# MONITORING TECHNOLOGY

BEST PRACTICES AND FREQUENTLY ASKED QUESTIONS

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The views represented in this document are the opinions of the individuals in the workgroup, and not necessarily the viewpoints or opinions of the agencies they represent.
Overview

**Monitoring Technology**
Monitoring technology is a Minnesota term to describe the use of technology to monitor, to supervise, or to provide oversight or supports to ensure the health and safety of individuals served and support their independence. Monitoring technology can include but is not limited to: sensors, alarms, call pendants, cameras, and remote monitors. Monitoring technology could be used in a variety of contexts, including individuals’ homes, Adult Foster Care, assisted living, etc., to enhance the quality or take the place of current services.

**History**
In 2008, in response to the growing availability of monitoring technology, a workgroup of caregivers, advocacy groups, family representatives, county representatives, and Department of Human Services employees came together to discuss options for using technology to provide services for individuals with disabilities and individuals who are elderly. The goal of the Monitoring Technology Workgroup was to develop best practices for using technology and exploring current rules, guidelines, and procedures to determine whether they needed adaptation to allow use of and payment for technology to support individuals.

**Best Practices and Frequently Asked Questions**
To facilitate understanding of appropriate uses of monitoring technology and to aid in responsible and effective implementation of technology, the Monitoring Technology Workgroup has developed a series of frequently asked questions (FAQ's) regarding a number of essential issues raised by the use of monitoring technology. These FAQ’s comprise current, commonly agreed upon best practices for using monitoring technology. The Workgroup recognizes, however, that technology, and the best practices involving its use, are continuously evolving.

These FAQ’s sometimes are targeted at individuals’ concerns and sometimes respond to caregivers’ questions. The responses to these FAQ’s address, when applicable, what is required in an alternative licensed adult foster care home. Certainly, many other types of services, other than licensed foster care, could use monitoring technology to assist individuals with disabilities or individuals who are elderly. Any service, whether licensed or unlicensed, that intends to use monitoring technology should consider adopting the best practices embodied in the responses to these FAQ’s.
The Minnesota Legislature in 2009 passed Minn. Stat. Sec. 245A.11, subd. 7a, 7b & 8b that permits adult foster care providers to apply for an alternative license which authorizes monitoring technology as an alternative method of providing overnight supervision. The Monitoring Technology Workgroup worked to assist the Department of Human Services and the Legislature in developing language to ensure safety and informed consent when monitoring technology applications are used to replace an onsite, overnight caregiver in an alternative licensed adult foster care home.

The legislation outlines a specific process that caregivers must follow to obtain the alternative license. The adult foster care caregiver must develop a technology plan, approved by the Department of Human Services, which details responses to emergencies and incidents, including technology failures. Caregivers not currently licensed to use technology as a means of overnight supervision must obtain informed consent from individuals residing in the home and may not remove an individual from a home for failure to consent to using monitoring technology. The caregiver must educate teams about options, risks and advantages of monitoring technology, and gain all parties’ consent on an approved technology plan prior to implementation.
Monitoring Technology Workgroup Values

• Monitoring technology will offer an enhanced quality of life to individuals.

• Everyone has the right to make an informed choice and to have all of the information available to them to make a truly informed choice.

• An individual’s choice will be honored and respected.

• It is important and imperative to educate and provide information to people on monitoring technology options.

• Everyone has the right to privacy.

• The technology used needs to match the level of support and services that an individual requires, and must be the most effective and least intrusive technology option for that individual.

• Any monitoring technology system that is selected must:
  o Have proven and reliable technology
  o Be respectful of privacy and dignity of people
  o Be competent
  o Be HIPAA compliant
  o Have caregivers that go through the same screening process as on-site caregivers
  o Meet appropriate federal and state standards, if accessing public funds

• Cost-effectiveness will be balanced with individual safety and individual independence. Individual preferences will not be compromised for cost-effectiveness.

• Any cost savings that are achieved by the use of monitoring technology must be reinvested into services for people with disabilities and seniors.

• There needs to be an ongoing evaluation and remediation process to promote continuous improvement.

• It is important to monitor the caregivers and the monitors to assure that they are doing what they are supposed to be doing.

• Emergency and contingency plans must be in place to reasonably assure an individual’s health and safety. These plans must be reviewed as part of the continuous improvement process.

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General Questions Regarding Monitoring Technology

Q1: **What is monitoring technology?**
A1: Monitoring technology is a Minnesota term to describe the use of technology to monitor, to supervise, or to provide oversight that ensure the health and safety of individuals served and support their independence. Monitoring technology can include but is not limited to: sensors, intercoms, alarms, call pendants, cameras, audio monitors, cell phones, security systems, remote monitors, wander guards/alerts, oven and stove top safety features, medication reminders and pre-packaged medication dispensing devices.

Q2: **What is the difference between assistive technology and monitoring technology?**
A2: Assistive technology is any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities. Classifications of assistive technology devices include products related to vision, hearing, speech communication, learning, cognition and developmental aids, mobility, seating and positioning, daily living, environment adaptations, vehicle modification and transportation, computers and related technology and recreation, sports and leisure equipment.

