MEDICAL POLICY STATEMENT
Ohio MyCare

Policy Name & Number	Date Effective
Personal Emergency Response Systems-OH MyCare-MM-1010	04/01/2025
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.

Table of Contents

A. Subject
Personal Emergency Response System

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 device 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, and hands-free communication between the individual and the station. 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 PERS in a member's home may be medically necessary when **ALL** of the following criteria are met:
   A. Documentation by the member's provider of **ALL** of the following:
      1. specific clinical diagnoses and/or physical-functional limitations which serve as an indication for a PERS
      2. how the PERS specifically will improve member safety and facilitate continued residence in the home setting
   B. The member retains an appropriate mobile or landline phone system that will support the PERS device.
   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 the member has accepted a wireless mobile device as an alternative
      4. mentally and physically able to use the equipment appropriately
   D. CareSource follows OAC waiver guidelines (OAC 5160-44-02, OAC 5160-58-04, OAC 5160-44-16, and OAC 5160-46-06).
   E. The PERS does not include any of the following:
      1. remote video monitoring of the individual in home
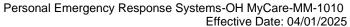   2. systems that connect the individual to only emergency service personnel

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

E. Conditions of Coverage
   N/A

F. Related Policies/Rules
   N/A

G. Review/Revision History

	DATE	ACTION
Date Issued	09/01/2020	
Date Revised	03/30/2022	No changes; Updated references.
	02/01/2023	No changes; Updated references
	01/31/2024	Annual review: updated background, addition of Section I. E. to the Policy, and updated References. Approved at Committee.
	12/18/2024	Annual review: added OAC rule to policy and updated references. Approved at Committee.
Date Effective	04/01/2025	
Date Archived		

H. References
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   4. Evidence Review: New Technologies: Epilepsies in Children, Young People and Adults: Diagnosis and Management. National Institute for Health and Care Excellence (NICE); 2022. Accessed December 9, 2024. www.pubmed.ncbi.nlm.nih.gov
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The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

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12. Nursing Facility-Based Level of Care Home and Community-Based Services Programs: Personal Emergency Response Systems, OHIO ADMIN. CODE 5160-44-16 (2024).

13. MyCare Ohio Waiver: Covered Services and Providers, OHIO ADMIN. CODE 5160-58-04 (2019).

14. ODA Provider Certification: Personal Emergency Response System, OHIO ADMIN. CODE 173-39-02.6 (2019).

15. Ohio home care waiver program: reimbursement rates and billing procedures, OHIO ADMIN. CODE 5160-46-06 (2024).

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