TDD/TTY service and members whose language is other than English are given access to an interpreter. In the event of hospitalization, the ERS system remains in the member's home and services are covered for up to sixty-two days to avoid additional installation cost.</p>	<p>PERS Service: \$31.53 per month \$7.88 per week PERS Installation: \$94.60 (per unit)</p>
<p>Idaho</p>	<p>HI - Nursing Home Without Walls (for older and disabled individuals) http://hawaii.gov/dhs/main/har/har_current/17-1438.pdf</p>	<p>PERS PERS Service: Emergency alarm response system means an electronic system placed in homes of high risk clients to enable them to secure immediate help in the event of a physical, emotional, or environmental emergency.</p>	<p>PERS Service: N/A</p>
<p>Idaho</p>	<p>ID Aged & Disabled (for older individuals ages 65 - no max age and individuals w/PD ages 18-64) https://www.cms.gov/MedicaidSwWaivProgDemo PGI/downloads/ID1076R0400.zip</p>	<p>PERS PERS Service: This service is designed to monitor waiver participant safety and/or provide waiver participant access to emergency crisis intervention for emotional, medical or environmental emergencies through the provision of communication connection systems. By providing immediate access to assistance, PERS serves to prevent institutionalization. PERS services are limited to those individuals who rent or own their own home, who are alone for significant parts of the day, and have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision. Other standard: Demonstrate that the devices installed in waiver participants' homes meet Federal Communications Standards or Underwriter's Laboratory standards or equivalent standards. Monitoring must be performed by a trained professional IDAPA 16.03.10.329.11, "Medicaid</p>	<p>PERS Service: \$33.83 per month PERS Installation: \$56.89 (includes 1st month service)</p>

<p>Illinois</p>	<p>IL HCBS Waiver for Elderly (for older individuals ages 65 - no max age and physically disabled individuals 60-64) https://www.cms.gov/medicaidStWaivProgDemo PGI/downloads/IL0143R0500.zip</p>	<p>Enhanced Plan Benefit.”</p> <p>PERS PERS Service: Emergency home response service (EHRIS) is defined as a 24-hour emergency communication link to assistance outside the participant's home for participants based on health and safety needs and mobility limitations. This service is provided by a two-way voice communication system consisting of a base unit and an activation device worn by the participant that will automatically link the participant to a professionally staffed support center. The support center assesses the situation and directs an appropriate response whenever this system is engaged by a participant. The purpose of providing EHRIS is to improve the independence and safety of participants in their own homes in accordance with the authorized plan of care, and thereby help reduce the need for nursing home care. Services cover both initial one time installation and monthly rental costs.</p> <p>PERS PERS Service: PERS is an electronic device that enables certain individuals to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. Trained professionals staff the response center. PERS services are limited to those individuals who live alone, or who are alone for significant parts of the day, and have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision. This service has two components: an initial installation fee and a monthly service fee. The amount, duration, and scope of services is based on the determination of need assessment conducted by the case manager and the service cost maximum determined by the DON score.</p>	<p>PERS Service: \$28 per month PERS Installation: \$30 (one-time)</p> <p>PERS Service: \$28 per month Installation: \$30 per unit</p>	
<p>Indiana</p>	<p>IN Aged and Disabled (for older individuals ages 65 yrs - no max, physically disabled/disabled other ages 0-64) https://www.cms.gov/medicaidStWaivProgDemo PGI/downloads/IN0210R0400.zip</p> <p>IN Developmental Disabilities (for individuals w/autism, Mental Retardation (MR), DD ages 0 - no max age) https://www.cms.gov/medicaidStWaivProgDemo PGI/downloads/IN0378R0200.zip</p>	<p>PERS PERS Service: Personal Emergency Response System (PERS) is an electronic device which enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable help button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed 24 hours daily/ 7 days per week by trained professionals. Not allowed: <ul style="list-style-type: none"> • The replacement cost of lost or damaged equipment. • Reimbursement is not available for Personal Emergency Response System Supports when the individual requires constant supervision to maintain health and safety. • Services to participants receiving Adult Foster Care. • Services to participants receiving Assisted Living. <p>Electronic monitoring Electronic Monitoring/Surveillance System & On-Site Response includes the provision of oversight and monitoring within the residential setting of adult waiver participants through off-site electronic surveillance. Also included is the provision of stand-by intervention staff prepared for prompt engagement with the participant(s) and/or immediate deployment to the residential setting. Activities Allowed: <ul style="list-style-type: none"> • Electronic Monitoring/Surveillance System & On-Site Response may be installed in residential settings in which all residing adult participants, their guardians and their support teams request such surveillance and monitoring in place of on-site staffing. • Use of the system may be restricted to certain hours through the Individualized Support Plans of the participants involved (see link to waiver for additional details) <p>PERS PERS Service: PERS is an electronic device which enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable help button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals. Allowable Activities: • PERS is limited to those individuals who live alone or who are alone for</p> </p></p>	<p>PERS Service: \$35.87 - \$42.77 per month</p> <p>Electronic Monitoring: \$4.55 per hour, ave. 2,776 hours per person</p> <p>PERS Service: \$46.29 - \$53.12 per month</p>	

<p>Iowa</p>	<p>IA HCBS Waiver for Persons w/Physical Disabilities (for physically disabled individuals ages 18-64 vs) https://www.cms.gov/MedicaidStandaloneProgs/DemoPGI/downloads/IA0345R0200.zip</p>	<p>significant parts of the day, and have no regular caregiver for extended periods of time, and who would otherwise require extensive supervision. • Device Installation service • Ongoing monthly maintenance of device. Service Standards: • Must be included in the individual's plan of care. Documentation Standards: • Identified need in the POC/CCB • Documentation of expense for installation • Documentation of monthly rental fee</p>	<p>PERS Service: personal emergency response system is an electronic device that transmits a signal to a central monitoring station to summon assistance in the event of an emergency when the consumer is alone. The required components are: an in home medical communications transmitter and receiver; a remote portable activator; a central monitoring station with backup systems staffed by trained attendants at all times, current data files at the central monitoring station containing response protocols and personal, medical and emergency information for each consumer. PERS Installation: A unit of service is a one time installation and 12 months of service. The initial one unit per state fiscal year shall be one initial installation and 12 months of service. The initial one time fee has an upper limit and the on going monthly fee has an upper limit. The individuals' plan of care will address how the consumer health care needs are being met. Services must be authorized in the service plan The Iowa Department of Human Services, service worker will monitor the plan.</p>	<p>PERS Service: \$39 – \$47.40 per month PERS Installation: \$39 - \$60.96 (one-time)</p>	<p>NOTE: During 2011 rules will be implemented which will expand coverage of PERS under the HCBS waivers to include personal locator systems.</p>
<p>IA HCBS Elderly (older individuals ages 65 – no max) https://www.cms.gov/MedicaidStandaloneProgs/DemoPGI/downloads/IA4155R0400.zip</p>	<p>Durable Medical Equipment for Home Health Providers (available in above waivers and others) http://www.dhs.iowa.gov/policyanalysis/PolicyManual/Documentation/Provman/medequip.zip.pdf</p>	<p>PERS Service: (same as above definition) The case manager/service worker, consumer or the consumer's, should inform Providers of the ERS representative as soon as possible when the service is no longer needed.</p>	<p>PERS Service: \$37.56 per month PERS Installation: \$48.29 per month</p>	<p>Automated Medication Dispensers: Rate requires prior approval with negotiated price</p>	<p>Telephone Monitoring: Rate requires prior approval and are manually priced</p>
		<p>Automated Medication Dispensers (A9280) Prior authorization is required for automated medication dispensers. Approval will be granted when prescribed for members who meet all of the following conditions: ♦ The member is taking two or more medications prescribed more than once per day. ♦ The availability of a caregiver is limited or non-existent. ♦ The member has a diagnosis indicating cognitive impairment or age-related factors that affect the ability to remember to take medications. ♦ Less costly alternatives such as medisets and telephone reminders have failed.</p>	<p>Telephone monitoring (S5185) service may be allowed when: ♦ The medications prescribed and the member's condition necessitate that the medication be taken at a certain time to avoid complications, and ♦ The member lives alone or others living in the member's home are unable to provide assistance, and ♦ The member has no other services coming into the home or the frequency is insufficient.</p>	<p>Blood Pressure Monitors Blood pressure monitors are covered when ordered for a condition or disease that warrants in-home monitoring daily to weekly and recording with review by the physician on a regular basis. Examples include polycystic renal disease, renal failure, cardiac defects, and medications that create hypertension or hypotension. Monitors are also covered when prescribed for any member who has end-stage renal disease and the equipment is appropriate for home use (Coverage differs from Medicare).</p>	<p>Blood Pressure Monitors: \$48.88 per month</p>