Monitoring technology is used to enhance the ability of people with disabilities and/or older adults to live in their homes more independently for as long as possible, while at the same time lowering long-term care costs, and easing caregiver burden. Monitoring technology may help increase independence and enhance an individual’s quality of life. Monitoring technology ranges from simple, stand-alone devices to complex, integrated systems.

Q3: **When is using Monitoring technology appropriate?**
A3: Monitoring technology is appropriate if: 1) the technology will enhance the individual’s independence or assist in quality care, 2) the selection of technology is the least intrusive option and is driven by individual choice, comfort, and security, 3) the individual, the individual’s representatives, and the team are confident with the level of safety and support, and 4) the benefits of technology outweigh the effect on the individual’s privacy.

Q4: **Who should be involved in making decisions regarding the use of Monitoring technology?**
A4: The individuals served, the legal representatives, their family members, their case manager (when involved), the technology professional, if available, and the caregiver should all be involved in making decisions regarding monitoring technology.

Q5: **What issues should be addressed when considering and planning use of monitoring technology?**
A5: All members of the team should address: Informed consent, individual privacy, risk management, data privacy and security, response protocols, fail safes and redundancies and caregiver training.
Q6: When should changes be made to the plan for using monitoring technology?
A6: The plan for using monitoring technology should be continuously evaluated to assess its effectiveness in supporting the individual’s needs. Monitoring technology may change if the individual requests a change or when the individual’s needs change and adjustments are made to the individual’s care plan.

Q7: What is meant by informed consent?
A7: Informed consent is a process where an individual agrees to the use of monitoring technology after the caregiver notifies the individual and their team about the potential uses of monitoring technology, its risks and benefits, and the caregiver’s plan to protect the individual’s privacy and safety. Informed consent will generally be embodied in a written disclosure form.
Examples and Descriptions of Monitoring Technology

What are some examples of various types of monitoring technology and their benefits?
Monitoring technology can include but is not limited to: sensors, intercoms, alarms, call pendants, cameras, audio monitors, cell phones, security systems, remote monitors, wander guards/alerts, oven and stove top safety features, medication reminders and pre-packaged medication dispensing devices.

Sensors can detect movement in a home that will provide information about the safety or security of the individual. Sensors and the related software establish what the normal patterns of activity in the home are. These might include low activity time when individuals are typically sleeping or have left for work during the day. Normal activity could include a trip to the bathroom at night for 5-10 minutes. If the individual does not return to the bed within that time frame the system alerts a caregiver or contact individual to go to the home or seek verification that the individual is alright and has not fallen or needs assistance. If an individual has a history of leaving a location at night, sensors can detect when the individual has left the bed or his/her room and alert the caregiver to locate the individual. The sensors could also detect if an unauthorized individual has entered the location and police need to be called immediately.
Sensors also provide information about the frequency and timeliness that care or services were provided to the individual. Some sensors can detect if there was movement in an individual’s bedroom at night when they were to be turned. Sensors could remind the individual or caregiver that it is medication time. They can also detect if the medication storage area was opened within a specific timeframe.

Medical technology devices can relay information to caregivers or a medical caregiver. Certain devices can detect the oxygen in the blood stream or relay information to caregiver about the individual’s breathing during the night. Other devices can relay weight, blood pressure and heart rate to a remote nurse or medical professional.

Cameras with audio capability make it possible for a caregiver to assess an individual’s health or safety by having a conversation and make some general observations about their well being without having to travel to the individual for each visit. Family members and other professionals may be able to communicate using this same device in the home. Supervisors may also use cameras to assess or investigate the services provided by their caregiver to the individuals.
Individuals’ Questions about Monitoring Technology

Q1: What is monitoring technology and what can it provide?
A1: Monitoring technology can include but is not limited to: sensors, intercoms, alarms, call pendants, cameras, audio monitors, cell phones, security systems, remote monitors, wander guards/alerts, oven and stove top safety features, medication reminders, and pre-packaged medication dispensing devices. These devices can:
- assist in maintaining your privacy and independence
- enhance your quality of care when support is already in place
- give peace of mind that you will be assisted or others will be notified in a time frame you determined
- track patterns or trends in your lifestyle that may help you live a better life

Q2: What should I consider before using monitoring technology?
A2: If you are contemplating using monitoring technology in your home, you should consider:
- the ability of monitoring technology to adequately help you, considering your medical, psychiatric, physical, and social needs
- the ability of monitoring technology to enhance your independence, allow you to remain or return to your home, community, or prevent a move to a more structured living environment
- the risks and benefits of using monitoring technology

Q3: Can I be required to use monitoring technology?
A3: No, you always have the choice to live in a home without technology if you prefer. If you do not want to use monitoring technology you may have to continue looking for another home that does not use the technology and provides the direct caregiver support you want.

Q4: If my adult foster care home wants to convert to using technology for my overnight supervision, what are my options?
A4: If you agree with the use of the technology, you can consent to its use in your home. If you do not want to use the technology to replace a caregiver for overnight supervision, you should not consent. If you live in a licensed foster care setting, the law states that you cannot be removed from your home for failure to consent to the monitoring technology. If your needs change after you give consent, you should talk with your guardian, interdisciplinary team (if applicable), and other caregivers to determine a reasonable plan to meet your needs.

