

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

INSTRUCTIONS: Type or print clearly.

I attest:

- If service provider supplies equipment, it meets Underwriter's Laboratories (UL) or Federal Communications Commission (FCC) standards for electronic devices.
- If service provider monitors and supports an individual member:
 - Service provider maintains use of a secure network system compliant with 45 CFR section 164.102 to section 164.534.
 - Service provider has written policies and procedures that define emergency situations and detail how remote support staff will respond.
 - Service provider 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.
 - Service provider 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