<p>Kansas</p>	<p>KS Physical Disability (for physically disabled individuals ages 16-64) https://www.cms.gov/MedicaidStWaivProgDemoPGI/downloads/KS0304R0300.zip</p>	<p>PERS PERS Service: Personal Emergency Response Systems (PERS) involve the use of electronic devices which enable certain consumers at high risk of institutionalization to secure help in an emergency. The consumer may also wear a portable "help" button to allow for mobility. The system is connected to the consumer's telephone and programmed to signal a response center once the "help" button is activated. PERS is limited to those individuals who live alone, or who are alone for significant parts of the day, and have no regular attendant (formal or informal) for extended periods of time, and who would otherwise require extensive routine supervision. PERS Installation: The placement of electronic PERS devices in a consumer's residence. PERS installation is for those certain consumers at high risk of institutionalization to secure help in an emergency. These consumers have met the assessed need of a Personal Emergency Response System. To avoid any overlap of services, PERS is limited to those services not covered through regular State Plan Medicaid and which cannot be procured from other formal or informal resources. HCBS-PD waiver funding is used as the funding source of last resort and requires prior authorization from the PD Program Manager. • Maintenance of rental equipment is the responsibility of the provider. • Repair/replacement of equipment is not covered. • Rental of the PERS System is covered; purchase is not. • Call lights do not meet this definition. • Maximum of two PERS Installations per calendar year.</p>	<p>PERS Service: \$35 per month PERS Installation: \$50 per unit (max two per yr)</p>	
<p>Home and Community Based Services for the Frail Elderly (for older individuals ages 65 - no max age) https://www.cms.gov/MedicaidStWaivProgDemoPGI/downloads/KS0303R0300.zip</p>	<p>Medication reminder Definition: Provides a scheduled reminder to a participant when it's time for him/her to take medications. The reminder may be a phone call, an automated recording, or an automated alarm, depending on the provider's system. LIMITATIONS: • Maintenance of rental equipment is the responsibility of the provider. • Repair/replacement of rental equipment is not covered. • Rental, but not purchase, of this service is covered. • This service is limited to those participants who live alone, or who are alone a significant portion of the day in residential settings, and have no regular caretaker for extended periods of time, and who otherwise require extensive routine supervision. • These systems may be maintained on a monthly rental basis even if the participant is admitted to a nursing facility or acute care facility for a planned brief stay period not to exceed the two months following the month of admission in accordance with public assistance policy. • This service is available in the participant's place of residence, excluding adult care homes.</p>	<p>Medication Reminder: \$15.91 per month</p>		
<p>Kentucky</p>	<p>None</p>	<p>PERS (Same as KS Physical Disability definition above) Home Telehealth was approved by the legislature and added to the Kansas HCBS/FE waiver program budget in 2009/2010. Implementation of the service was placed on hold when designated funding was diverted to fill holes in the waiver.</p>	<p>PERS Service: \$26.52 per month PERS Installation: \$56.25 per unit (max two per yr)</p>	<p>No aging services technology reimbursement in KY H&CB Waiver for Elderly & Disabled</p>
<p>Louisiana</p>	<p>LA - Elderly and Disabled Adult Waiver (EDA) (elderly & disabled adults) http://www.dhh.louisiana.gov/offices/miscdocs/d</p>	<p>PERS (definition unavailable)</p>	<p>PERS Service: \$27 per month PERS Installation: \$30 per unit</p>	

	105/EDA%20WAIVER%20FACT%20SHEET%20EFF%207-4-10.pdf	<p>ME Elderly and Adults with Disabilities (for older individuals 64± and disabled persons 18-64) https://www.cms.gov/MEIcaidStWaivProgDemo PGI/downloads/ME0276R0300.zip</p>	<p>PERS PERS Service: PERS is an electronic device which enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. PERS services are limited to those individuals who live alone, or who are alone for significant parts of the day, and have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision. Reimbursement is limited to the installation fee and the monthly phone charge for the emergency response system and the home unit communicator. Capability of PERS provider to set up effective PERS system in waiver participant's home and monitor that system on a monthly basis.</p>	PERS Service: \$34.36 per month PERS Installation: Actual Fee	
	<p>ME Consumer Directed Personal Assistance Services (for older individuals ages 65 - no max age, physically disabled ages 18-64) https://www.cms.gov/MEIcaidStWaivProgDemo PGI/downloads/ME0127R0500.zip</p>	<p>PERS PERS Service: Same as above. Providers must have demonstrated capacity to serve as a central emergency response center with 24/7 ability.</p>	PERS Service: \$35 per month		
<p>Maryland</p>	<p>MD Living at Home (for physically disabled individuals ages 18 - 64) https://www.cms.gov/MEIcaidStWaivProgDemo PGI/downloads/MD0353R0200.zip</p>	<p>PERS PERS Service: A personal emergency response system is an electronic device, piece of equipment or system which, upon activation, enables a participant to secure help in an emergency 24 hours per day, seven days per week. There are a variety of devices and systems available to meet individual needs and preferences of LAH participants choosing this service. PERS may be used in the home exclusively or in the home and community; some models offer Global Positioning Systems technology to access assistance in a multiple community settings. Likewise, modes of access to the PERS monitoring system are adapted to meet the individual functional needs of the participant; for example, providers offer sip/puff models, push button access and modifications of push button models. This service may include any or all of the following components: purchase/installation; maintenance/ repair; and/or the monthly cost of monitoring a PERS device. There are different rates established for each of the three components of the PERS service. <i>Limitations:</i> There is a one unit maximum annually for installation; there is no maximum for maintenance; and there is a one unit maximum per month for PERS monitoring; There are maximum fees established for each PERS component. Units for each type of service are identified separately in the participant's plan of service; units submitted for payment may not exceed what is approved in the participant's plan of service. <i>Other standard:</i> To participate in the Program as a provider of personal emergency response systems, a provider shall: Be the store, vendor, organization, or company which sells, rents, installs, services, or runs the device or service; Provide or arrange for any installation, servicing, training, or monitoring required for the device or system; and Assure that any response center is: Responsible for monitoring or responding to a notification of an emergency by the system; and Adequately staffed 24 hours a day, 7 days a week by properly trained staff. In addition, providers must meet the conditions described in COMAR 10.09.55.05 under "general requirements."</p>	PERS Service: \$45 per month PERS Installation: \$54 - 59 (one per year) PERS Maintenance: \$45 per repair call		
	<p>MD Older Adults Waiver (for older individuals ages 65 - no max age)</p>	<p>PERS (definition not available)</p>	PERS Service: \$45 per month PERS Installation:		