Q5: Can I change the monitoring technology that is used for my supervision if I choose?
A5: You have a right to express your concerns and desires for the use of monitoring technology. You and your team will meet to determine the least intrusive use of monitoring technology to assure your health and safety and maximize your independence. The process should include a conversation about all available options and the advantages and disadvantages of each option. For example, a bed sensor may not be something you
want, but someone with a seizure disorder may benefit from having a sensor on his or her bed.

Q6: Can I be required to move if I don’t want to use monitoring technology?
A6: If you live in a licensed adult foster care home and a caregiver is applying for an alternative license to use monitoring technology, you can not be forced to leave if you do not consent to its use.

If you are living in a home with the alternative adult foster care license but it is not meeting your needs and you want to change, your request will be evaluated against the needs of all members of the home. Under those circumstances, it may be possible that you will need to select another living arrangement.

If you live in your own or another licensed or unlicensed home, you can consent to using monitoring technology for your support. If you consented to monitoring technology and then wish to withdraw that consent, you will need to discuss with caregivers and your team options to address the implications of withdrawing consent. Options may include other forms of technology, caregivers in the home or selecting other living arrangements.

Q7: Are the cameras on all the time? How can I tell if they are on? Can I turn them off if I want?
A7: You and your team will agree on how and when cameras are used. Not all homes using monitoring technology will have cameras present. You and others who live with you will be educated on the specific monitoring technology being used in your home and have the opportunity to ask questions. Whether cameras are on all the time depends on what you agree to. The caregiver will inform you on how to tell if a camera is on. You typically will not be able to turn off a camera when the remote monitoring system is on, but you can express concern if they intrude on your privacy. Your caregivers will help you determine the best options for you. It is considered best practices not to use cameras in the bathroom or bedroom.

Q8: Are cameras recording what is happening in the home?
A8: It depends; some cameras allow viewing, but do not record and store the data. Other cameras do record and store images. You and your team will agree on how and when cameras are used. You will be educated on the specific technology being used in your home and have an opportunity to ask questions.

Q9: If I have a complaint about something a caregiver did to me, can I get a copy of the recording of the incident?
A9: Recorded data is retained for a finite amount of time. If your home is licensed under the alternative adult foster care license, video and audio recordings are kept for 5 days. Exceptions are made either when an individual or the legal representative requests that the data is held longer based on a specific report of alleged maltreatment, or the data captures an incident or event of alleged maltreatment or a crime. Under these situations the license holder must maintain the data in a secured area for up to 30 days, during which time the investigating agency has an opportunity to make a copy of the data.
If an individual files a complaint while the data still exists and that data does not contain images of other individuals living in the home, the requesting individual and guardians may have access to the images related to the incident.

**Q10:** If I have a complaint about something another individual did to me, can I get copy of the recording of the incident?

**A10:** Images of other individuals in the home are considered private data and protected through data privacy. Individuals may follow an organization’s grievance procedure to bring their concerns forward.

**Q11:** If I have monitoring technology in my home and I want to move to another location, can I take the monitoring technology with me to my new home?

**A11:** If you purchased the equipment and services with your own money and/or the system is only used for your specific use then you own the equipment and can take it with you to your new home. To use the equipment in a different setting you may need to continue to pay for the ongoing fees for the system’s use and maintenance.

If public funds are used and the equipment and system are shared with two or more individuals the system and equipment are retained with the location and the caregiver. Certain circumstances may require a discussion about portability, future use and repeat purchases of equipment.

Some systems and equipment may need to stay together in order to work. A purchased sensor cannot work without the related system and the internet. The individual pieces of equipment are ineffective without the other related sensors and connection to that particular software system. Ownership of monitoring technology is similar to purchasing a ramp for the home that benefits multiple individuals in the home, but when someone leaves, the ramp is not disassembled to give that portion to the one individual. The ramp remains to benefits the other individuals and for future individuals in this home.

**Q12:** How fast can a caregiver get to my home if there is an emergency?

**A12:** As a part of the alternative adult foster care licensing process, your caregiver must develop and provide you with policies, procedures, and response protocols. You must give your consent before use of technology is implemented. The statute requires that a caregiver respond within 10 minutes unless certain other provisions are met and approved by the Department of Human Services, Division of Licensing. The alternative adult foster care license allows for a longer response if you consent to it, if the caregiver assures that certain conditions are met including the provision where the remote care provider can maintain interactive communications with you to assure you are safe and your needs are met. The alternative adult foster care license also requires drills if the remote technology system is not used for 90 days. This provision is to ensure you and your caregivers practice how to respond per the protocol established for you. If you live in a licensed home, you and your team will decide the maximum time it can take for your caregiver to get to your home.
If you live in your own home or another licensed or non-licensed home, you should ask your caregiver for the same procedures and protocols to ensure you are comfortable with the level of risk present with whatever response time is decided upon.

**Q13:** How do I know if it is better for me to have monitoring technology or a caregiver in the home to help me manage my risks?

