

## **Remote Monitoring Standards**

Any currently approved I/DD Waiver provider interested in adding the service of Remote Monitoring and On-Site Surveillance must submit a letter of intent stating the I/DD Waiver agency wishes to provide the service with the completed Remote Monitoring Provider Certification Application (WV-BMS-IDD-15) and the Remote Monitoring Equipment Application (WV-BMS-IDD-16). The I/DD Waiver provider may choose to subcontract with a partnership agency by identifying their choice of a partnership agency and including a copy of the contract with their letter of intent along with WV-BMS-IDD-15 and WV-BMS-IDD-16 signed by both the WV/IDD Waiver Agency and the subcontracted Remote Monitoring Agency to the Bureau for Medical Services (BMS) I/DD Waiver Program Manager.

BMS will review all documentation and if approved, then BMS will send a letter of approval for one year back to the I/DD Waiver provider as well as authorize the service to be opened in the CareConnection<sup>®</sup> to allow purchase of this service. All forms must be completed annually and re-submitted to BMS I/DD Waiver Program Manager for continued approval.

Eligibility for this service also includes the I/DD Waiver provider fulfilling the requirement for the stand-by staff component of Remote Monitoring. Please review the service definitions and requirements for Remote Monitoring listed in Chapter 513: <http://www.dhhr.wv.gov/bms/Documents/Ch513-110808.pdf>

### **Service Definition**

Remote Monitoring includes the provision of oversight and remote monitoring within the residential setting of the adult waiver members who reside in the adult member's family residence, a licensed group home or an Intensively Supported Setting (ISS) (3 members or less) through off-site remote surveillance. Also included is the provision of stand-by I/DD Waiver agency staff prepared for prompt engagement with the member(s) and/or immediate deployment to the residential setting.

### **Allowable Activities**

- Remote Monitoring equipment may be installed in allowable residential settings in which all residing adult members, their guardians and their support teams request such surveillance and monitoring in place of on-site staffing and all members have a completed Remote Monitoring Assessment (WV-BMS-IDD-17) which includes approval of the member's IDT and the I/DD Waiver agency's Human Rights Committee.
- Use of the system may be restricted to certain hours through the Individualized Support Plans of the members involved.

### **Service Standards**

To be reimbursed for operating a Remote monitoring system, a provider must adhere to the following:

- Must have submitted a letter of intent to the I/DD Waiver Program Manager indicating if the I/DD Waiver provider is providing this service or subcontracting for this service. If this service is subcontracted, then a copy of the contract must be included. The WV-BMS-IDD-15 and WV-BMS-IDD-16 must be completed by the appropriate agency/agencies.
- The system to be installed must be reviewed and approved by I/DD Waiver agency's designated Waiver Contact Person and documentation placed in the I/DD Waiver member's file.
- The Remote Monitoring system must be designed and implemented to ensure the health and welfare of the member in his/her own home/apartment and achieve this outcome in a cost neutral manner.
- The service coordinator and/or the I/DD Waiver agency's designated Waiver Contact Person will review the use of the system at seven (7) days, and again at fourteen (14) days post installation. Documentation of the reviews must be placed in the member's file.
- Services provided to waiver member or otherwise reimbursed by the Medicaid program is subject to oversight/approval from the BMS and must be made available up on request.
- Retention of written documentation is required for 7 years
- Retention of video/audio records, including computer vision and/or audio and sensor information shall be retained for 7 years if an Incident Report is filed.
- The cost for Remote Monitoring must be based on a member's assessed need and within their assigned budget.

