



Department of
Aging

John Kasich, Governor
Stephanie M. Loucka, Director

PUBLIC HEARING NOTICE

ODA PROVIDER CERTIFICATION: PERSONAL EMERGENCY RESPONSE SYSTEMS

ODA will conduct a public hearing at the following place and time:

Ohio Department of Aging
246 N. High St., 1st Floor
Room 1149 (Training Room)
Columbus, OH 43215

Monday, May 8, 2017
11:30AM

The purpose of the hearing is to give interested parties an opportunity to comment upon ODA's proposed amendments to OAC173-39-02.6, which are described below.

- **ON PERS TERMINOLOGY**

- Throughout the rule, ODA proposes to replace "emergency response service" and "ERS" with "personal emergency response system" and "PERS." This terminology update will allow ODA to achieve the following:
 - ODA's rule will be aligned with CMS' taxonomy for Medicaid waiver applications.
 - ODA's rule will be aligned with terminology similar to terminology Ohio submitted on the August, 2016 Medicaid waiver application for the PASSPORT Program. The application uses "emergency response system," then immediately acknowledges the service matches CMS' HCBS taxonomy for 14010, which is a "*personal* emergency response system." The waiver application also uses "emergency response services" and "personal emergency response system service" interchangeably.
 - ODA's rule will be aligned with industry-standard terminology.
 - ODA's rule will use the term 100% of surveyed providers supported
 - ODA's rule will no longer contain the misleading term "emergency response service," which has caused some to mistake PERS for a service that only contacts 911.
- Throughout the rule, ODA proposes to replace "emergency response center" and "center" with "central monitoring station" and "station." In doing so, ODA will be using industry-standard terminology but also eliminating another reason some mistake PERS for a service that only contacts 911.

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- ODA proposes to remove the 2nd sentence from the definition of “PERS” because it refers to emergencies. A central monitoring station must respond to an individual’s alarm signal regardless of whether the signal is due to an emergency or non-emergency.
- ODA proposes to move the definition of “designated responder” from (D) to (A) and shorten the term to “responder” to avoid occurrences of “...designates a designated responder.” ODA also proposes to add “a person or organization identified in an individual’s response plan” to the definition.
- For more general terminology, see “General Terminology Updates” below.
- **NEUTRAL EFFECT ON ADVERSE IMPACT**

- **ON PERS EQUIPMENT**

- ODA proposes to add “and preferences” after “needs” in (B)(2)(a)(i) to ensure the equipment providers offer individuals match their preferences, which are intimately tied to their needs. For example, if an individual prefers to bathe, not shower, their need for higher levels of water-resistant equipment increase. **NEUTRAL EFFECT ON ADVERSE IMPACT**
- ODA proposes to replace “service plan” in (B)(2)(a)(i) of the current rule with “person-centered services plan.” “Person-centered services plan” is defined in OAC173-39-01. **NEUTRAL EFFECT ON ADVERSE IMPACT**
- ODA proposes to delete paragraphs (B)(2)(a)(ii) and (B)(2)(a)(iii) because paragraph (B)(1)(a)(i) applies to every individual, even those whose person-centered services plans call for PERS for individuals with hearing or vision impairments. There is no need to separately list 2 of the many possibilities. **NEUTRAL EFFECT ON ADVERSE IMPACT**
- ODA proposes *increasing* product options for individuals by *reducing* the requirements for water resistance in remote-activation devices from “waterproof” with an exception in (B)(2)(a)(ii)(b) to “water-resistant to a level meeting generally-accepted industry standards for the level required to meet the individual’s needs and preferences.” **REDUCES ADVERSE IMPACT**
- ODA proposes deleting the grandfathering clause in (B)(2)(iii) for PERS equipment installed before 2011. ODA added the grandfathering clause to the 2011 rule at the request of 1 provider. Since ODA adopted the 2011 rule, the provider, a hospital, filed for bankruptcy and was purchased by a hospital chain that did not continue using the equipment and is not presently certified by ODA to provide PERS. Therefore, there may no longer be a need for the grandfathering clause. (See ODA’s response to #8 of this BIA for a provider survey on this topic.) **NEUTRAL EFFECT ON ADVERSE IMPACT**

- **ON TRAINING INDIVIDUALS:**

- ODA proposes replacing “an initial face-to-face demonstration and training on how to use the ERS equipment” in (B)(2)(b)(i) of current rule with “a face-to-face demonstration on using PERS equipment and the individual shall successfully indicate he or she is capable of using the equipment by return demonstration.” *NEUTRAL EFFECT ON ADVERSE IMPACT.*¹
- The current version of (B)(2)(b)(i) implies initial training is part of the unit of PERS installation. ODA proposes to explicitly state the matter. *NEUTRAL EFFECT ON ADVERSE IMPACT.*²