**A13:** This question is best answered by you and your team after looking at your specific needs. By studying these FAQ’s, you and your team can discuss the important details that will help you make a good decision. If your goals include increased independence, monitoring technology may be an option for you but it may be not right for everyone. Certain situations such as complicated medical needs or safety issues may require you to continue having a caregiver with you at all times. Monitoring technology may be used as an additional support to caregiver presence. You need to look at your own risks in the areas of health, safety, environment, and abuse, to determine if monitoring technology can manage those risks and is affordable.

**Q14:** Who is helping me make these important decisions?

**A14:** In some instances you will have a team of relatives, friends, and professionals that will advocate for a living environment that meets your needs. If you do not have a team that helps and advocates for you, you can ask others to help you make this important decision.

**Q15:** What does monitoring technology look like for me?

**A15:** You will have an individually designed response protocol specifying which situations will require an onsite caregiver to respond, which scenarios require a remote caregiver to respond, and which scenarios require no response.

Below are some examples of how technology can be used to give you more independence while meeting health and safety needs. Specific response protocols should be documented in the individual’s Risk Management Plan or care plan.

**Example A:** An individual wakes up worried because he forgot what time he has to be at work. He pressed his call-for-help button and a caregiver responds to his call over a home intercom. The individual turns on the intercom privacy switch and visits with the remote caregiver who asks him to go to the computer station. The individual gets up and goes to the home computer station where he can see and talk to the remote caregiver. The individual and remote caregiver discuss his work schedule situation. The remote caregiver has access to the individual’s work schedule and shares with him his plan to get up and prepare for work. The individual goes back to sleep and no further action is needed.

**Example B:** An individual wakes up ill and gets out of bed. The bed sensor alerts the remote caregiver that the individual is up and out of bed. Through a camera in the hallway directly outside the bedroom, the remote caregiver sees that the individual has fallen to the floor. The individual states through the intercom that he feels ill. The remote caregiver calls 911 immediately to dispatch an ambulance. The remote caregiver then calls the on-call caregiver to get to the home immediately. While waiting for the
ambulance and the on-call caregiver to arrive, the remote caregiver continues to support the individual over the cameras and intercom system.

**Example C:** An individual gets up to use the bathroom and, in the course of returning to bed, falls and is unable to get up. The response protocol would identify an appropriate amount of time this individual would typically be out of bed. Once that timeline is exceeded, the on-call caregiver will be sent to go to the home to investigate.

**Example D:** An exterior door is opened in the middle of the night. All bed sensors indicate the individuals are in their beds. An alert will be activated and 911 will be called.

**Example E:** A sensor on the medication cabinet alerts the remote caregiver the cabinet is open. The remote caregiver calls the home and learns the individual has a headache. It is appropriate and safe for this individual to take comfort meds independently. In this example, the remote caregiver responds, but no onsite response is required.

**Example F:** A sensor indicates the individual is in the basement. The remote caregiver calls the home, learns the individual has recalled leaving his clothes in the drier, and needs them for morning. The individual completes the laundry tasks. In this example, the remote caregiver responds, but no onsite response is required.

**Example G:** A sensor indicates the individual has left the home and gone into the backyard. This individual is a smoker who has stepped out for a cigarette. His average time spent smoking is 7 minutes. He returns to the home within 6 minutes. No response is required. In this example, the situation does not cross the threshold to be defined as an alert.

**Example H:** An individual has difficulty waking up to an alarm for work. At times the individual will shut off the alarm clock without becoming fully awake, thus creating a problem with attending work on time. A sensor alerts the remote caregiver that the individual has not left his room by the designated time and the remote caregiver will make a call to help the individual get up for work on time.

**Example I:** An individual with a history of urinary tract infections gets up five times to go to the bathroom. This is excessive given the normal routine. A nurse is called to assess possible health concerns.

**Example J:** An individual with a history of depression spends most of his day isolated in his bedroom. This is not a normal routine for the individual. A caregiver is called to assess a possible episode of depression.
Informed Consent and Individual Privacy

Here are some best practice considerations to ensure success in the use of monitoring technology:

- Everyone has the right to make an informed choice and to have all of the information available to them to make a truly informed choice.
- An individual’s choice will be honored and respected.
- It is important and imperative to educate and provide information to people on monitoring technology options.
- Everyone has the right to privacy.
- The informed consent process should involve the interdisciplinary team and the case manager or care coordinator.
- The process should be launched to a broader platform of support which may include family, friends, legal representatives, advocates, and guardians.
- In all cases people who the individual chooses and who know the individual should be informed to help the individual with informed consent decisions.
- Even where informed consent is not required by law, following these steps for discussion, participation, and informed consent is a best practice.

Q1: What level of privacy can I expect?
A1: It is recommended that no cameras will be placed in your home without your informed consent. If you live in alternative licensed adult foster care home, there will be no cameras in the bathroom, though there may be sensors if sensors are necessary to protect your safety. It is considered best practices to not have cameras in the bathroom and bedroom if you live in a licensed or unlicensed home. You have the right to know when you are being watched or listened to and who is monitoring you. Your caregiver will show you where the monitoring technology equipment is located in your home.

Q2: How does the informed consent process work when monitoring technology is used?
A2: In alternative adult foster care licensed homes, the caregiver must obtain signed consent from the legal representative to use monitoring technology. This consent may be part of your placement agreement, individual service agreement, or other plan, or it may be a separate form. You are entitled to have a copy of your signed consent.

