

New Jersey Department of Human Services
Division of Aging Services
Provider Application Section III: Services

PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)

*Read carefully the description of services and requirements.
If you do not qualify, please do not apply.*

Definition:

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.

Service Limitations/Exclusions Include:

- The purpose of the device must be to provide emergency supported response.
- 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.

Billing Codes:

<u>JACC</u>	<u>Service/Unit</u>
J9839	1 installation
J9843	1 monthly monitoring fee

PERSONAL EMERGENCY RESPONSE SYSTEM PROVIDER QUALIFICATIONS

The applicant must submit evidence that it meets **all** items within the following section(s).

Please check off **ONE** section in which you are applying
Section 1

Section 1

- 1.a Business entity with evidence of authority to conduct such business in NJ, i.e. NJ Tax Certificate, Trade Name Registration and/or Ownership proof*
- 1.b Any license required by law to engage in the service/installation
- 1.c Evidence of Liability Insurance and Worker’s Compensation Coverage
- 1.d Business product/service literature
- 1.e Fee Schedule
- 1.f System Information including UL 1635/1637 compliance, system redundancy information
- 1.g Evidence that the response center is staffed by trained professionals

*Submit photocopy as evidence.

**Check all evidence submitted with application.
Incomplete applications and / or applications submitted without required documentation and evidence will be returned.**

CERTIFICATION

FOR THE PURPOSE OF ESTABLISHING ELIGIBILITY TO RECEIVE DIRECT PAYMENT FOR SERVICES TO RECIPIENTS UNDER THE NEW JERSEY JACC PROGRAM, I CERTIFY THAT THE INFORMATION FURNISHED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT IF ANY OF THE STATEMENTS MADE BY ME IN THIS APPLICATION ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT, INCLUDING BUT NOT LIMITED TO DISQUALIFICATION FROM THE NEW JERSEY JACC PROGRAM. I AGREE TO NOTIFY THE NEW JERSEY DEPARTMENT OF HUMAN SERVICES, DIVISION OF AGING SERVICES OF ANY CHANGES IN THE INFORMATION CONTAINED IN THIS APPLICATION.

Name and Title of Applicant
Representative_____

Signature_____ Date_____