

**WISCONSIN MEDICAID
LONG-TERM CARE (LTC) WAIVER REMOTE MONITORING AND SUPPORT ATTESTATION**

INSTRUCTIONS: Type or print clearly.

I attest:

- ☐ If the service provider supplies equipment, it meets Underwriters Laboratories (UL) or Federal Communications Commission (FCC) standards for electronic devices.
- ☐ If the service provider monitors and supports an individual member, the service provider:
- Maintains use of a secure network system compliant with 45 C.F.R. §§ 164.102–164.534.
 - Has written policies and procedures that define emergency situations and detail how remote support staff will respond.
 - Has safeguards or emergency back-up systems in place, such as batteries or generators, at the remote support center and for use in the member's home.
 - Trains staff on the ability to recognize and respond to emergencies; first aid; member health, safety, and welfare; privacy and confidentiality; member rights; and member-specific information and individual needs.

I agree and attest to the above. The individual signing must be the applicant or legal representative of your organization.

First Name	Last Name
Title	Date Signed
SIGNATURE	