<p>Massachusetts http://www.dhnh.state.ma.us/mma/waiverprograms/pdf/OlderAdultWaiverFactsheet-1.pdf MA Frail Elder (for older individuals ages 60 - no max age) https://www.cms.gov/Medicare/STWaiVProgDemoPGI/downloads/MA0059R0500.zip</p>	<p>Home Based Wandering Response System Home Based Wandering Response System is a communications alerting system for clients that wander. A lightweight, waterproof, hypoallergenic, tamperproof appliance, which sends radio frequency signals to a base unit worn by the client. The caregiver sets a delay and range setting creating a "safe zone" for the client to ambulate within. The base unit activates an alarm that alerts caregivers in the home, as well as a monitoring station when the client leaves the "safe zone". The monitoring station is staffed 24 hours per day, seven days a week by trained attendants who receive and process the emergency call and ensure the timely notification of the appropriate individuals and/or emergency services to assist the person who has wandered away from the "safe zone". Education, Training, Supervision: Providers must ensure effective training of staff members in all aspects of their job duties, including handling emergency situations, and establish procedures for appraising staff performance and for effectively modifying poor performance where it exists. (see waiver link for additional program details)</p>	<p>Actual approved device cost up to \$1,000 one-time</p> <p>Home Based Wandering Response System: \$44.60 - \$50.20 per month</p>	
<p>MassHealth Program Durable Medical Equipment</p>	<p>PERS PERS Service: Effective February 1, 2009, MassHealth will require in-home installation of PERS only if there is no one else available to install the PERS, such as the member, the member's caregiver, or a family member. DME providers of PERS must assess the member's need for in-home installation when the provider receives a referral for PERS, and must maintain documentation of such assessment in the member's record. If other options exist for the member to install the PERS, providers may deliver the PERS to the member by mail (return receipt required). If a PERS is delivered by mail, then the provider must not submit a claim to MassHealth for the PERS installation. PERS Rates: The Division of Health Care Finance and Policy (DHCFP) has assigned a new payment rate for the rental of a personal emergency response system (PERS): Service Code S5161. The rate can be viewed at the DHCFP Web site (www.mass.gov/dhcfp). DHCFP has adopted this amendment to 114.3 CMR 22.00: Durable Medical Equipment, Oxygen and Respiratory Therapy, as an emergency regulation effective February 1, 2009, to implement budget reductions in accordance with M.G.L. c. 29 §9C.</p>	<p>PERS Service: Rates unavailable</p>	
<p>Michigan MI Choice (for older individuals ages 65 - no max age and physical disabled individuals ages 18-64) https://www.cms.gov/Medicare/STWaiVProgDemoPGI/downloads/MI0233R0301.zip</p>	<p>PERS Service: PERS is an electronic device that enables waiver participants to secure help in an emergency. The participant may also wear a portable "help" button to allow for mobility. The system is connected to the participant's phone and programmed to signal a response center once a "help" button is activated. Installation, upkeep and maintenance of devices/systems are also provided. Limitations: PERS does not cover monthly telephone charges associated with phone service.</p>	<p>PERS Service: \$28.64 - \$29.25 per month (including installation)</p>	
<p>Minnesota MinnesotaCare (MHCP Provider Manual, Chapter 24) (MN Statute, Section 256B.0625)</p>	<p>Telehomecare Since 2001, Minnesota's subsidized state health care program MinnesotaCare covers home care skilled nurse visits provided via "telehomecare," for services which do not require hands-on care between the home care nurse and recipient. All skilled nurse visits provided through telehomecare must have prior authorization and will be covered at the same rate as skilled nurse visits provided in-person. Telehomecare services are defined as skilled nurse visits delivered through technology to enhance service delivery options that help address client access to needed services related to shortages of healthcare professionals, logistical barriers, provider responsiveness, and continuity of care issues that may reduce the comprehensiveness and successful outcome of a supportive home and community-based service plan. The provision of telehomecare must be made via live, two-way interactive audiovisual technology and may be augmented by utilizing store-and-forward technologies. Individually identifiable patient</p>	<p>Telehomecare: Negotiated Rates</p>	<p>CAST Whitepaper: State of Technology in Aging Services in Minnesota (http://www.aahs.org/WorkArea/lookup.aspx?LinkId=10203)</p>

		<p>data obtained through real-time or store-and-forward technology must be maintained as health records. If the video is used for research, training, or other purposes unrelated to the care of the patient, the identity of the patient must be concealed. Multiple daily skilled nurse visits provided via telehomecare are allowed, but coverage of telehomecare is limited to two visits per day.</p>		
<p>MN Elderly Waiver <i>(for individuals 65 and older)</i></p>	<p>Telehomecare <i>(same as above)</i></p> <p>Medication Monitoring/Dispensing</p>	<p>Medication monitoring/dispensing units are billed as "extended supplies and equipment"</p>	<p>Telehomecare: Negotiated rates</p> <p>Medication Monitoring: County agency determined rates</p>	
<p>Alternative Care (AC) Program <i>(MN Statute, Section 256B.0913).</i></p>	<p>Telehomecare Paraprofessional Visits</p> <p>Covers telehomecare skilled nursing visits similar to those under Minnesota Care, but limited to one per day, also provides coverage for telehomecare under "discretionary services," which include substitution for in-person paraprofessional visits.</p> <p>Telehomecare paraprofessional visit parameters:</p> <ul style="list-style-type: none"> • Telehomecare conducted by paraprofessional worker • Intermittent, visual contacts • Flexible and individualized to client needs; schedule, frequency, duration • Contact guide/plan for the worker <p>Conducted in conjunction with in-home supportive services by same worker</p> <p>Units of service and payment rate are negotiated between the service provider and the local lead agency under an agreement or contract following review and approval by the department. Workers are trained and oriented on: telehomecare equipment; each client's care needs/contact plan; schedule, guidelines, and parameters of contacts; guidelines for reporting to professional staff.</p> <p>Medication Monitoring/Dispensing</p> <p>Medication monitoring is reimbursable through some counties' alternative care waiver programs as "discretionary funds." The reimbursed portion is included in the monthly cap for patients under each waiver.</p>	<p>Telehomecare: Negotiated rates</p> <p>Medication Monitoring: County agency determined rates</p>		
<p>Mississippi</p>	<p>None</p>			<p>No technology reimbursement in MS Elderly and Disabled Waiver</p>
<p>Missouri</p>	<p>None, PERS being discussed</p>			<p>PERS reimbursement currently being discussed for MO Aged & Disabled Waiver but not expected to be added in the near future.</p>
<p>Montana</p>	<p>MT Big Sky Bonanza <i>(for older individuals ages 65 – no max age and disabled/physically disabled ages 0-64)</i> https://www.cms.gov/Medicare/StateWaiverProgDemo/PGI/downloads/MT0442R0100.zip</p>	<p>Consumer Directed Goods and Services</p> <p>These are services, supports, supplies or goods not otherwise provided through this waiver or the Medicaid State Plan. These items could include The purchase of appliances and vans, with or without modifications, when criteria and Department approval is in place. These items must address an identified need in the consumer's person-centered service and support plan and meet the following requirements. The item or service would:</p> <ul style="list-style-type: none"> • decrease the need for other Medicaid services, • promote inclusion in the community, • promote the independence of the consumer, • fulfill a medical, social, or functional need based on unique cultural approaches, or 	<p>Consumer Directed Goods and Services \$150 per service</p> <p>Rates are established utilizing the lowest of the following:</p> <ol style="list-style-type: none"> 1. The provider's 	<p>Note: Aging Services Technologies not explicitly referenced in Consumer Directed Goods and Services, but could potentially be reimbursed</p>

			usual and customary (billed) charges; or 2. The rate negotiated with providers by the Department, the FM or consumer	under parameters
		<ul style="list-style-type: none"> increase the person's safety in the home environment. In addition goods and services purchased must meet the following criteria: <ul style="list-style-type: none"> Meet the consumer's identified needs and outcomes as outlined in their service plan; and Goods and services collectively must provide an alternative to institutional placement; and Be a cost-effective means of addressing an identified need in the service plan; and Be of sole benefit to the consumer. <p>PERS PERS Service: PERS is an electronic device which enables certain individuals at high risk of institutionalization to secure help in the event of an emergency. The consumer may wear portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals. PERS services are limited to those individuals who live alone, or who are alone for significant parts of the day, and have no regular caretaker for extended periods of time, and who would otherwise require extensive routine supervision.</p>	<p>PERS Service: Rental: \$69 per month</p> <p>PERS Service Purchase: \$800 per item</p> <p>PERS Installation: \$100 per item</p>	
Nebraska	NE HCBS for Aged & Adults & Children w/Disabilities (for older individuals ages 65 - no max & PD individuals ages 0-64) http://www.hhs.state.ne.us/HCS/Services/PERS.htm	<p>PERS PERS Service: A communication device, sometimes called lifeline, which you can use to call for help in an emergency. This device is often worn around the neck to make it available at all times.</p>	<p>PERS Service: Rate information not available</p>	
Nevada	NV Frail Elderly (for older and disabled individuals ages 65 - no max age) https://www.cms.gov/MedicaidStWaivProgDemoPGI/downloads/NV0152R0500.zip	<p>PERS PERS Service: PERS is an electronic device which enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals. PERS services are limited to those individuals who live alone, or who are alone for significant parts of the day, and have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision. The service components include both the installation of the unit and monthly monitoring.</p>	<p>PERS Service: \$40 - \$48.62 per month</p> <p>PERS Installation: \$45 - \$54.70 (one time)</p>	
	NV HCBW for Persons with Physical Disabilities (for older individuals ages 65 - no max age and PD ages 0-64) https://www.cms.gov/MedicaidStWaivProgDemoPGI/downloads/NV4150R0400.zip	<p>PERS PERS Service: PERS is an electronic device that enables waiver participants to secure help in an emergency. The participant may also wear a portable "help" button to allow for mobility. The system is connected to the participant's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals. This waiver service purchases the device and funds ongoing monitoring at a monthly service cost. Other standards: Must be enrolled as a waiver services provider; Documentation showing taxpayer identification number.</p>	<p>PERS Service: \$45.50 - \$53.44 per month</p> <p>Purchase price negotiated</p>	
New Hampshire	NH Home and Community Based Care for the Elderly and Chronically Ill (for older individuals ages 65 yrs - no max age, and physically disabled individuals ages)	<p>PERS PERS Service: An electronic device that enables participants at high risk of institutionalization and who are alone for periods of time to summon help in an emergency. The Participant may also wear a portable "help" button to allow for mobility. The system is connected to the Participant's telephone and programmed to signal a response center when activated. The response center is staffed by trained professionals 24 hours/day, seven days/week. Limitations: Services are limited to participants who live alone or who are alone for significant parts of the day</p>	<p>PERS Service: \$32.88 - \$34.25 per month</p>	

