MassHealth
Commonwealth of Massachusetts
EOHHS
www.mass.gov/masshealth

Personal Emergency Response System (PERS) General Prescription Form

Effective date of prescription:
Sections I, II, III, and IV may be completed by the provider of DME or the ordering practitioner.

Section I

Member's name		MassHealth ID number
Address		Telephone number
Date of birth	Height	Weight
ICD code	Diagnosis	

Section II

Prescribing provider's name	Telephone number
Address	
NPI	Fax number

Section III

Name of provider of DME	Telephone number
Address	
NPI	Fax number

Section IV

HCPCS Code	Installed Unit: ☐ Landline ☐ Cellular Network

Section V (Sections V and VI must be completed by the member's ordering practitioner or the ordering practitioner's staff.)

Length of need:

Medical justification for requested item(s)

All questions must be answered "**yes**" to qualify for a PERS.

1. Does the member have a medical condition that causes significant functional limitations or incapacitation that will prevent the member from using other methods of summoning assistance in an emergency? ..... ☐ yes ☐ no
2. Does the member live alone or is routinely alone for extended periods of time such that the member's safety would be compromised without the availability of a PERS unit in the home? ..... ☐ yes ☐ no
3. Is the member able to independently use the PERS to summon help? ..... ☐ yes ☐ no
4. Does the member understand when and how to appropriately use the PERS? ..... ☐ yes ☐ no
5. Is the member at risk of moving to a more-restrictive supervised setting, OR is the member at risk for falls or other medical complications that may result in an emergency situation? ..... ☐ yes ☐ no

Section VI

Ordering Practitioner Attestation and Signature/Date

I certify under the pains and penalties of perjury that the information on this form and any attached statement that I have provided has been reviewed and signed by me, and is true, accurate, and complete, to the best of my knowledge. I also certify that I am the provider or, in the case of a legal entity, duly authorized to act on behalf of the provider. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.
For more information, please refer to Durable Medical Equipment Provider Bulletin 31
Ordering practitioner signature (Wet and electronic signatures are acceptable. Signature and date stamps, or the signature of anyone other than the ordering practitioner, are not acceptable,)
Check applicable credentials: ☐ MD ☐ NP ☐ PA ☐ CNS
If wet signature, print legal name of provider:

.....
Ordering practitioner's signature (Signature stamps and date stamps are not acceptable.) Date

This completed form must be maintained in the member's record.
Clear entire form.

Instructions for Completing the MassHealth Personal Emergency Response System (PERS) General Prescription Form

Sections 1, 2, 3, and 4 may be completed by the provider of DME or the ordering practitioner.
Section 5 and 6 must be completed by the Ordering Practitioner or their staff.

Instructions for using this fSorm	Providers of DME are instructed to use this form when obtaining a prescription and/or letter of medical necessity from the member's ordering practitioner for a PERS. Providers of DME are responsible or ensuring compliance with applicable MassHealth regulations and guidelines when using this form. MassHealth reserves the right not to accept the form if it is completed improperly or if the provider has failed to meet applicable MassHealth regulations, requirements, and guidelines, including, without limitation, medical necessity requirements. A copy of this completed form (including all attachments and supporting documentation) must be maintained in the member's medical record at the ordering practitioner's office and at the DME provider's office. See 130 CMR 409.430
Section 1	Enter the member's name, address (including apartment number, if applicable), telephone number, MassHealth ID number, date of birth, height, and weight, applicable ICD diagnosis code(s) with their descriptions and diagnoses.
Section 2	Enter the ordering practitioner's name, NPI number, address, telephone number, and fax numbers
Section 3	Enter the name of provider of DME, NPI number, address, telephone number, and fax numbers.
Section 4	Enter the HCPCs code that corresponds with the unit being installed. Identify whether the unit being installed is a Landline or a Cellular Network.
Section 5	This section should be completed by the ordering practitioner or their staff.
Section 6	The member's ordering practitioner listed in Section 2 of this form must review all information completed on and attached to this form and must sign and date the form. By signing the form, the ordering practitioner is making the certifications contained above the signature line. The form must be signed by the member's ordering practitioner, who must be either the member's physician (MD), nurse practitioner (NP), clinical nurse specialist (CNS) or physician assistant (PA). The ordering practitioner must check the applicable credential(s). Wet signatures and electronic signatures as defined in Durable Medical Equipment Provider Bulletin 31 are acceptable. MassHealth will accept provider signatures executed by an authorized signatory in any of the following formats. 1. Traditional "wet signature" (ink on paper) 2. Electronic signature that is either: a. Hand-drawn with a mouse or finger if working from a touch screen device b. An uploaded picture of the signatory's hand-drawn signature 3. Electronic signatures affixed using a digital tool such as, but not limited to: a. Adobe Sign b. DocuSign If the provider is using an electronic signature, the signature must be visible, include the signatory's name and title, and must be accompanied by a signature date. One of the following notations must be included to indicate that the signatory's name, typically applied in typed format, was electronically signed. a. Electronically signed by b. Authenticated by c. Approved by d. Completed by e. Finalized by f. Signed by g. Validated by h. Sealed by