### **Assessment and informed consent**

- Initial assessment: Members requesting this service must be preliminarily assessed by the I/DD Waiver Service Coordinator using the Remote Monitoring Risk Assessment (WV-BMS-IDD-17). The completed assessment must be discussed with the member's Interdisciplinary Team to determine appropriateness in ensuring the health and welfare of the member. The Service Coordinator must inform the IDT of the benefits and risks of the operating parameters and limitations of using Remote Monitoring. If the IDT is in agreement that the member's health and welfare would not be harmed, then members of the IDT which include the member and/or their Legal Representative, must sign off on the bottom of the Remote Monitoring Risk Assessment giving their Informed Consent. The Service Coordinator then presents the request to the agency's Human Rights Committee. IF the HRC is in agreement, then the Service Coordinator will obtain the written approval by the I/DD Waiver Human Rights Committee (HRC) on the Remote Monitoring Risk Assessment. This must be documented in the member's Individual Program Plan and the completed Remote Risk Assessment uploaded into the member's file in the CareConnection® prior to requesting authorization of service units. A copy of the Remote Monitoring Risk Assessment must also be kept in the member's file at their home and at the agency.



- **Reviews:** At least annually and at every IPP meeting and monthly home visit, the service coordination must review and determine that continued usage of the Remote monitoring system will ensure the health and welfare of the member by completing a new Remote Monitoring Risk Assessment. The results of these reviews must be documented in the member's IPP, discussed during every IPP meeting and uploaded into the member's file in the CareConnection®. A review of all incident reports and other relevant documentation must be part of this assessment.

### **System design**

- The Remote Monitoring provider must have safeguards and/or backup system such as battery and generator for the Remote devices in place at the monitoring base and the member's residential living site(s) in the event of electrical outages.
- The Remote Monitoring provider must have backup procedures for system failure (e.g., prolonged power outage), fire or weather emergency, member medical issue or personal emergency in place and detailed in writing for each site utilizing the system as well as in each member's ISP. This plan should specify the staff person or persons to be contacted by monitoring base staff who will be responsible for responding to these situations and traveling to the member's living site(s).
- The Remote monitoring system must receive notification of smoke/heat alarm activation at each member's residential living site.
- The Remote monitoring system must have two way (at minimum, full duplex) audio communication capabilities to allow monitoring base staff to effectively interact with and address the needs of members in each living site, including emergency situations when the member may not be able to use the telephone.
- The Remote monitoring system must allow the monitoring base staff to have visual (video) oversight of areas in member's residential living sites deemed necessary by the IDT.
- A remote monitoring base may not be located in a member's residential living site.
- A secure (HIPAA compliant) network system requiring authentication, authorization and encryption of data must be in place to ensure access to computer vision, audio, sensor or written information is limited to authorized staff including the parent/guardian, I/DD Waiver provider agency, WV DHHR Protective Services, Office of the Inspector General, OHFLAC, BMS, service coordinator and member.
- The equipment must include a visual indicator to the member that the system is on and operating.

### **Situations involving Remote monitoring of members needing 24 hour support**

If a member indicates that he/she wants the Remote monitoring system to be turned off, the following protocol will be implemented:

1. The remote monitoring staff will notify the provider to request an on-site staff.

2. The system would be left operating until the on-site staff arrives.
3. The remote monitoring staff would turn off the system at that site once relieved by an I/DD Waiver stand-by staff.
4. A visible light on the control box would signal when the system is on and when it is off.

### **Monitoring base staff**

- At the time of Remote monitoring, the remote monitoring base staff may not have duties other than the oversight and support of members at remote living sites.
- The remote monitoring base staff will assess any urgent situation at a member's residential living site and call 911 emergency personnel first if that is deemed necessary, and then call the I/DD Waiver stand-by agency staff. The remote monitoring base staff will stay engaged with the member(s) at the living site during an urgent situation until the float staff or emergency personnel arrive.
- If computer vision or video is used, oversight of a member's home must be done in real time by an awake-staff at a remote location (monitoring base) using telecommunications/broadband, the equivalent or better, connection.
- The monitoring base (remote station) shall maintain a file on each member in each home monitored that includes a current photograph of each member which must be updated if significant physical changes occur and at least, annually. The file shall also include pertinent information on each member noting facts that would aid in ensuring the members' safety.
- The monitoring base staff must have detailed and current written protocols for responding to needs of each member at each remote living site, including contact information for I/DD Waiver agency staff to supply on-site support at the member's residential living site when necessary.