<p>18-64 yrs) https://www.cms.gov/Medicare/medicare-coverage-policies/downloads/NH0060R0500.zip</p>	<p>who would otherwise require extensive supervision. Must be established emergency response business</p>	<p>PERS Service: (same as above) \$32.88 - \$34.25 per month</p>	
<p>NH HCBC-ECI (for older individuals ages 65 – no max age, physically disabled and disabled others ages 18-64) https://www.cms.gov/Medicare/medicare-coverage-policies/downloads/NH0060R0501.zip</p>	<p>PERS Service: (same as above) Status, January 2010: BEAS conducted a survey of the personal emergency response providers, and, based on the information gathered, BEAS decided how to appropriately support authorizations of emergency response services, both with and without medication dispensing systems.”</p>	<p>PERS Service: (same as above) \$45 - \$49.17 per month PERS Installation: \$75 per unit PERS reimbursement based on reported costs. Some include purchased units, plus installation, plus monthly fee. Others are installation plus monthly fee/rental combined.</p>	
<p>New Jersey NJ Global Options for Long Term Care (for older individuals ages 65 – no max age and individuals w/PD ages 21-64) https://www.cms.gov/Medicare/medicare-coverage-policies/downloads/NJ0032R0401.zip</p>	<p>PERS Service: Personal Emergency Response System is an electronic device, which enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable “help” button to allow for mobility. The system is connected to the person’s phone and programmed to signal a response center once a “help” button is activated. Personal Emergency Response System. Trained professionals Staff the response center. Medication Dispensing A Personal Emergency Response System unit may also include an electronic medication-dispensing device that allows for a set amount of medications to be dispensed as per the dosage instructions. If the medication is not removed from the unit in a timely manner the unit will “lock” that dosage, not allowing the participant access to the missed medication. Before locking, the unit will use a series of verbal and/or auditory reminders that the participant is to take his or her medication. If there is no response, a telephone call will be made to the participant, participant’s contact person, and care management site in that order until a “live” person is reached. Limitations: Personal Emergency Response System services are limited to those individuals who live alone, or who are alone for significant parts of the day, and have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision</p>	<p>PERS Service: Emergency Response services provide an electronic device that enables a participant to secure help in an emergency. The participant may also wear a portable “help” button to allow for mobility. The system is connected to the participant’s phone and programmed to signal a response center when a “help” button is activated. The response center is staffed by trained professionals. Emergency response services include monthly monitoring services only: twenty-four (24) hour monitoring for alarms; checking systems monthly or more frequently, if warranted by electrical outages, severe weather, etc.; and reporting participant emergencies and changes in the participant’s condition that may affect service delivery. Emergency categories consist of emergency response and emergency response high need. Limitations: Emergency response services are limited to monthly monitoring services only. Start-up/initiation is no longer included in this service. A provider of this service will either absorb the cost of the installation or negotiate an arrangement with the MCO Contractor for reimbursement.</p>	<p>PERS Service: (same as above, except start-up/installation is reimbursed). Other standards: Approved Emergency Response Provider; must comply with all laws, rules and regulations from the</p>
<p>New Mexico NM Coordinated Long Term Services (for older individuals ages 65 yrs – no max age and disabled ages 0-64) https://www.cms.gov/Medicare/medicare-coverage-policies/downloads/NM0479R0000.zip</p>	<p>PERS Service: Emergency Response services provide an electronic device that enables a participant to secure help in an emergency. The participant may also wear a portable “help” button to allow for mobility. The system is connected to the participant’s phone and programmed to signal a response center when a “help” button is activated. The response center is staffed by trained professionals. Emergency response services include monthly monitoring services only: twenty-four (24) hour monitoring for alarms; checking systems monthly or more frequently, if warranted by electrical outages, severe weather, etc.; and reporting participant emergencies and changes in the participant’s condition that may affect service delivery. Emergency categories consist of emergency response and emergency response high need. Limitations: Emergency response services are limited to monthly monitoring services only. Start-up/initiation is no longer included in this service. A provider of this service will either absorb the cost of the installation or negotiate an arrangement with the MCO Contractor for reimbursement.</p>	<p>PERS Service: \$46.88 - \$56 per month No installation reimbursement</p>	<p>PERS Service: \$35.59 – \$41.31 per month</p>
<p>NM Mi Via NF (for older individuals ages 65 – no max age and disabled individuals</p>	<p>PERS Service: (same as above, except start-up/installation is reimbursed). Other standards: Approved Emergency Response Provider; must comply with all laws, rules and regulations from the</p>	<p>PERS Service: (same as above, except start-up/installation is reimbursed). Other standards: Approved Emergency Response Provider; must comply with all laws, rules and regulations from the</p>	<p>PERS Service: (same as above, except start-up/installation is reimbursed). Other standards: Approved Emergency Response Provider; must comply with all laws, rules and regulations from the</p>

