

ADMINISTRATIVE OVERVIEW  
SERVICE SPECIFIC ATTACHMENT  
**Virtual Communication and Monitoring (VCAM)**

**I. VIRTUAL COMMUNICATION AND MONITORING (VCAM) PROPOSED RATE:**

Virtual Communication and Monitoring (VCAM)

- a. Device Installation/Set-Up:
- b. Monthly Subscription:
- c. Other:

*Describe any additional charges.*

**II. SERVICE CAPACITY**

- A. Describe in detail your VCAM service and how it operates.

*Include Visual component, activation of device, and 24/7 capabilities.*

- B. What is the process of determining the location of the device in consumer's home?

- a. Describe how consumers preference for device location is determined using a person-centered approach.
- b. How is consumer informed and educated about appropriate locations for the device?

*Include a copy of consent form for VCAM location obtained from consumer/others in the home. Must be documented within consumer's record.*

- C. Are there any subcontracts to your proposal? If so, please describe.

- D. After receiving a call from the ASAP to initiate service, describe your agency's procedures.  
*Include expected time frames and average time between ASAP referral and the start of service to the consumer.*

- E. If there is no capacity for translation, describe your procedure for serving consumers who speak a language other than English, have specific hearing or visual needs or have Alzheimer's Disease or Related Dementia (ADRD)?

- F. Describe your process for testing in-home equipment.  
*How frequently is testing done? What is the procedure for replacing or repairing malfunctioning equipment?*

- G. What documentation is kept on file? Who is responsible for testing?

- H. Where is the monitoring station(s) located?

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- I. How is consumer/representative preference implemented?
- J. What is the process to have regularly scheduled check ins for consumers?
  - a. How would an individual contact the consumer for a scheduled check in through the device?
  - b. Describe your policy in the event the consumer does not answer, or does not respond to scheduled check in?
    - i. How and when will the ASAP be made aware of a missed check in?
- K. In the event of a power outage, will the VCAM continue to operate?
- L. What is your agency's policy in the event that equipment has been damaged or lost?
- M. Describe the process for retrieval of equipment once a consumer is terminated from the ASAP.

**III. STAFF QUALIFICATIONS**

- A. Describe the experience and qualifications of the person responsible for service provision (the manager of the program), if different from the information provided in the Administrative Overview.
- B. Describe the experience and qualifications you require for staff providing this service, including coordinators, installers, and, as applicable, monitoring station personnel.

**IV. SUPERVISION**

- A. Describe the procedures for supervision, including frequency, documentation, and credentials/qualifications of supervisors for each position.
- B. Describe the systems and procedures employed to ensure that services are delivered to consumers as authorized.

Provider employee who completed this form:

Name: \_\_\_\_\_

Date: \_\_\_\_\_