### **Stand-by I/DD Waiver Agency Staff**

- The stand-by I/DD Waiver agency staff shall respond and be at the member's residential living site within 20 minutes or less from the time the incident is identified by the remote staff and stand-by I/DD Waiver agency staff acknowledges receipt of the notification by the monitoring base staff. The IDT Team has the authority to set a shorter response time based on individual member need.
- The service must be provided by one (1) stand-by I/DD Waiver agency staff for on-site response, the number of members served by the one (1) stand-by I/DD Waiver agency staff is to be determined by the Interdisciplinary Team (IDT) based upon the assessed needs of the members being served in specifically identified locations.
- Stand-by I/DD Waiver agency staff will assist the member in the home as needed to ensure the urgent need/issue that generated a response has been resolved.

### **Documentation Standards**



To be reimbursed, the provider must prepare and be able to produce the following:

- Provider documentation
  - Status as a BMS I/DD Waiver approved provider.
  - Completed WV-BMS-IDD-15 and WV-BMS-IDD-16 by the I/DD Waiver Agency CEO and the Remote Monitoring Provider (if applicable)
  - Approval of the specific Remote monitoring/surveillance system by the BMS I/DD Waiver Program Manager as evidence by a letter from BMS.
  - All documentation listed in the above section on Assessment and Informed Consent uploaded into the CareConnection® for review by the Administrative Services Organization (APS Healthcare) prior to authorizing the service.
  - Utilization and authorization of the Remote monitoring device must be outlined in the IPPs and budgets of EACH member in a setting, including typical hours of Remote monitoring.

Each remote site will have a written policy and procedure approved by I/DD Waiver provider (and available to BMS for all providers serving waiver members) that defines emergency situations and details how Remote monitoring and I/DD Waiver stand-by agency staff will respond to each.

Examples include:

- Fire, medical crises, stranger in the home, violence between members, and any other situation that appears to threaten the health or welfare of the member.
- Emergency Response drills must be carried out once per quarter per shift in each home equipped with and capable of utilizing the Remote monitoring service. Documentation of the drills must be available for review upon request.
- The remote monitoring base staff shall generate a written report on each member served in each member's residential living site on a daily basis. This report will follow documentation standards of the Person-Centered Support Services. This report must be transmitted to the primary I/DD Waiver provider daily.
- Each time an emergency response is generated, an incident report must be completed by the member's Service Coordinator and submitted to BMS through the WV Incident Management System (IMS) and other state entities as required by policy such as Office of Health Facility Licensure and Certification (OHFLAC) and WVDHHR Adult Protective Services.
- At least every 90 days, the appropriateness of continued use of the monitoring system must be reviewed by the IDT; the results of these reviews must be documented by the I/DD Waiver provider on the member's IPP.

Areas to be reviewed include but are not limited to the number and nature of responses to the home as well as damage to the equipment.

### **Limitations**

### **Reimbursement Parameters**

The budget will be completed for each member based upon the total number of members residing within the residence.

Reimbursement Rates by Tier

<b>Tier</b>	<b>Number of Members</b>	<b>Reimbursement</b>
Tier 1	1 Member in a home	\$9.08/hour
Tier 2	2 Members in a home	\$ 4.54/hour
Tier 3	3 Members in a home	\$3.03/hour
Tier 4	4 Members in a home	\$2.27/hour

### **Activities Not Allowed**

- Remote monitoring and surveillance systems which have not received specific approval by the Bureau for Medical Services I/DD Waiver Program Manager.
- Remote Monitoring may not be used concurrently with Specialized Family Care Home or Adult Family Care Home services.
- Remote Monitoring systems intended to monitor direct care staff.
- Remote Monitoring serves as a replacement for Person-Centered Support (PCS) Services, therefore, Remote Monitoring and PCS services are not billable during the same time period.
- Remote Monitoring systems used in place of in-home staff to monitor minors, i.e., members under the age of 18.
- Installation costs related to video and/or audio equipment.