<p>https://www.cms.gov/Medicare/State-Waivers/Innovative-Modeling/Downloads/NM0449R0100.zip</p>	<p>NY Long Term Home Health Care Program (for older individuals ages 65 – no max age and physically disabled ages 0 – 64) https://www.cms.gov/Medicare/State-Waivers/Innovative-Modeling/Downloads/NY0034R0600.zip</p>	<p>Assistive Technology (Includes PERS) This service supplements the Medicaid State Plan Service for durable medical equipment and supplies which provides a broad range of special medical equipment and supplies. The Medicaid State Plan and all other sources must be explored and utilized before considering Assistive Technology. An Assistive Technological device may include an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of waiver participants. Assistive Technology is a service that directly assists a waiver participant in the selection, acquisition, or use of an assistive technology device. This service will only be approved when the requested equipment and supplies improve or maintain the waiver participant's level of independence, ability to access needed supports and services in the community or the waiver participant's safety. <i>This service includes the Personal Emergency Response Services (PERS) which is included in the approved Waiver and expands the types of devices covered.</i> Documentation in the plan of care must describe how the waiver participant's expected use, purpose and intended place of use have been matched to features of the products requested in order to achieve the desired outcome in an efficient and cost effective manner. The service provider is responsible for training the waiver participant, natural supports and paid staff who will be assisting the waiver participant in using the equipment or supplies. The provision of Assistive Technology under this waiver is cost-effective and necessary to avoid institutionalization. Limitations: Assistive Technology must be documented in the plan of care and provided by NYSDOH approved LTHHCP agencies either directly or through contractual arrangement.</p>	<p>Home Telehealth The New York legislature in 2007 enacted a Medicaid "Home Telehealth" program on an 18-month pilot basis for telehealth and medication management technologies. The program includes monitoring of vital signs, patient education, medication management, equipment maintenance, and review of patient trends and/or changes in patient condition and identification of problematic changes requiring intervention. Eligible providers are home health agencies and long-term home health programs that are community based or affiliated with a nursing home or hospital. Patient eligibility for purposes of this demonstration must be determined through both a physician's order and a patient risk assessment tool to be administered by the home care provider. This risk assessment tool can be agency specific but must incorporate such variables as whether an individual: is at risk for hospitalization or emergency care visits; lives alone; has a documented history of or is at high risk of requiring unscheduled nursing visits or interventions; has a history of non-compliance adhering to disease management recommendations; requires on-going symptom management related to dyspnea, fatigue, pain, edema, or medication side effects or adverse effects; resides in a medically underserved, rural, or geographically inaccessible area; requires frequent physician's office visits; has difficulty traveling to and from home for medical appointments; and has the functional ability to work with the telehealth monitoring equipment, in terms of sight, hearing, manual dexterity, comprehension and ability to communicate. In February 2008 the NY Department of Health released the pilot program regulations containing three tiers for monthly reimbursement depending on the degree to which technologies were integrated with point of care software and electronic medical records. In October, 2009 the NY Department of Health made the Home Telehealth Program a standard part of its state Medicaid program and converted the reimbursement structure to daily rates effective January 1, 2010. Installation continues at \$50 per installation with monitoring Tier 1 reimbursed at \$8.88 per day and Tier 2 at \$10.19 per day. Tier 3 interoperability has not yet been realized statewide; therefore no daily rate has been set.</p>
<p>NY Long Term Home Health Care Program (for older individuals ages 65 – no max age and physically disabled ages 0 – 64) https://www.cms.gov/Medicare/State-Waivers/Innovative-Modeling/Downloads/NM0449R0100.zip</p>	<p>Assistive Technology (Includes PERS) This service supplements the Medicaid State Plan Service for durable medical equipment and supplies which provides a broad range of special medical equipment and supplies. The Medicaid State Plan and all other sources must be explored and utilized before considering Assistive Technology. An Assistive Technological device may include an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of waiver participants. Assistive Technology is a service that directly assists a waiver participant in the selection, acquisition, or use of an assistive technology device. This service will only be approved when the requested equipment and supplies improve or maintain the waiver participant's level of independence, ability to access needed supports and services in the community or the waiver participant's safety. <i>This service includes the Personal Emergency Response Services (PERS) which is included in the approved Waiver and expands the types of devices covered.</i> Documentation in the plan of care must describe how the waiver participant's expected use, purpose and intended place of use have been matched to features of the products requested in order to achieve the desired outcome in an efficient and cost effective manner. The service provider is responsible for training the waiver participant, natural supports and paid staff who will be assisting the waiver participant in using the equipment or supplies. The provision of Assistive Technology under this waiver is cost-effective and necessary to avoid institutionalization. Limitations: Assistive Technology must be documented in the plan of care and provided by NYSDOH approved LTHHCP agencies either directly or through contractual arrangement.</p>	<p>Home Telehealth The New York legislature in 2007 enacted a Medicaid "Home Telehealth" program on an 18-month pilot basis for telehealth and medication management technologies. The program includes monitoring of vital signs, patient education, medication management, equipment maintenance, and review of patient trends and/or changes in patient condition and identification of problematic changes requiring intervention. Eligible providers are home health agencies and long-term home health programs that are community based or affiliated with a nursing home or hospital. Patient eligibility for purposes of this demonstration must be determined through both a physician's order and a patient risk assessment tool to be administered by the home care provider. This risk assessment tool can be agency specific but must incorporate such variables as whether an individual: is at risk for hospitalization or emergency care visits; lives alone; has a documented history of or is at high risk of requiring unscheduled nursing visits or interventions; has a history of non-compliance adhering to disease management recommendations; requires on-going symptom management related to dyspnea, fatigue, pain, edema, or medication side effects or adverse effects; resides in a medically underserved, rural, or geographically inaccessible area; requires frequent physician's office visits; has difficulty traveling to and from home for medical appointments; and has the functional ability to work with the telehealth monitoring equipment, in terms of sight, hearing, manual dexterity, comprehension and ability to communicate. In February 2008 the NY Department of Health released the pilot program regulations containing three tiers for monthly reimbursement depending on the degree to which technologies were integrated with point of care software and electronic medical records. In October, 2009 the NY Department of Health made the Home Telehealth Program a standard part of its state Medicaid program and converted the reimbursement structure to daily rates effective January 1, 2010. Installation continues at \$50 per installation with monitoring Tier 1 reimbursed at \$8.88 per day and Tier 2 at \$10.19 per day. Tier 3 interoperability has not yet been realized statewide; therefore no daily rate has been set.</p>	<p>Assistive Technology (Including PERS): Based on actual costs plus an administrative fee. NYSDOH has assigned separate rate codes at a fixed cost per unit for these services to track the amount/cost of each service that is provided.</p>
<p>NY Long Term Home Health Care Program (for older individuals ages 65 – no max age and physically disabled ages 0 – 64) https://www.cms.gov/Medicare/State-Waivers/Innovative-Modeling/Downloads/NM0449R0100.zip</p>	<p>Assistive Technology (Including PERS): Based on actual costs plus an administrative fee. NYSDOH has assigned separate rate codes at a fixed cost per unit for these services to track the amount/cost of each service that is provided.</p>	<p>Assistive Technology (Including PERS): Based on actual costs plus an administrative fee. NYSDOH has assigned separate rate codes at a fixed cost per unit for these services to track the amount/cost of each service that is provided.</p>	<p>Assistive Technology (Including PERS): Based on actual costs plus an administrative fee. NYSDOH has assigned separate rate codes at a fixed cost per unit for these services to track the amount/cost of each service that is provided.</p>
<p>NY Long Term Home Health Care Program (for older individuals ages 65 – no max age and physically disabled ages 0 – 64) https://www.cms.gov/Medicare/State-Waivers/Innovative-Modeling/Downloads/NM0449R0100.zip</p>	<p>Assistive Technology (Including PERS): Based on actual costs plus an administrative fee. NYSDOH has assigned separate rate codes at a fixed cost per unit for these services to track the amount/cost of each service that is provided.</p>	<p>Assistive Technology (Including PERS): Based on actual costs plus an administrative fee. NYSDOH has assigned separate rate codes at a fixed cost per unit for these services to track the amount/cost of each service that is provided.</p>	<p>Assistive Technology (Including PERS): Based on actual costs plus an administrative fee. NYSDOH has assigned separate rate codes at a fixed cost per unit for these services to track the amount/cost of each service that is provided.</p>

<p>North Carolina</p>	<p>NC CAP Choice – IP (for older individuals ages 65 yr - no max age, disabled ages 18-64) https://www.cms.gov/Medicare/Programs/and-Operations/2014/nc-cap-choice-ip</p>	<p>Telephone Alert (PERS) PERS Service: Electronic device which enables certain participants at high risk of institutionalization to secure help in an emergency. The participant may also wear a "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals. Telephone Alert is limited to those participants who live alone, or are alone significant parts of the day, and have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision. Telephone alert providers must have capability to provide 24-hour monitoring system in accordance with service definition.</p>	<p>PERS Service: \$31.23 - \$34.13 per month</p>	
<p>North Dakota</p>	<p>ND Medicaid Waiver HCBS (for older individuals ages 65 - no max age and disabled ages 16-64) https://www.cms.gov/Medicare/Programs/and-Operations/2014/nd-medicaid-waiver-hcbs</p>	<p>PERS Service: The purpose of Emergency Response Systems is to allow individuals to access emergency call systems during the absence of human assistance. Limitations: Limited to persons cognitively and physically capable of activating the emergency call. This service is not available to individuals who live with someone unless the individual is incapacitated or their periodic absence presents a safety risk.</p>	<p>PERS Service: \$27.75 - \$31.85 per month</p>	
<p>Ohio</p>	<p>OH Passport (for older individuals ages 65 yrs - no max age and disabled ages 60-64) https://www.cms.gov/Medicare/Programs/and-Operations/2014/oh-passport</p>	<p>PERS Service: PERS is an electronic device that enables waiver participants to secure help in an emergency. The participant may also wear a portable 'help' button to allow for mobility. The system is connected to the waiver participant's phone and programmed to signal a response center once a 'help' button is activated. The response center is staffed by trained professionals, as specified herein." ERS services are designed for those individuals who live alone, or who are alone for significant parts of the day and have no regular caregiver for extended periods of time. This service covers installation and monthly fees. At the end of March 2010, 72 percent or 21,064 of PASSPORT clients were receiving "Emergency Response System (ERS)" services. Home Medical Equipment and Supplies (includes Medication Dispensers) Includes reimbursement for the use of medication dispensers home medical equipment but is not separately delineated. Ohio Administrative Code 173-39-02.7 broadly defines home medical equipment and supplies as "...items and/or supplies eligible to be purchased, installed and/or rented...that enable the consumer to function with greater independence in the home and help prevent the consumer's placement in a nursing facility." Other items occupying this category include walker baskets or trays, room monitors, eating and dressing assistive devices, etc. In FY 2008, approximately 77,285 units of home medical equipment were billed for a total of \$5.9 million or \$76 per unit. A per item rate is used for home medical equipment and supplies. The cost of the item can not exceed the maximum Medicaid state plan rate. The cost of an item that does not have an established Medicaid rate is reimbursed at a per item bid rate submitted and agreed to in writing by the PASSPORT administrative agency (PAA) prior to delivery of the item.</p>	<p>PERS Service: \$28.72 - \$29.58 per month Home Medical Equipment & Supplies (Medication Dispensers): Per item bid rate</p>	<p>CAST Whitepaper: State of Technology in Aging Services in Ohio http://www.aahsa.org/WorkArea/lookup.aspx?LinkId=12082&libID=12096 Ohio is reviewing available technologies and is planning to expand coverage to include other Aging Services Technologies such as Telemonitoring</p>
<p>Ohio Transitions II Aging Carve Out (for older individuals ages 65 - no max age and for disabled individuals ages 60-64) https://www.cms.gov/Medicare/Programs/and-Operations/2014/oh-transitions-ii</p>		<p>PERS Service: Emergency Response Services (ERS) are in-home, twenty-four-hour communication connection systems that enable a consumer to secure immediate assistance during a medical, physical, emotional or environmental emergency. ERS can meet the needs of consumers who live alone, are alone for significant parts of the day, or have no regular caregiver for extended periods of time and would otherwise require extensive routine supervision. <i>The State pays for installation, testing and</i></p>	<p>PERS Service: \$44.81 - \$47.54 per month PERS Installation: \$44.81 - \$47.54 per unit</p>	

