

Personal Emergency Response System Protocol Checklist

Service Recipient's Name _____ Date of Birth _____
(Last, First)

Reviewer's Name _____ Date Request Submitted _____
(Last, First)

Technical Review

<input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Is the correct funding source, site code, and service code used in Section C of the Individual Support Plan?</p> <p>If YES, continue to Question #1.</p> <p>If NO and the wrong funding source, site code and service code is due to a simple error, correct the error and continue to Question #1.</p> <p>If NO based on lack of a site code because the provider is not licensed or does not have an approved provider agreement, deny as non-covered due to failure to meet provider qualifications as specified in the waivers and in the TennCare rules applicable to the waivers.</p>
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A. Criteria for Personal Emergency Response Systems

<p>1a. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>b. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Medical necessity review questions:</p> <p>a. Is there documentation in the Individual Support Plan (ISP) and/or supporting documentation that the service recipient lives alone for part of the day and needs a Personal Emergency Response System to secure help in an emergency; AND</p> <p>b. Is there information in the ISP and/or supporting documentation to show that the service recipient has demonstrated the mental and physical capability to utilize a Personal Emergency Response System effectively?</p> <p>If YES to both criteria specified in "a" and "b" above, stop and approve the Personal Emergency Response System.</p> <p>If NO to either criterion specified in "a" and "b" above, stop and deny as <u>not medically necessary</u>.</p>
<input type="checkbox"/> Approved	
<input type="checkbox"/> Denied	