# 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 individual being monitored.

**Authorized agency official providing equipment must review and initial each of the listed attestations:**

- \_\_\_\_\_ 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.
- \_\_\_\_\_ Equipment shall be designed so that it can be turned off only by the person(s) indicated in the individual service plan.
- \_\_\_\_\_ 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.
- \_\_\_\_\_ The provider of remote monitoring equipment shall be responsible for delivery of the equipment 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 or 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.
- \_\_\_\_\_ The provider of the remote monitoring equipment shall conduct monthly testing of the equipment to ensure proper operation.
- \_\_\_\_\_ The provider of the remote monitoring equipment shall provide maintenance and necessary repairs to the equipment.
- \_\_\_\_\_ 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.
- \_\_\_\_\_ The remote monitoring system or company **must have** 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.
- \_\_\_\_\_ The remote monitoring system must receive notification of smoke/heat alarm activation at each member’s residential living site.

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, understand the requirements, and certify that my agency will meet the above initialed assurances. I understand that misrepresentation or falsification of this application or any supported documentation may result in denial or revocation of my agency's status as an I/DD Waiver provider.

\_\_\_\_\_  
Signature of I/DD Waiver Agency CEO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of I/DD Agency CEO

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If the I/DD Waiver agency is subcontracting this service, then an authorized representative of the remote monitoring agency fills out this section:

I have submitted the evidence as requested, understand the requirements, and certify that my agency will meet the above initialed assurances. I understand that misrepresentation or falsification of this application or any supporting documentation may result in denial or revocation of provider certification.

\_\_\_\_\_  
Signature of Remote Monitoring Agency Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Remote Monitoring Agency Official

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**I/DD WAIVER REMOTE MONITORING PROVIDER CERTIFICATION APPLICATION FOR  
REMOTE MONITORING**

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

**PRINT NAME OF REMOTE MONITORING PROVIDER :**

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**PRINT NAME OF I/DD WAIVER PROVIDER AGENCY:**

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**PRINT NAME OF I/DD WAIVER PROVIDER CEO:**

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**DEFINITION OF REMOTE MONITORING SERVICE**

“Remote monitoring” means the electronic monitoring of an individual in his or her residence by staff using one or more of the following systems: live radio feed, live audio feed, motion sensing system, radio frequency, identification web-based monitoring system, or other devices approved by the department. The system must include devices to engage in live two-way communication with the individual being monitored as described in the individual service plan. Remote monitoring *must* only be used to reduce or replace the amount of Person-Centered Supports an individual wants and needs. Purchase of this service for an I/DD Waiver member must be prior authorized before being provided and must be based on assessed need and within the member’s individualized budget.

**Each applicant must review and agree to comply with the following standards:**

- Remote monitoring shall only be provided in an adult member’s family residence, a licensed group home or in an Intensively Supported Setting (ISS) (3 or less) when there is no paid staff in the member’s home at the time of monitoring.
- Remote monitoring must be completed in real time by a qualified, awake staff person at the monitoring base using the appropriate connection. Review of these recordings may take place after the service delivery itself; however, these reviews cannot replace real-time monitoring.
- While remote monitoring is being provided, the remote monitoring staff shall not have duties other than remote monitoring duties.
- Must provide manual and ongoing training to all required staff as identified in the member’s Individual Program Plan to ensure they know how to use the equipment.
- Must have a back-up power system (battery and/or generator) in place at the monitoring base and at the individual’s residence in the event of an electrical outage.
- Must have additional safeguards in place to include (but not limited to) contacting the back-up support person in the event the remote monitoring system stops working for any reason.
- Must comply with all federal, state and local regulations that apply to the operation of its business or trade, including but not limited to, the Electronics Communications Privacy Act of 1986.
- Must have an effective system for notifying emergency personnel such as police, fire, emergency medical services, and psychiatric crisis response entities.