	<p>edicaidStWaivProgDemo PGI/downloads/OH0440 R0100.zip</p>	<p><i>monthly maintenance of ERS equipment. There are separate billing codes for each under the waiver.</i> The provider must be identified as the provider, and have specified on the All Services Plan, the number of hours for which the provider is authorized to furnish services to the consumer. Services performed by a provider must not exceed the monthly dollar amount allocated to that specific provider on the All Services Plan.</p>	
<p>OH Home Care (for individuals w/physical disabilities ages 0-59) https://www.cms.gov/MedicaidStWaivProgDemo PGI/downloads/OH0337 R0200.zip</p>	<p>PERS PERS Service: (same as above)</p>	<p>PERS Service: \$33.20 - \$49.03 per month PERS Installation: \$33.20 - \$49.03 per unit</p>	
<p>Oklahoma</p>	<p>OK Medically Fragile and technology dependent individuals ages 19 - no max age https://www.cms.gov/MedicaidStWaivProgDemo PGI/downloads/OK0811 R0000.zip</p>	<p>PERS PERS is an electronic device which enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals. PERS services are limited to those individuals who live alone, or who are alone for significant parts of the day, and have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision. The service is authorized by the member's Service Plan and is necessary to prevent institutionalization. This service includes both the unit and the monitoring. Amount, frequency and duration of service is prior authorized in accordance with service plan.</p>	<p>NOTE: The Oklahoma Advantage Waiver (aged, disabled and DD requiring nursing facility level of care) does not have technology reimbursement</p>
<p>Oregon</p>	<p>Seniors and People with Disabilities (persons with physical disabilities) http://www.oregon.gov/DHS/spd/qa/apd_waiver_0185.pdf?ga=t</p>	<p>PERS Service: Rate not available</p>	
<p>Pennsylvania</p>	<p>PA HCBW for Individuals Aged 60 & Over (for older individuals ages 65 - no max age and individuals w/PD ages 60-64) https://www.cms.gov/MedicaidStWaivProgDemo PGI/downloads/PA0279R0300.zip</p>	<p>Telecare: Health Status Measuring and Monitoring Service: \$10 per day Installation: \$90 (one-time) Activity and Sensor Monitoring Service (contains PERS): \$80 per month Installation: \$200 Medication Dispensing and Monitoring Service: \$50 per month</p>	<p>CAST Whitepaper: State of Technology in Aging Services in Pennsylvania http://www.aahsa.org/WorkArea/LinkIdentifier=id&ItemID=10209</p>

	<p>missed doses or non-compliance with medication therapy.</p> <p>All TeleCare participants are assessed for service, frequency, and duration of service based upon needs identified and documented in the participant's individual service plan. Participants can only receive TeleCare services when they meet eligibility criteria specified in the TeleCare Services APD and the services are not covered under by Medicare or other third party resources. The Care Manager is responsible for verifying that third party limitations have been exhausted prior to funding services through the Aging Waiver. Documentation that the services are not available must be maintained in the individual's file and updated annually.</p> <p>Medication Dispensing services can not be provided at the same time as Personal Assistance Services, Personal Care Services, Home Health Care Aide Services or in-home Respite Services.</p> <p>PA Telecare Program Details: http://www.aahsa.org/WorkArea/linkit.aspx?LinkIdIdentifier=id&ItemID=10903</p>	<p>Rates same as above</p>	
<p>PA Options Program <i>(for older individuals ages 65 – no max age and individuals w/PD ages 60-64; not Medicaid financially eligible)</i></p>	<p>TeleCare Pennsylvania began its program as a Medicaid-waiver demonstration in September 2007, and received CMS approval to include it in its waiver program beginning in July 2008. The state at that time expanded the program beyond Medicaid-eligible consumers to those in its sliding-scale "Options" program. Options program consumers whose income is below 125% of the Federal Poverty Level Guideline do not pay a cost share. The scale rises to 300% of the Federal Poverty Level Guideline, at which point the consumer would be responsible for 100% of the cost of Options Services including TeleCare.</p>		
<p>PA Independence <i>(for physically disabled individuals ages 18 – 60)</i> https://www.cms.gov/MedicaidStkWaivProgDemo PGI/downloads/PA0319R0300.zip</p>	<p>PERS PERS Service: PERS is an electronic device which enables waiver participants to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals, as specified. The PERS vendor must provide 24 hour staffing, by trained operators of the emergency response center, 365 days a year. Installation and maintenance are included in this service. All other medical equipment and supplies that will be of value to the participant to maintain safety in the home can be purchased using "Accessibility Adaptations, Equipment, Technology and Medical Supplies".</p> <p>PERS services are limited to those individuals (1) who live alone, or who are alone for significant parts of the day and (2) have no regular caregiver for extended periods of time, or live with an individual that may be limited in their ability to access a telephone quickly when a participant has an emergency, and (3) who would otherwise require extensive routine monitoring and assistance. PERS covers the actual cost of the service and does not include any additional administrative costs. Smoke detectors will not be billed under PERS. Smoke detectors will be billed under Accessibility Adaptations, Equipment, Technology and Medical Supplies.</p> <p>The frequency and duration of this service are based upon the participant's needs as identified and documented in the participant's service plan.</p>	<p>PERS Service: The Rates for PERS are approved on the Individual Service Plan (ISP) by OLTJ on a case by case basis.</p>	
<p>Rhode Island Global Consumer Choice Compact <i>(eligible population)</i> http://www.governor.ri.gov/documents/RI_Global_Consumer_Compact_Global_Waiver.pdf https://www.cms.gov/MedicaidStkWaivProgDemo PGI/downloads/Rhode%20Island%20Global%20Consumer%20Choice%20</p>	<p>PERS PERS Service: PERS is an electronic device that enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. Trained professionals staff the response center, as specified by Center for Adult Health contract standards. This service includes coverage for installation and a monthly service fee. Providers are responsible to insure the upkeep and maintenance of the Devices/systems.</p>	<p>PERS Service: Rate not available</p>	

<p>South Carolina</p>	<p>0Compact%20Fact%20Sheet.pdf SC- Choice (for elderly/disabled individuals) http://www.scdhhs.gov/dhhsnew/insidedhhs/bureau/BureauofLongTermCareServices/doc/telemonitoring%20scope.pdf http://www.scdhhs.gov/dhhsnew/insidedhhs/bureau/BureauofLongTermCareServices/doc/telemonitoring%20application.pdf</p>	<p>Durable Medical Equipment (Includes PERS) Provides equipment and supplies that give therapeutic benefits, life-sustaining nutrition, or allow a person to perform certain tasks that they couldn't because of a medical condition. Durable medical equipment is medical equipment that can withstand repeated use and is suitable for use in the home.</p> <p>Telemonitoring Service (Home Telehealth) The Telemonitoring service is available to Community Choices participants to maintain and promote their health status through medical telemonitoring of body weight, blood pressure, oxygen saturation, blood glucose levels, and basic heart rate information. The objectives of the Telemonitoring service are to maintain and promote the health status of Medicaid home and community-based waiver participants through medical telemonitoring of body weight, blood pressure, oxygen saturation, blood glucose levels, and basic heart rate information.</p> <p>Conditions of Participation - Providers 1. Providers must have equipment that records at a minimum the participant's body weight, blood pressure, oxygen saturation, blood glucose levels, and basic heart rate information. All agencies must also have nursing personnel and health care professionals able to carry out the duties of the service described below. 2. Providers must agree to participate in all components of the Care Call monitoring and payment system and have the capability to receive and respond to authorizations for service in an electronic format. 3. Providers must have at least one (1) year of experience or otherwise demonstrate competency in the provision of this service.</p> <p>Conditions of Participation - Community Choices Waiver Participants Community Choices waiver participants must meet the following criteria in order to be considered for the telemonitoring service: -Have a primary diagnosis of Insulin Dependent Diabetes Mellitus, Hypertension, Chronic Obstructive Pulmonary Disease, and/or Congestive Heart Failure; and -Have a history of at least two hospitalizations and/or emergency room visits in the past 12 months; and -Have a primary care physician that approves the use of the telemonitoring service and is solely responsible for receiving and acting upon the information received via the telemonitoring service; and -Be capable of using the telemonitoring equipment and transmitting the necessary data or have an individual available to them that is capable of utilizing the telemonitoring equipment and transmitting data to the telemonitoring provider.</p> <p>At a minimum, CLTC shall perform a re-assessment of the telemonitoring service need at re-evaluation of level of care. The re-assessment by CLTC shall be done to assess whether or not any of the above conditions have changed and to assess the continuing need for the service.</p>	<p>DME/PERS Service: \$36 per month</p> <p>DME/PERS Installation: \$36 one-time</p> <p>Telemonitoring: \$10 per day (no maximum number of days per year)</p>	<p>NOTE: South Carolina's telemonitoring service started as a reimbursed SC Choice waiver service in February 2009. Currently there are 99 open authorizations for the service. The decision was made to institute the service by executive staff at SCDHHS with the goal of reducing hospital and emergency room visits.</p>
<p>South Dakota</p>	<p>SD - Elderly (for older individuals)</p>	<p>Specialized medical equipment and supplies: An electronic device which is programmed to automatically dispense medications and/or telehealth equipment that monitors health status.</p> <ul style="list-style-type: none"> • Medication Dispensers • Telehealth Equipment (home telehealth) 	<p>Specialized Medical Equipment and Supplies: Not to exceed \$250 per month, including Medication Dispensers and Telehealth Equipment</p>	<p>Note: SD currently contracts with 7 provider agencies to provide telehealth/medication management services. The SD Elderly waiver expires fall</p>