- **ON RESPONSE PLANS:** Throughout the paragraphs under (B)(2)(c), ODA proposes replacing “individuals” when referring to responders to “any person or organization.” ODA also proposes to use the verb “designate” when a consumer designates a person or organization to be a responder. Instead of saying “...receives notice that the responder ceases to participate,” ODA proposes saying, “...is aware the responder stopped participating,” because a person may stop participating without delivering a notice. *NEUTRAL EFFECT ON ADVERSE IMPACT*

- **ON TRAINING RESPONDERS:**

- ODA proposes to move the requirement to train responders from the response plan requirements under (B)(2)(c) to (B)(2)(d). *NEUTRAL EFFECT ON ADVERSE IMPACT*
- ODA currently requires providers to offer training to all designated responders, including responders who are emergency service professionals (e.g., firefighters or EMTs). In (B)(2)(d), ODA proposes to no longer requires training emergency service professionals to respond to alarm signals. *REDUCES ADVERSE IMPACT*
- ODA proposes replacing “follow-up training” in (C)(1) with “additional training” to correspond with in (B)(2)(d). *NEUTRAL EFFECT ON ADVERSE IMPACT*

- **ON CENTRAL MONITORING STATION**

- ODA proposes adding a prohibition in (B)(3)(a) against providers using central monitoring stations located outside the United States. This would not be a new prohibition. Governor Kasich’s Executive Order 2011-12K has required domestic call centers since 2011. When the executive order took effect, ODA surveyed providers, finding zero of them to use offshore call centers. *EFFECT ON ADVERSE IMPACT ON PROVIDERS = NONE.*
- ODA proposes moving (B)(4)(b) from the requirements under “provider qualifications” to the requirements for “central monitoring stations.” In the amended rule, it is (B)(3)(b). In (B)(4)(b),

¹ The effect on the rule’s adverse impact on providers would be none, except for a provider who installs and bills for PERS without first checking to see if the individual is able to use PERS. If an individual is unable to use PERS, its value is limited.

² In both the current and proposed amended rules, after the first full month of service, a provider could bill for PERS installation and monthly PERS. The amendment clarifies some provider responsibilities in the rule are part of the PERS installation and could be billed separately from monthly PERS.

ODA currently requires training “*each staff member of its emergency response center*” (i.e., central monitoring station) without exception. In (B)(3)(b), ODA proposes to only require providers to train *employees whose job duties include responding to alarm signals* and to only require training on responding to alarm signals. Other job positions would not require such training if their job duties never include responding to alarm signals. **EFFECT ON ADVERSE IMPACT ON PROVIDERS = REDUCED.**

- **OTHER:**

- ODA proposes deleting a requirement on not offering PERS unless ordered to do so in the service order or services plan. This duplicates a requirement for every ODA-certified provider in OAC173-39-02. **EFFECT ON ADVERSE IMPACT ON PROVIDERS = NONE.**
- ODA proposes deleting the limitation against providers providing PERS to individuals if also receiving a similar service under OAC Chapter 173-39 because there is no similar service under the Chapter. **EFFECT ON ADVERSE IMPACT ON PROVIDERS = NONE.**
- ODA proposes clarifying under (C) what is considered a unit of PERS installation vs. monthly. **EFFECT ON ADVERSE IMPACT ON PROVIDERS = NONE.**
- **GENERAL TERMINOLOGY UPDATES:** ODA proposes to make non-substantive updates to the rules as part of a strategy to systematically update the terminology in all ODA rules. This includes using standardized service verification language, updating references to ODM rules, and adding a standardized reference to OAC5160-31-07. As previously mentioned, ODA also plans to standardize general terminology (e.g., “individual,” “ODA’s designee,” and “provide,” not “consumer,” “PAA,” or “furnish”). **EFFECT ON ADVERSE IMPACT ON PROVIDERS = NONE.**

Any person may participate in the public hearing. To submit written testimony to ODA regarding the rule projects in lieu of presenting written testimony in person, please email the written testimony to ODA’s policy development manager, Tom Simmons, at tsimmons@age.ohio.gov **before** Monday, May 8, 2017.

Participants may find area parking at street meters and area parking garages. The parking meters on Chestnut St. accept debit and credit cards and cost \$1.50 per 2 hours. The [Chestnut Street Garage](#) at 44 E. Chestnut St. is across the street from the side of 246 N. High St.