MEDICAL POLICY STATEMENT Ohio MyCare	
Policy Name & Number	**Date Effective**
Personal Emergency Response Systems-OH MyCare-MM-1010	06/01/2023-04/30/2024
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.

Table of Contents

A. Subject
Personal Emergency Response System (PERS)

B. Background
Personal Emergency Response Systems can provide safety, 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, and hands-free communication between the individual and the station. Personnel at the station respond to an individual's alarm signal via the individual's PERS equipment. This does not include remote video monitoring of the individual in the home or systems that only connect to emergency service personnel.

D. Policy
I. The use of a Personal Emergency Response System (PERS) in a member's home may be medically necessary when **all** of the following criteria are met:
   A. Documentation by the member's physician of the following:
      1. Specific clinical diagnoses and/or physical-functional limitations which serve as an indication for a Personal Emergency Response System, and
      2. How the Personal Emergency Response System specifically will improve member safety and facilitate continued residence in the home setting, and
   B. The member retains an appropriate cellular or landline phone system that will support the PERS device, and
   C. To be eligible for PERS service, the member is assessed by CareSource Case Management to be:
      1. Frail and functionally impaired,
      2. Living alone or with another functionally impaired person,
      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 they have accepted a wireless cellular device as an alternative, and
      4. Mentally and physically able to use the equipment appropriately, and
   D. CareSource follows OAC waiver guidelines. (OAC 5160-44-02, OAC 5160-58-04, and OAC 5160-44-16).

E. Conditions of Coverage
NA

F. Related Policies/Rules
NA

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

G. Review/Revision History

	DATE	ACTION
Date Issued	09/01/2020	
Date Revised	03/30/2022 02/01/2023	No changes; Updated references. No changes; Updated references
Date Effective	06/01/2023	
Date Archived	04/30/2024	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. AgingInPlace. (2020, April). Comprehensive Guide to Personal Emergency Response Systems. Retrieved January 10, 2023 from www.aginginplace.org.
2. 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 Retrieved January 10, 2023 from www.nih.gov.
3. National Council on Aging. (n.d.). Get the Facts on Falls Prevention. Retrieved January 10, 2023 from www.ncoa.org.
4. OAC 5160-44-02. Nursing facility-based level of care home and community-based services programs: person-centered planning. Retrieved January 10, 2023 from www. codes.ohio.gov.
5. OAC 5160-58-04. MyCare Ohio waiver: covered services and providers. Retrieved January 10, 2023 from www. codes.ohio.gov.
6. OAC 5160-44-16 Nursing facility-based level of care home and community-based services programs: personal emergency response systems. Retrieved January 10, 2023 from www. codes.ohio.gov.
7. Stokke, R. (2016, July). *The Personal Emergency Response System as a* Technology Innovation in Primary Health Care Services: An Integrative Review. Retrieved January 10, 2023 from www.jmir.org.
8. Thorton, K., & Caprio, Y. (2018, July). Community-Based Care. Retrieved January 10, 2023 from www.geriatricscareonline.org.

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