			<p>2011, staff now reviewing the current waiver and developing our renewal waiver application, which may or may not change program parameters.</p>	
<p>Tennessee</p>	<p>TN HCBS Elderly and Disabled (for older individuals ages 65 yrs - no max age, disabled ages 21-64) https://www.cms.gov/Medicare/medicaid-downloads/TN0381R0101.zip</p>	<p>PERS PERS Service: A device which alerts designated individuals to respond to an emergency situation</p> <p>PERS PERS Service: An electronic device which enables certain individuals at high risk of institutionalization to summon help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals. PERS services are limited to those individuals who are alone for significant parts of the day, who have no regular caregiver for extended periods of time, and who otherwise require extensive routine supervision. PERS Installation: Installation is limited to one (1) installation per waiver year.</p>	<p>Telehealth Installation: \$30 Telehealth Clinical Monitoring: \$150 - \$217 per month Telehealth Nurse Assessment: \$36.84 per hour PERS Service: \$45 per month PERS Service: \$43.53 - \$49.01 per month PERS Installation: \$52.55 - \$59.14 one per year</p>	
<p>Texas</p>	<p>TX Community Based Alternatives (for older individuals ages 65 yrs - no max age and disabled ages 21-64) https://www.cms.gov/Medicare/medicaid-downloads/TX0266R0301.zip</p>	<p>PERS PERS Service: Emergency Response Services (ERS) provides participants an electronic device that enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. Trained professionals staff the response center. ERS services are limited to those individuals who live alone, who are alone for significant parts of the day, or have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision. The State allows a participant to select a relative or legal guardian, other than a legally responsible individual, to be their provider for this service if the relative or legal guardian meets the requirements for this type of provider.</p>	<p>PERS Service: \$24.84 - \$30.11 per month PERS Installation: \$52.55 - \$59.14 one per year</p>	<p>Texas has pending bill that aims to help provide telemedicine, telehealth, telemonitoring medical services to certain Medicaid recipients: http://www.legis.state.tx.us/tlodocs/82R/billtext/pdf/HB000701.pdf#navpanes=0</p>
<p>Utah</p>	<p>UT New Choices (for older individuals ages 65 - no max age and disabled and physically disabled ages 21 - 64) https://www.cms.gov/Medicare/medicaid-downloads/UT0439R0100.zip</p>	<p>Medication Reminder System (Not Face-To-Face) Medication Reminder Service: Medication Reminder System provides a medication reminder by a third party entity or individual that is not the clinician responsible for prescribing and/or clinically managing the individual, not the entity responsible for the administration of medication, and not the entity responsible for the provision of nursing or personal care, attendant care, or companion care services. Services involve non face-to-face medication reminder techniques (e.g. phone calls, telecommunication devices, medication dispenser devices with electronic alarms which alert the individual and a central response center staffed with qualified individuals, etc.) Medication Installation/Set-Up and Administration: Services of an individual authorized by State law to set-up medications in containers that facilitate safe and effective self-administration when individual dose bubbling packaging by a pharmacy is not available and assistance with self-administration is not covered as an element of another waiver service. Nurses may also assist individuals in the administration of medications as part of a</p>	<p>Medication Reminder System Service: \$49.98 - \$54.10 per month Medication Reminder System Installation: \$20.16 - \$21.82 per unit</p>	

<p>Vermont</p>	<p>Vermont Choices For Care (older Vermonters and people with physical disabilities) http://www.ddas-vermont.gov/ddas-programs/programs-cfc/</p>	<p>medication maintenance regimen.</p> <p>PERS An electronic device that enables an individual to secure help in an emergency through a connection to a signal response center that is staffed by trained professionals on a 24 hour per day, seven days a week basis. - <i>Personal Emergency Response Systems (PERS) Response Center Service</i>: provides ongoing access to a signal response center that is staffed twenty-four hours per day, seven days a week by trained professionals responsible for securing assistance in the event of an emergency. - <i>Personal Emergency Response System (PERS) Purchase, Rental & Repair</i>: Provides an electronic device of a type that allows the individual to summon assistance in an emergency. The device may be any one of a number of such devices but must be connected to a signal response center. - <i>Personal Emergency Response System (PERS) Installation, Testing & Removal</i>: Provides installation, testing, and removal of the PERS electronic device by trained personnel.</p>	<p>PERS Service: \$32.66- \$35.35 per month PERS Purchase, Rental, Repair: \$207.04 - \$224.10 per unit PERS Installation, Testing & Removal: \$43.53-\$47.12 per service</p>	
<p>Vermont</p>	<p>Assistive Devices Assistive Device is defined as an item, whether acquired commercially or off the shelf, which is used to increase, maintain, or improve functional capabilities. Such devices are intended to replace functional abilities lost to the individual because of his or her disability and must be used in performing Activities of Daily Living (ADL) or Instrumental Activities of Daily Living (IADL). For all individuals who require Assistive Devices or Home Modifications according to the service definitions, DAIL will automatically approve the following items without prior-authorization. The case manager must submit an Assistive Device & Home Modification form that includes the item(s) being requested and documentation of need. Among technologies listed are: • Adaptive telephones with large numbers • Medication Reminder Units • Wander Devices (for persons with dementia only)</p> <p>PERS <i>Personal Emergency Response System (PERS)</i> is an electronic device that enables individuals at high risk of institutionalization to secure help in an emergency. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. Professionally trained PERS staff assess the nature of the emergency and obtain appropriate help for the individual as necessary. Limitations 1. PERS services as defined in this section are limited to individuals approved by DAIL for services in the Home-Based setting. 2. PERS services are limited to a maximum of twelve (12) months of service per calendar year. 3. PERS services are limited to those individuals who live alone, or who are alone for significant parts of the day, and have no regular caregiver for extended periods of time. 4. PERS services are limited to individuals who are able to effectively utilize PERS equipment.</p>	<p>Assistive Devices: (i.e., adaptive telephones, Medication Reminder Units, Wander Devices): \$750 max per year</p> <p>PERS Service: \$30 per month</p>		
<p>Virginia</p>	<p>VA Elderly or Disabled w/Consumer Direction (for older individuals ages 65 – no max age) https://www.cms.gov/MedicaidSWaivProgDemoPGI/downloads/VA0321R0204.zip</p>	<p>PERS <i>Personal Emergency Response System (PERS)</i> is an electronic device that enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. PERS services are limited to those individuals who live alone, or who are alone for significant parts of the day, and have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision. PERS services are also limited to those recipients ages 14 and older.</p> <p>Medication Monitoring When medically appropriate, the PERS device can be combined with a medication monitoring system to monitor medication compliance.</p>	<p>PERS Service: \$31.35 per month PERS Installation: \$52.25 (one-time) PERS Nursing RN \$12.94 per hour PERS Nursing LPN \$10.94 per hour</p>	

