



MEDICAL POLICY STATEMENT

Michigan Health Link

Policy Name & Number	Date Effective
Personal Emergency Response Systems-MI Health Link-MM-1577	07/01/2024-03/31/2025
Policy Type	
MEDICAL	

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject**Personal Emergency Response Systems****B. Background**

Personal Emergency Response Systems (PERS) are devices with an integrated service that can secure help in the event of an emergency. Currently available PERS allow for communication between the user and responders with additional services and alarms incorporated into the devices depending on the sophistication of the device. Trained personnel at a remote monitoring station respond to a member's alarm signal via the individual's PERS equipment. PERS can provide safety, assist in medication adherence, and allow for independent living when part of the physician's prescribed plan of treatment.

C. Definitions

- **Personal Emergency Response System (PERS)** – Includes telecommunications equipment, a central monitoring station, and a medium for two-way, hands-free communication between the individual and the station. This may include 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 the button is activated. Trained personnel at the station respond to an individual's alarm signal via the individual's PERS equipment.

D. Policy

- I. The use of a PERS in a member's home may be medically necessary when **ALL** the following criteria are met:
 - A. Documentation by the member's physician that includes:
 1. Specific clinical diagnoses and/or physical-functional limitations indicating a need for PERS.
 2. How PERS will improve member safety and facilitate continued residence at home.
 - B. The member retains an appropriate cellular or landline phone system that will support the PERS device.
 - C. To be eligible for PERS service, the member is assessed by HAP CareSource case management to be:
 1. Frail and functionally impaired and who would otherwise require extensive routine support and guidance
 2. Living alone or with another person unable to provide support or who are alone for significant parts of the day with a regular support or service provider for those parts of the day.
 3. Willing to arrange for private line telephone service, if private line is not currently in place OR willing to sign a form saying that the member has accepted a wireless cellular device as an alternative.
 4. Mentally and physically able to appropriately use the equipment.

- D. The PERS meets applicable standards of manufacture, design, and installation. The Federal Communication Commission (FCC) must approve the equipment used for the response system. The equipment must meet UL® safety standards 1637 specifications for Home Health Signaling Equipment.
 - E. There is documentation that the best value in warranty coverage was obtained for the item at the time of purchase.
 - F. The PERS provider must ensure at least monthly testing of each PERS unit to maintain proper functioning.
- II. PERS coverage does not include monthly telephone charges associated with use of the device.
- III. The provider must staff the response center with trained personnel 24 hours per day, 365 days per year. The response center is responsible for **ALL** of the following:
- A. Provide accommodations for persons with limited English proficiency.
 - B. Maintain the monitoring capacity to respond to all incoming emergency signals.
 - C. Ability to accept multiple signals simultaneously.
 - D. Must not disconnect calls for a return call or put on a first call, first serve basis.
 - E. Provide written instructions and appropriate training for staff.
- E. Conditions of Coverage
N/A
- F. Related Policies/Rules
N/A

G. Review/Revision History

DATE		ACTION
Date Issued	12/05/2023	New policy. Approved at Committee.
Date Revised	04/10/2024	Annual review: refined the PERS definition, and updated references. Approved at Committee.
Date Effective	07/01/2024	
Date Archived	03/31/2025	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

1. A full guide to personal emergency response systems (PERS). Accessed March 5, 2024. [alwaysbestcare.com](https://www.alwaysbestcare.com)
2. *Geriatrics Review Syllabus*. 11th ed. American Geriatrics Society; 2022. Accessed March 5, 2024. [geriatricscareonline.org](https://www.geriatricscareonline.org)
3. Get the facts on falls prevention. National Council on Aging. Published March 13, 2023. Accessed March 5, 2024. www.ncoa.org

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

4. Lachal F, Tchalla AE, Cardinaud N, et al. Effectiveness of light paths coupled with personal emergency response systems in preventing functional decline among the elderly. *SAGE Open Med.* 2016;4:1-8. doi:10.1177/2050312116665764
5. *Medicaid Provider Manual.* Michigan Dept of Health & Human Services. Revised January 1, 2024. Accessed March 5, 2024. www.mdch.state.mi.us
6. Okuboyejo S, Eyesan O. mHealth: using mobile technology to support healthcare. *Online J Public Health Inform.* 2014;5(3):233. doi:10.5210/ojphi.v5i3.4865
7. Stokke R. The personal emergency response system as a technology innovation in primary health care services: an integrative review. *J Med Internet Res.* 2016;18(7):e187. doi:10.2196/jmir.5727

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