If you live in your own home, or another licensed or unlicensed home, you may not be required to sign an informed consent form, but you should still understand your rights and consent to the use of monitoring technology before it can be used in your home. People who you choose and who know you may be involved to help you. Some of those people might be family, friends, legal representatives, advocates, guardians, the interdisciplinary team and your case manager or care coordinator.

Informed consent is a process where an individual agrees to the use of monitoring technology after the caregiver notifies the individual and their team about the potential uses of monitoring technology, its risks and benefits, and the caregiver’s plan to protect
the individual’s privacy and safety. Informed consent will generally be embodied in a written disclosure form.

**Q3:** What information do I need to have about monitoring technology to make an informed consent decision?

**A3:** You should be informed of and understand: what the risks and benefits of monitoring technology, what alternatives to monitoring technology may be more appropriate for you, what type of monitoring technology will be used in your home, how the caregiver will be trained in using monitoring technology, how any data or recordings produced by the monitoring technology will be used and stored, how your privacy will be protected, how quickly caregivers will respond to situations that arise where you might need assistance, and what types of backup systems exist were the monitoring technology to fail. You should also discuss issues such as portability of equipment as well as who owns the equipment.

**Q4:** What kind of risks should I be concerned about when using monitoring technology?

**A4:** Risks you should consider include: getting sick during the night, needing medications, falling or sustaining other injuries, being abused or being hurt or scared by another individual, wandering or elopement concerns, and any assortment of other individual risks. Monitoring technology can support many of your needs and carries risks similar to having a caregiver directly present; however, you and your team need to determine if the technology and response time of a caregiver are adequate to keep you reasonably safe.

**Q5:** How frequently is informed consent given?

**A5:** If you live in a home that wishes to obtain an alternative adult foster care license, you must give informed consent to using of monitoring technology before the home is converted. If your needs change after you give consent, your caregiver and your interdisciplinary team will discuss with you what changes to monitoring technology might be appropriate to ensure your health and safety and enhance your independence. If the monitoring technology needs to be substantively changed to suit your changing needs, you will be asked to agree to these changes that reflect what is currently being used for monitoring technology.

**Q6:** What happens if my guardian and I give informed consent but other members of my team do not? Does my guardian have the final word?

**A6:** Typically, you, your guardian and other members of the team need to work out a plan that everyone is comfortable with to insure your safety, wellbeing and desired level of independence. Other important people on your team such as the caregiver and case manager have an important stake in agreeing with the plan. Typically there is an appeal processes for you to use to help when there is a difference of opinion that cannot be resolved by you and your team members. There are advocacy organizations such as the Brain Injury Association, ARC, NAMI, Disability Law Center and the Office of the Ombudsman that may be able to assist you.
Q7: Can I be required to use monitoring technology?
A7: No, you always have the choice to live in a home without monitoring technology if you prefer. You may have to look for another home that does not use monitoring technology and provides the direct caregiver support you want.

Q8: Can I agree to use some types of monitoring technology but not all?
A8: Generally yes, you need only consent to methods of monitoring technology which protect your privacy, provide you with greater independence, and enhance the supports you are already being given. An exception may arise when another roommate in your home needs different monitoring technology than you need or want. Then everyone needs to discuss the types of monitoring technology for the home that best meet everyone’s needs.

Q9: If my adult foster care home wants to convert to using monitoring technology for my overnight supervision, can I be required to move if I don’t want to use it?
A9: When you agree to the use of the monitoring technology, you consent to its use in your home by giving informed consent. If you do not want to use the technology to replace a caregiver for overnight supervision, you should not consent. If you live in a licensed foster care home, the law states that you cannot be required to move from your home for failure to consent to the conversion to monitoring technology.

If you have previously consented monitoring technology in an alternative licensed adult foster home but it is not meeting your needs and you want to change, your request will be evaluated against the needs of all members of the home. It may be possible that you will need to select another living arrangement.

If you live in your own home, or other licensed or unlicensed home, you can consent to using technology for your support. If you consented to technology and then wish to withdraw that consent, you will need to discuss with caregivers and your team options to address the implications of withdrawing consent. Options may include other forms of monitoring technology, caregivers in the home or selecting other living arrangements.

Q10: How does one individual’s use of technology affect others in a group living environment?
A10: If monitoring technology is only used in the individual’s private space and/or bedroom, there is no need to inform or seek informed consent from the other individuals or their teams. However, whenever discernable information is collected and analyzed for other individuals living in the home, informed consent is needed. Whenever cameras are used in a public living area informed consent is needed. In general, when monitoring technology is used in common areas of the home, it is best practice to inform all individuals and their teams of the existence of the specific technology without disclosing another individual’s care plan.
Risk Management/Care Plans

The following FAQ’s with answers are designed to help an individual and their family/team discern how monitoring technology can address areas of risk. In some settings, individuals will have a Risk Management Plan that can assist in determining how, or if, monitoring technology can be used to enhance or replace support and supervision by a caregiver. Even when formal Risk Management Plans are not required, addressing the questions and concerns of managing risks, as described in this document, is recommended as a best practice. Teams should incorporate use of technology into any other existing support plans, such as Individual Support Plan, Community Support Plan, or Residential Placement Agreement.