- Must have written consent of individuals, any persons living with the individual, and the individual's legal representative (if applicable) if there is use of audio and/or video equipment allowing monitoring of conversations in the residence.
- Must prominently display a notice within the residence advising that the residence is equipped with audio and/or video equipment that allows remote monitoring staff to review activities and/or listen to conversations within the residence.
- Must disclose to the individual and to the individual's team the current ratio of monitoring staff to individuals receiving remote monitoring. The provider shall update this information as needed, but no less than once a year.
- If an emergency arises at an individual's residence, the remote monitoring staff shall immediately assess the situation and call emergency personnel first, if that is deemed necessary, and then contact the stand-by staff person. The remote monitoring staff shall stay engaged with the individual during an emergency until emergency personnel or the stand-by staff arrives. The stand-by person shall verbally acknowledge receipt of a request for assistance from the remote monitoring staff.
- If an individual needs assistance but the situation is not an emergency, the remote monitoring staff shall address the situation as specified in the individual service plan and approved by all IDT members.
- The remote monitoring staff shall have detailed and current written protocols for responding to an individual's needs as specified in the individual service plan, including any current behavior support plans and contact information for the stand-by staff and member's service coordinator to provide assistance at the individual's residence when necessary.
- If an individual indicated he/she wants the remote monitoring system turned off, the remote monitoring staff shall contact the stand-by staff or service coordinator and request in-person assistance at the individual's residence, shall remain in operation until the stand-by person arrives; if no one else is at the residence is receiving remote monitoring, shall turn off the system once the stand-by person arrives at the residence and is briefed on the situation, shall contact the individual's service coordinator or other designated I/DD Waiver agency administrator who shall confirm whether the individual/guardian chooses to continue to receive the service.
- A monitoring base shall not be located at the residence of an individual who receives remote monitoring.
- If an unusual incident or a major unusual incident, as defined in Office of Health Facility Licensure and Certification's standards for Behavioral Health Licensure and the Bureau for Medical Services Chapter 513, Intellectual and/or Developmental Disabilities Waiver policy manual, occurs while an individual is being monitored, the remote monitoring provider shall retain or ensure the retention of any video and/or audio recordings and any sensor and written information pertaining to the incident for at least seven years from the date of the incident.
- A secure network system requiring authentication, authorization, and encryption of data that complies with the Health Insurance Portability and Accountability Act of 1996 shall be in place to ensure that access to computer, video, audio, sensor, and written information is limited to authorized persons.
- The remote monitoring staff is responsible for notifying the I/DD Waiver provider that an incident has occurred and the I/DD Waiver staff will make the decision if the incident is of the level required to enter into the WVIMS system. The I/DD Waiver agency's Service Coordinator is responsible for entering the incident in the WV Incident Management System (WV IMS).
- Must comply with all documentation standards/guidelines as set forth by BMS Remote Monitoring Standards, as well as I/DD Waiver Guidelines.
- At least every 90 days, the appropriateness of continued use of the monitoring system must be reviewed by the IDT; the results of these reviews must be documented by the I/DD Waiver provider on the member's IPP.



I have submitted the evidence as requested, understand the requirements, and certify that my agency will meet the above assurances. I understand that misrepresentation or falsification of this application or any supporting documentation may result in denial or revocation of provider certification.