	<p>Other standards: A PERS provider may be a certified home health or personal care agency, a long-term home health care program, a hospital, or any other entity capable of providing PERS services either directly or through subcontracts. A PERS provider may also be a monitoring agency that is capable of receiving signals for help from an individual's PERS equipment 24 hours per day, seven days per week; determining whether an emergency exists; and notifying an emergency response organization or an emergency responder that the PERS individual needs emergency help. A PERS provider must comply with all applicable Virginia statutes and all applicable regulations of the Department of Medical Assistance Services (DMAS) and all other governmental agencies having jurisdiction over the services to be performed. The PERS provider has the primary responsibility to furnish, install, maintain, test, and service the PERS equipment as required, as well as to appropriately respond to signals for help. a) The PERS provider must properly install all PERS equipment into a PERS individual's functioning telephone line and must furnish all supplies necessary for installing this equipment; b) A PERS provider must maintain all installed PERS equipment in proper working order; c) A PERS provider must maintain a data record for each PERS individual at no additional cost to DMAS; d) The PERS provider must provide an emergency response center staffed with trained emergency response operators available on a 24-hour basis, 365 days per year. The PERS provider must ensure that the monitoring agency is able to respond to the individual when an individual signals for help. (see <i>waiver link for additional program details</i>)</p>	<p>Medication Monitoring Service \$52.25/mo. Medication Monitoring Install \$78.38</p>	
<p>VA Technology Assisted (for older individuals ages 65 yrs - no max age and disabled individuals ages 0 -64 yrs) https://www.cms.gov/MedicaidStWaivProgDemo PGI/download/VAA149R0200.zip</p>	<p>PERS (same as ED waiver but without RN/LPN Service)</p>		
<p>Washington</p>	<p>PERS / Medication Reminders PERS Service: PERS is an electronic device that enables waiver participants to secure help in an emergency. The participant may also wear a portable "help" button to allow for mobility. The system is programmed to signal a response center once a "help" button is activated. Medication Reminder Service: Some PERS systems can also include medication reminders. PERS cannot be used solely for the purpose of medication reminders. The response center is staffed by trained professionals. PERS services are limited to those individuals who live alone or with others who cannot summon help in an emergency, or who are alone or with others who cannot summon help in an emergency for significant parts of the day, and have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision. Installation and maintenance of the PERS system is included in the service. Service provided only as identified in the participant's CARE assessment and plan. The participant must live alone or with others who cannot summon help in an emergency or must be alone with no regular caregiver for extended periods of time.</p>	<p>PERS/Medication Reminder Service: \$33.90 - \$35.10 per month</p>	<p>PERS / Medication Reminders (same as above)</p>
	<p>WA Medically Needy In-Home (for older individuals ages 65 - no max age and disabled ages 18-</p>	<p>PERS/Medication Reminder Service: \$35.40 - \$40.20 per month</p>	

<p>West Virginia</p>	<p>https://www.cms.gov/Medicare/Program-Information/State-Resource-Center/Downloads/WA0419R0100.zip</p>	<p>WV Aged & Disabled (for older individuals ages 65 – no max age and physically disabled individuals ages 18-64)</p>	<p>Participant-Directed Goods and Services Equipment or supplies not otherwise provided through the ADW or through the Medicaid State Plan that address an identified need in the Participant-Directed Service Plan (including improving and maintaining the member's opportunities for full membership in the community) and meet the following requirements: the item or service would decrease the need for other Medicaid services; and/or promote inclusion in the community; and/or increase the member's safety in the home environment; and, the member does not have the funds to purchase the item or service or the item or services is not available through another source. Participant Directed Goods and Services are purchased from the member's budget. Experimental or prohibited treatments are excluded. Participant Directed Goods and Services must be documented in the Participant-Directed Service Plan.</p>	<p>Members in the Participant-Directed Model can also use up to one-thousand (\$1000) dollars of their budget each year to purchase Participant-Directed Goods and Services (PDGS).</p>	<p>NOTE: While no specific references are made to aging services technologies in Participant-Directed Goods and Services, such technologies may fit within program parameters</p>
<p>WV MR/DD (for individuals w/Mental Retardation/Developmental Disabilities ages 0- no max age) https://www.cms.gov/Medicare/Program-Information/State-Resource-Center/Downloads/WV0133R0500.zip</p>	<p>Electronic Monitoring Electronic Monitoring/Surveillance and On-Site Response is a new waiver service that includes the provision of oversight and monitoring within the residential setting of waiver participants through off-site electronic surveillance. Also included in this is the provision of stand-by intervention staff prepared for prompt engagement with the participant(s) and/or immediate deployment to the residential setting. Electronic Monitoring/Surveillance System and On-Site Response may be installed in residential settings in which all residing participants, their guardians and their support teams request such surveillance and monitoring in place of on-site staffing. Use of the system may be restricted to certain hours through the Individual Program Plans of the participants involved. (see waiver link for additional provider details)</p>	<p>Electronic Monitoring Electronic Monitoring/Surveillance and On-Site Response is a new waiver service that includes the provision of oversight and monitoring within the residential setting of waiver participants through off-site electronic surveillance. Also included in this is the provision of stand-by intervention staff prepared for prompt engagement with the participant(s) and/or immediate deployment to the residential setting. Electronic Monitoring/Surveillance System and On-Site Response may be installed in residential settings in which all residing participants, their guardians and their support teams request such surveillance and monitoring in place of on-site staffing. Use of the system may be restricted to certain hours through the Individual Program Plans of the participants involved. (see waiver link for additional provider details)</p>	<p>Electronic Monitoring average of 4,985 hours per consumer per year</p>	<p>Electronic Monitoring average of 4,985 hours per consumer per year</p>	<p></p>
<p>Wisconsin</p>	<p>WI SDS - Elderly and Physically Disabled (for older individuals ages 65 yrs – no max and disabled ages 18-64) https://www.cms.gov/Medicare/Program-Information/State-Resource-Center/Downloads/WI0485R0000.zip</p>	<p>PERS PERS Service: A personal emergency response system is a service that provides immediate assistance in the event of a physical, emotional, or environmental emergency through a community-based electronic communications device. This service can provide a direct link to health professionals, enabling the user to secure an immediate response by the activation of an electronic communications unit in the participant's home. Allowable items under this service may also include a cellular telephone and cellular service used when a conventional PERS system is not feasible. The PERS provider should assure that these devices, where applicable, meet Federal Communication Commission standards or Underwriters Laboratory standards or the equivalent. The installation of PERS systems should be done by qualified installers representing the health agency managing the personal emergency response system. In the event these installers are not available the agency should seek experienced technicians to complete necessary line adaptations.</p>	<p>PERS Service: \$41 per month</p>	<p>PERS Service: \$41 per month</p>	<p></p>
<p>WI Community Options Program (for older individuals ages 65 – no max age and physically disabled individuals ages 18-64) https://www.cms.gov/Medicare/Program-Information/State-Resource-Center/Downloads/WI0154R0500.zip</p>	<p>PERS (same as above)</p>	<p>PERS (same as above)</p>	<p>PERS Service: \$15.47 - \$18.16 per month</p>	<p>PERS Service: \$15.47 - \$18.16 per month</p>	<p></p>
<p>WI Family Care-Aged/Physical Disability</p>	<p>PERS PERS Service: Personal emergency response system (PERS) is a service that provides a direct telephonic or other electronic communications link between someone living in the community and</p>	<p>PERS PERS Service: Personal emergency response system (PERS) is a service that provides a direct telephonic or other electronic communications link between someone living in the community and</p>	<p>PERS Service: \$182.55 - \$223.56 total per month</p>	<p>PERS Service: \$182.55 - \$223.56 total per month</p>	<p></p>

<p>Wyoming</p>	<p><i>(for older individuals ages 65 - no max age and physically disabled/disabled other ages 18-64)</i> https://www.cms.gov/MedicaidSTWaivProgDemo PGI/downloads/WI0367R0200.zip</p>	<p>health professionals to secure immediate assistance in the event of a physical, emotional or environmental emergency. PERS may also include cellular telephone service used when a conventional PERS is less cost-effective or is not feasible. This service may include installation, upkeep and maintenance of devices or systems as appropriate.</p>	<p>PERS Service: \$45 per month PERS Installation \$70 per unit</p>	<p>NOTE: Wyoming is reportedly reimbursing for Home Telehealth/Remote Monitoring Services through Medicaid Waiver. <i>Pending Confirmation.</i></p>
<p>WY - LTC/HCBS Waiver <i>(for elderly & physically disabled individuals)</i></p>	<p>PERS <i>PERS Service:</i> This is an electronic alarm system that a client wears on his person which allows him to summon help in an emergency.</p>			



2519 Connecticut Avenue, NW
Washington, DC 20008-1520
www.agingtech.org

Phone (202) 508-9463
Fax (202) 220-0032