Q1: What should be included in my plan when assessing the risks and benefits of using monitoring technology?
A1: Your plan should include the following:
• Describe how the monitoring technology applications will be used for the individual, including equipment being used, frequency of use, and times of use.
• Describe the risks the use of technology will be addressing and what the expected benefits will be.
• Describe the provisions for informing/educating the individual on the application of technology and how it will be used to help provide support and supervision.
• Describe whether the use of technology is the least intrusive application, balancing dignity of risk with the safety and security concerns of the individual.

Q2: How should the most appropriate use of monitoring technology, to reduce risk, be determined?
A2: The consideration and planning for the use of technology must involve the individual and their guardian. The use of technology should be driven by individual choice, comfort and safety. Any application of technology should enhance the individual’s independence or assist in improving the quality of care. When the individual and their team are assessing their confidence with level of safety and support, they should consider:
• Does the technology application demonstrate appropriate level of supervision and response time? Technology should not be used to replace direct supervision when it is determined that there is too serious of risk.
• Does the use of monitoring technology pose no greater risk than community standards where your home is located? Individuals and their teams should discuss and determine what current standards exist for the home and service and if monitoring technology will meet or exceed these standards.
• Can the use of technology change as the individual’s needs change and other adjustments are made in support plan? Ongoing monitoring of the effectiveness of technology application should be in place.
• What type of contingency plan is in place to back up the technology in case it fails?
Q3: What if a formal Risk Management Plan is not required?
A3: Any individual considering the use of technology applications as a means to address safety needs or supervisory risks should include their family and friends in a discussion about how the technology will be used and the potential benefits. Having people who are known and trusted helping to document risks will help insure proper use of technology. The considerations described above should be evaluated to determine if technology can satisfactorily address the risks.

Q4: What kind of risks should I be concerned about when using monitoring technology?
A4: Risks you should consider include: getting sick during the night, needing medications, falling or sustaining other injuries, being abused or being hurt or scared by another individual, wandering or elopement concerns, and any assortment of other individual risks. Monitoring technology can support many of your needs, and carry risks similar to having a caregiver directly present; however, you and your team need to determine if the technology and response time of a caregiver are adequate to keep you reasonably safe.

Q5: How fast can a caregiver get to my home if there is an emergency?
A5: As a part of the alternative adult foster care licensing process, your caregiver must develop and provide you with policies, procedures, and response protocols. You must give your consent before use of technology is implemented. The alternative adult foster care license requires that a caregiver respond within 10 minutes unless certain other provisions are met and approved by the Department of Human Services, Division of Licensing. The alternative adult foster care license allows for a longer response if the caregiver can assess and assure you are safe and your needs are being met. If you live in alternative adult foster care licensed home, you and your team will decide the maximum time it can take for your caregiver to get to your home.

The alternative adult foster care license also requires drills if the remote technology system is not used for 90 days. This provision is to ensure you and your caregivers practice how to respond per the protocol established for you.

If you live in your own home, or other licensed or unlicensed home, you should ask your caregiver for the same procedures and protocols to ensure you are comfortable with the level of risk present with whatever response time is decided upon.

Q6: How do I know it if is better for me to have monitoring technology or a caregiver in the home to help me manage my risks?
A6: This question is best answered by you and your team after looking at your specific needs. By studying these FAQ’s, you and your team can discuss the important details that will help you make a good decision. If your goals include increased independence, monitoring technology may be an option for you but it may be not right for everyone. Certain situations such as complicated medical needs or safety issues may require you to continue having a caregiver with you at all times. Monitoring technology may be used as an additional support to caregiver presence. You need to look at your own risks in the areas of health, safety, environment, and abuse, and determine if monitoring technology can manage those risks and is affordable.
Q7: Can I use monitoring technology to in addition to my current caregivers?
A7: Yes, in fact there are many technology options that can help you be more independent even when caregivers are at your home to support you. Types of monitoring technology that may support you could include a call button to alert a caregiver to assess your needs when they are in another part of the home, a sensor to let a caregiver know if you fell out of bed, a monitoring sensor can check your blood pressure, and many other devices that can help you increase your independence.
**Funding**

**Q1:** What am I buying when I purchase monitoring technology?

**A1:** When you buy products from a monitoring technology provider or are the recipient of a service caregiver purchasing monitoring technology, you are actually buying a system that may include: costs for the use of the software and system that interprets the data from the sensors or monitors, the computer server, specialized equipment (such as monitors, sensors and cameras), the back-up system, resource or response center, 24 hour shared caregiver or response provider, shared liability, maintenance resources for repair, phone and internet services, updates, and reports or data interpretation.

It is important to understand that most systems will be purchased from a company that specializes in this type of technology. Some caregivers may be able to design their own systems if they have the expertise in their personnel and have the resources to design and house the software and server.

**Q2:** How will the technology be paid for?

**A2:** Individuals may always use their personal funds and resources to purchases the equipment or the related costs. If services and equipment will be purchased using public funds the individual should work with their case manager and the funding entity about how to access the appropriate services lines available to them.

