



Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Home Based Wandering Response System		
MNG #: 56	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care	Prior Authorization Needed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Clinical: <input checked="" type="checkbox"/>	Operational: <input type="checkbox"/>	Informational: <input checked="" type="checkbox"/>
Medicare Benefit: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Approval Date: 3/4/2021	Effective Date: 05/22/2021
Last Revised Date:	Next Annual Review Date: 03/04/2022	Retire Date:

OVERVIEW:

Home Based Wandering Response System: A device that transmits signals 24 hours per day/seven days per week using technology such as GPS or radio frequency to provide location assistance in the event the member wanders.

GPS Service: A global positioning system uses radio signals transmitted from satellites to electronic receivers to identify the location of a person wearing a transmitter. A GPS relies on battery power but, depending on the sophistication of the device, may also use AC power, computers, Internet connections, standard telephone service, and cell phone service and call center operators.

WRS: Wandering Response System

DECISION GUIDELINES:

Clinical Eligibility: Home based wandering response system is indicated for the use with members with a physician's documented diagnosis of Alzheimer's Disease, a related disorder, or other dementia to meet the eligibility.

Determination of need:

- To receive a wandering response system, the member must be at a risk or has a history of wandering if left alone.
- All other alternative devices such as door alarms, door banners (stop signs) and other types of products were found to be ineffective at preventing the wandering behavior.
- The member must be at risk of moving to a more structured residential setting, or be at significant risk for other medical complications that may result from wandering from their residence.
- The care team must identify and document the condition or diagnosis that indicates the need for a wandering response system, as well as the nature of the impairment.

LIMITATIONS/EXCLUSIONS:

- Wandering Response Systems cannot be duplicative of existing 24-hour access to assistance; for example, call systems in Assisted Living Residences or Supportive Housing sites.
- CCA does not pay for telephones or telephone service in order for a member to receive WRS.



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- To receive WRS, the member must live alone or routinely be alone for brief periods of time such that the member's safety would be compromised without the availability of a WRS in the home.
- Wandering response system shall not be provided to individuals residing in the following settings: A hospital, clinic, or infirmary; a convalescent home, rest home, nursing facility or charitable home for the aged or other facility licensed under M.G.L. c. 111, § 71; state hospitals or facilities licensed under M.G.L. c. 19, § 7 and c. 19B, §§ 7 and 15; or Assisted Living Residences.

KEY CARE PLANNING CONSIDERATIONS:

Utilization of screening tools (Dewing Tool for Wandering Screening or Revised Algase Wandering Scale (RAWS)) are recommended to document the necessity of the wandering response service. See attachments for link to tools. Wandering Response System will require some maintenance and or possible charging which may need to be completed by a care giver or family member.

AUTHORIZATION:

The service is authorized (renewable) on a monthly basis, x1 unit per month and for a 12- month period of time.

Service	POS	Procedure Code	Units of Measurement
Home Based Wandering Response System GPS	04,12,14,16	S5161	12 Month
Installation Service of Home Based Wandering Response System	04,12 ,14,16	S5160	1 unit

REGULATORY NOTES:

MassHealth coverage guidelines for PERS are found at 130 CMR 409.429.
DEPARTMENT OF ELDER AFFAIRS, 651 CMR 3.00: HOME CARE PROGRAM

RELATED REFERENCES:

This MNG guide is not a rigid rule. CCA has the mission to address all of our complicated members' health needs. Care partners can identify members with Behavioral Health and HOPE (*) challenges who may benefit from extending these guidelines to support our at-risk members' unique health challenges. CCA encourages our clinicians to clearly document our members' unique health contexts when requesting care which does not meet this formal DST's conditions and recommendations.

*High Opiate Patient Engagement = members with high doses of opiates whom we hope to help by treating their pain alternatively and reducing their exposure to dangerous opiates.



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<http://alz.org/>

[https://safetynettracking.com/Public_Safety/How It Works](https://safetynettracking.com/Public_Safety/How_It_Works)

ATTACHMENTS:

EXHIBIT A: RAWS Tool	RAWS Tool
EXHIBIT B: The Dewing Tool for Wandering Screening	Dewing Tool for Wandering Screening

REVISION LOG:

REVISION DATE	DESCRIPTION

APPROVALS:

Stephen Pelley

 CCA Senior Clinical Lead [Print]

Manager, DME

 Title [Print]

3/4/2021

 Date

Doug Hsu, MD

 CCA Senior Operational Lead [Print]

VP, Medical Policy & Utilization Review

 Title [Print]

3/4/2021

 Date



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Lori Tishler, MD

CCA CMO or Designee [Print]

Lori Tishler

Signature

SVP, Medical Services

Title [Print]

3/4/2021

Date