\_\_\_\_\_  
Signature of I/DD Waiver Agency CEO

\_\_\_\_\_  
Date

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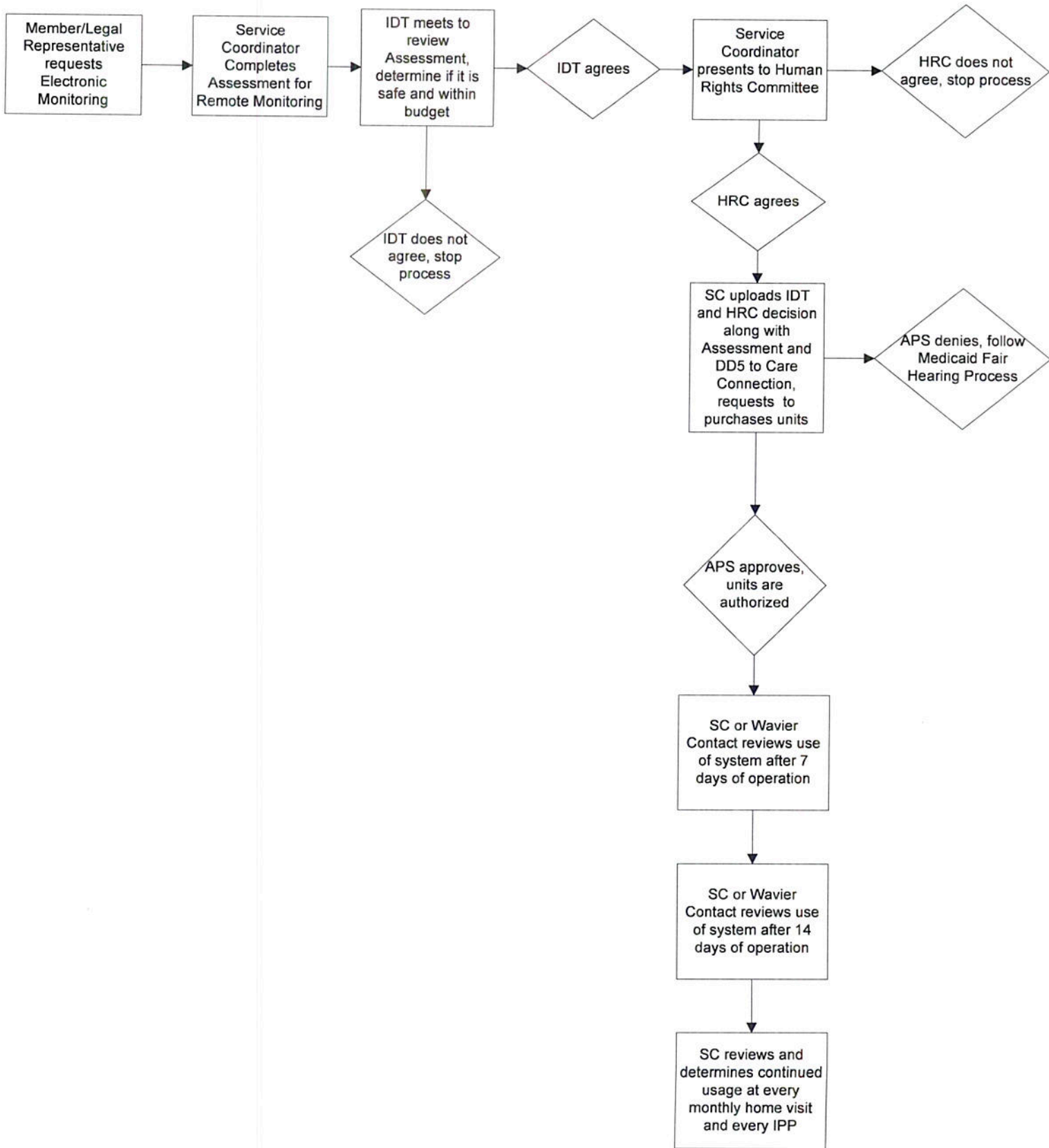
If I/DD Waiver Agency is subcontracting this service, then sign authorized person from the contracted agency signs here: *Also completes this section.*

I have submitted the evidence as requested, understand the requirements, and certify that my agency will meet the above assurances. I understand that misrepresentation or falsification of this application or any supporting documentation may result in denial or revocation of provider certification.