It is the recommendation of the Monitoring Technology Workgroup that the upfront costs of purchasing the equipment and the related installation cost be paid for using certain HCBS waiver lines. These are:

- “Special Equipment and Services” for CADI, TBI, EW, AC and CAC individuals.
- “Assistive Technology” for DD individuals.
- “24 hour Emergency Assistance” for CADI and DD individuals not living in group residential setting.

Please refer to the provider manual for current funding options.

Purchasing equipment and installation in a one time manner reduces labor on the part of the funding entity because they do not have to engage in complicated depreciation schedules and fluctuating rates.

The ongoing costs of monitoring fees, internet, phone services, shared caregiver, and maintenance fees should be incorporated into the rate of the individual served. The MN Waiver Rate Setting work group has incorporated monitoring technology into the methodology for group residential services.

Before the new rate methodology is fully implemented or for individuals for whom the waiver rate setting will not apply, we recommend that negotiations take place between the public or private funding entity and the purchaser. These negotiations should include and consider the costs of the equipment, installation, ongoing cost of system, caregiver or response team, replacement equipment and if there are savings in removing other
supports or caregivers by bringing in the technology. The discussion should address if the monitoring system is being requested to enhance the quality of services but is not removing any current services and how these costs will be covered. Discussions of rates should include information about how the system will provide a service now or into the future, and if the technology were not used, would the individual require a caregiver presence to provide that service or oversight.

Discussion and agreements should also be reached ahead of time when the funding entity is willing to pay for replacement of certain equipment because of damage or the equipment is outdated and ineffective.

**Q3: Who owns the equipment?**

**A3:** If an individual purchased the equipment and services with their own money and/or the system is only used for his or her specific use, then that individual owns the equipment. To use the equipment in a different setting the individual may need to continue to pay for the ongoing fees for the system’s use and maintenance.

If public funds are used and the equipment and system are shared with two or more individuals, the system and equipment are retained with the location and the caregiver. Certain circumstances may require a discussion about portability, future use, and repeat purchases of equipment.

Some systems and equipment may need to stay together in order to work. A purchased sensor can not work without the related system and the internet. The individual pieces of equipment are ineffective without the other related sensors and connection to that particular software system. Ownership of monitoring technology is similar to purchasing a ramp for the home that benefits multiple individuals in the home, but when someone leaves, the ramp is not disassembled to give that portion to the one individual. The ramp remains to benefits the other individuals and for future individuals in this home.
Data Privacy (for Individuals)

Q1: Who will have access to my individual information?
A1: Caregivers who need individual information about you to do their jobs properly have access to this information. You and your guardian may give written permission for other individuals to have access to your information. Other authorized people (such as case managers or other county or state representatives) may also have access to this information. They all have a responsibility to keep this information confidential.

If your caregiver uses a technology provider to monitor cameras or sensors, the employees of that provider may have access to your individual information to do their job properly. Your caregiver must have a signed business association/confidentiality agreement with that provider so that the provider agrees to keep your individual information private and confidential.

Q2: If monitoring technology is used in my home, what type of individual information will my caregiver collect?
A2: What individual information your caregiver will collect will depend on the type of monitoring technology used in your home. If you have cameras in your home, the cameras may or may not record video or audio.

Recorded data is retained for a finite amount of time. If you are living in an alternative adult foster care licensed home, video and audio recordings are kept for 5 days. Exceptions are made when an individual or the legal representative requests that the data is held longer based on a specific report of alleged maltreatment or the data captures an incident or event of alleged maltreatment or a crime. Under these situations the license holder must maintain the data in a secured location for up to 30 days, during which time, the investigating agency has an opportunity to review or make a copy of the data.

If you live in your own home, or a licensed or unlicensed home, you should have a conversation with your caregiver, your team members, and the technology provider about how long recordings will be stored.

If an individual files a complaint while the data still exists, and that data does not contain images of other individuals living in the home, the requesting individual and guardians may have access to the images related to the incident.
Data Privacy (for Caregivers)

Q1: Who and how many people will have access to the individual’s information?
A1: All caregivers have access to client data and individual information based on their “need to know” to fulfill their job responsibilities or assigned duties. In general, the HIPAA Privacy Rule is that a caregiver with a “need to know” shall have access to only “the minimum amount of information necessary for the caregiver to do their jobs properly to accomplish the intended purpose.” All caregivers have a responsibility to safeguard and to keep this information confidential.

PHI or Protected Health Information is to be used only for individual care and other health care services or treatment purposes. A caregiver or human services entity can share this information with a technology company with whom they have a signed business associate agreement.

The HIPAA Privacy Rule expressly permits a covered entity to disclose PHI to a business associate, or allows a business associate to create or receive PHI on its behalf, so long as the covered entity obtains satisfactory assurances in the form of a contract or other agreement that the business associate will appropriately safeguard the information.

Q2: What specific information will others have access to as a part of their job (i.e. individual data, reports, live feed or digital recordings)?
A2: There will be caregivers who will have access, as a part of their jobs, to live feed or digital recordings of data for monitoring purposes. This data is to help safeguard individual safety on a “real time” basis and this data does not become HIPAA protected until it is organized into written reports with an individual’s name on it to identify who it belongs to.

