

## I/DD Waiver Remote Monitoring Provider Certification Application

## **Remote Monitoring Equipment**

Please carefully review and complete this form and submit all appropriate documentation.

PRINT NAME OF REMOTE MONITORING AGENCY (If I/DD Waiver agency is subcontracting for this service)		
PRINT NAME OF I/DD WAIVER AGENCY AND CEO		
DEFINITION OF REMOTE MONITORING EQUIPMENT		

"Remote monitoring equipment" means the electronic equipment used to operate systems such as live video feed, live audio feed, motion sensing system, radio frequency identification, web-based monitoring system, or other device approved by the department. *It also means that* the equipment used must have the ability to engage in live two-way communication with the

<u>individual being monitored.</u>		
Authorized agency official providing equipment must review and initial each of the listed attestations:		
<ul> <li>Equipment shall include an indicator to the individual being monitored that the equipment is on and operating. The indicator shall be appropriate to meet the individual's needs.</li> <li>Equipment shall be designed so that it can be turned off only by the person(s) indicated in the individual service plan.</li> <li>Equipment shall be provided by either an independent provider or an agency provider that meets all of the requirements of this role, including but not limited to IDD Waiver Guidelines as well as the Remote Monitoring Standards set forth by BMS, and that has a Medicaid Provider Agreement with the West Virginia Department of Health and Human Resources.</li> <li>The provider of remote monitoring equipment shall be responsible for delivery of the equipment</li> </ul>		
to the individual's residence-to the room or area of the home in which the equipment will be used.  The provider of remote monitoring equipment shall install the equipment, including assembling the equipment of parts used for the assembly of the equipment.  The provider of remote monitoring equipment shall adjust and/or modify the equipment as necessary, which includes recommendations approved by the individual's treatment team.		
<ul> <li>The provider of the remote monitoring equipment shall conduct monthly testing of the equipment to ensure proper operation.</li> <li>The provider of the remote monitoring equipment shall provide maintenance and necessary repairs to the equipment.</li> <li>The provider of the remote monitoring equipment shall replace equipment that needs to be replaced prior to the expiration of the equipment's useful life for any reason other than misuse or damage by the individual.</li> </ul>		
<ul> <li>The remote monitoring system of company <b>must have</b> two-way (at minimum, full duplex) audio communication capabilities to allow monitoring base staff to effectively interact with and address the needs of the members in each home, including emergency situations when the participant may not be able to use the telephone.</li> <li>The remote monitoring system must receive notification of smoke/heat alarm activation at each member's residential living site.</li> </ul>		

If the I/DD Waiver agency is providing this service using their own equipment, then fill out this section:		
I have submitted the evidence as requested, under my agency will meet the above initialed assurance falsification of this application or any supported de revocation of my agency's status as an I/DD Waive	s. I understand that misrepresentation or ocumentation may result in denial or	
Signature of I/DD Waiver Agency CEO		
Printed Name of I/DD Agency CEO		
If the I/DD Waiver agency is subcontracting this se the remote monitoring agency fills out this section	rvice, then an authorized representative of	
I have submitted the evidence as requested, under my agency will meet the above initialed assurance falsification of this application or any supporting d revocation of provider certification.	s. I understand that misrepresentation or	
Signature of Remote Monitoring Agency Official	 Date	
Printed Name of Remote Monitoring Agency Officia	al	