\_\_\_\_\_  
Signature of Authorized Remote Monitoring Company

\_\_\_\_\_  
Date

Member Remote Monitoring Flow Chart





# Risk Assessment for Remote Monitoring

Individual's Name: \_\_\_\_\_ Assessment Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

	Indicate the answer to each question and then select the appropriate type of supervision that will safely meet the individual's needs.	Yes	No	If Yes, When & How Often	Could the individual's health and welfare be ensured if this issue was addressed via technology as an alternative to staff?	Comments
1.	Is there a court order that requires 24 hour, on site staffing?*					
	<i>*Note: If "yes" Remote Monitoring is not appropriate for this individual.</i>					
2.	Does individual have a history of inappropriate sexual behavior that impacts others?					
3.	Does the individual leave or wander away from the home?					
4.	Does the individual engage in gorging, pica, eating raw foods, eating housemates' food or is individual danger to self due to overeating?					
5.	Does the individual go into housemates' bedrooms without permission?					
6.	Does the individual destroy property or tamper with other people's belongings?					
7.	Does the individual engage in unsafe smoking, not use an ashtray appropriately or not dispose of matches/butts appropriately?					
8.	Does the individual safely use household appliances?					

	Indicate the answer to each question and then select the appropriate type of supervision that will safely meet the individual's needs	Yes	No	If Yes, When & How Often?	Could the individual's health and welfare be ensured if this issue as addressed via technology as an alternative to staff?	Comments
9.	Does the individual follow rules about electricity, fire, water, tools, and hazardous physical situations?					
10.	Does the individual respond appropriately and are they physically able to respond to fire alarms, smoke detectors, carbon monoxide detectors, gas leak and severe weather warnings and exit the residence?					
11.	Does the individual require physical assistance at all times, including repositioning and bathroom assistance?					
12.	Does the individual have seizures or a condition that requires treatment or monitoring?					
13.	Is the individual fearful of being alone?					
14.	Is there a reasonable fear of exploitation of the individual?					
15.	Do all individuals impacted by the remote monitoring technology agree to the service within the home?					
16.	Does the individual understand and demonstrate the ability to secure the home? (lock the doors, answer the door and phone appropriately, not allow strangers in, etc.)					
17.	Can the individual reliably recall and communicate their address and telephone number?					



	Indicate the answer to each question and then select the appropriate type of supervision that will safely meet the individual's needs.	Yes	No	If Yes, When & How Often?	Could the individual's health and welfare be ensured if this issue was addressed via technology as an alternative to staff?	Comments
18.	Does the individual know when, who and how to call for help or assistance?					
19.	Can and will the individual call 911 or staff if needed?					
20.	Does the individual understand and follow pedestrian safety rules?					
21.	Does the geographic location of the individual's residence inhibit their ability to access emergency services?					
22.	Does the individual interact appropriately around strangers?					
23.	Is the individual receptive to and able to benefit from training on specific areas that may result in decreased supervision?					
24.	Does the individual have a medical condition that requires assistance with routine monitoring (i.e., blood pressure check, insulin check, etc.)?					
25.	Does the individual need assistance with medication administration?					
26.	Is the technology and necessary connectivity (e.g. internet bandwidth, etc.) available in this community to support remote monitoring?					
27.	Can the individual utilize the technology needed?					

	Indicate the answer to each question and then select the appropriate type of supervision that will safely meet the individual's needs.	Yes	No	If Yes, when & How Often?	Could the individual's health and welfare be ensured if this issue was addressed via technology as an alternative to staff?	Comments
28.	Other issues the team feels impact the individual's ability to receive remote monitoring services?					

**Summary & Recommendations:**

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**IDT signatures:**

Relationship	Print Name	Signature	Date	Agree (check if you agree)	Disagree (check if you disagree)
Member:					
Guardian:					
Service Coordinator:					
Relationship	Print Name	Signature	Date	Agree (check if you agree)	Disagree (check if you disagree)
Other Relationship:					
Other					



Relationship:					
Other Relationship:					
Other Relationship:					
Other Relationship:					

**I/DD Waiver Agency Human Rights Committee:**

Print Name	Signature	Date	Agree (check if you agree)	Disagree (check if you disagree)