Q3: Under what circumstances would this information is shared with others?
A3: PHI data collected from the use of monitors and sensors can only be shared with others as long as there is compliance with both the HIPAA Privacy and Security Rules. PHI should be collected, used, and disclosed only to the extent necessary to accomplish a specified purpose(s) and never to discriminate inappropriately.

Q4: What happens to the data? How long and where will the data be stored?
A4: Each caregiver is encouraged to consult with your own legal representation and insurance carriers about the access, security and storage of your data. You should be discussing internally and with any technology provider their capacity to retain, secure, access, and interpret data.

Recorded data is retained for a finite amount of time. If you are living in an alternative adult foster care licensed home, video and audio recordings are kept for 5 days. Exceptions are made when an individual or the legal representative requests that the data is held longer based on a specific report of alleged maltreatment or the data captures an incident or event of alleged maltreatment or a crime. Under these situations the license holder must maintain the data in a secured area for up to 30 days, during which time the
investigating agency has an opportunity to review and make a copy of the data.
Response Protocols, Fail Safes and Redundancies

Here are some best practice considerations to ensure success in the use of monitoring technology:

- The individual and those who know the individual well, are confident with the level of safety and support being designed within the remote monitoring system and response protocols.
- The monitoring technology and response protocols demonstrate an appropriate level of supervision and response time.
- There should be a benchmark for determining that the risk and benefits in using monitoring technology is reasonable and similar to community standards.
- The effectiveness of the monitoring technology is monitored and evaluated. Someone is assigned to provide an on-going evaluation of the effectiveness of the remote monitoring system.
- The remote monitoring system is changed when the individual’s needs change and adjustments are made in the individual’s care plan.
- There is adequate documentation of events that are responded to by remote and on call caregivers.
- Records of system failure are monitored, addressed to meet the needs of the individual and available to the team.
- When first implementing monitoring technology to replace a caregiver on site, a dual system of caregiver and technology are used to ensure system functionality.
- A formalized system check of the monitoring system should be completed prior to activation to confirm full functionality. Drills of the monitoring system must be completed every 90 days when the system is not activated.
- The system should have a documented maintenance schedule for routine maintenance of equipment and replenishment of batteries according to acceptable standards defined by the equipment manufacturer.
- Technology providers and caregivers should have written documentation of their fail safes, redundancies and back up plans which is made available to all individuals, guardians and team members.
Q1: **What types of responses are possible within a monitoring system?**

A1: There are a number of possible responses protocols or combinations of protocols depending on your circumstances. These are some examples:

**Call for Help:** When a call-for-help button is pressed, it will activate a call to a monitoring company who in turn will make a call to an on-call caregiver, or the system may make a call directly to a remote caregiver who will come to your home. The time it takes for the caregiver to get to you is decided by you and your team, but it must be reasonable to ensure your safety. In alternative adult foster care licensed homes, the caregiver must respond within 10 minutes of the alert, or within a time period that is within an agreed upon plan.

**Audio and Video Help:** Monitoring technology system can alert a caregiver who may have the ability to see you, hear you, or talk to you through intercoms, cameras and TV screens in your home. The caregiver may have the ability to assess your wellbeing through the help of a camera. The caregiver may determine if you need help and determine if someone needs to come to your home. Sometimes the caregiver can help you through a problem or need by discussing the matter with you without needing to send a caregiver.

**Emergency Help:** In an emergency, such as an intruder in your home or a fire, the monitoring system or a remote caregiver may call the police or fire department if it is determined that you need help quickly. You will still have to take care of yourself by following the emergency procedures you have learned until assistance arrives.

Q2: **How long will it take for someone to get to me if I need help directly?**

A2: As a part of the alternative adult foster care licensing process, your caregiver must develop and provide you with policies, procedures, and response protocols. You must give your consent before use of technology is implemented. The alternative adult foster care license requires that a caregiver respond within 10 minutes unless certain other provisions are met and approved by the Department of Human Services, Division of Licensing. The alternative adult foster care license allows for a longer response if the caregiver can assess and assure you are safe and your needs are being met. If you live in alternative adult foster care licensed home, you and your team will decide the maximum time it can take for your caregiver to get to your home. The alternative adult foster care license also requires drills if the remote technology system is not used for 90 days. This provision is to ensure you and your caregivers practice how to respond per the protocol established for you.

If you live in your own home, or other licensed or unlicensed home, you should ask your caregiver for the same procedures and protocols to ensure you are comfortable with the level of risk present with whatever response time is decided upon.
Q3: **What if the system does not work?**

A3: The system must be tested regularly and must be working when it is activated. The system must have a way to alert caregivers if it is not working and have back-up safeguards to get a caregiver to help you if the system fails. Things that could cause the system to fail include, but are not limited to a power outage, low batteries, tampering, internet failure, or a device malfunction.

A system should have back up and redundancy measures to keep the system operating, but in the event that all redundant measure fail, the system must ensure a caregiver is alerted to come and provide support. If a caregiver fails to respond, you will know what fall back measures you should take to get help, or if you are incapable of making those decisions, the system will escalate your call to another individual or entity to help you.

As a best practice you and your caregivers should be trained and must be able to consistently demonstrate that you are able to use the technology. You must be able to demonstrate that you are able to respond to emergency situations that you may encounter in the absence of immediate on site support from caregivers. If you are unable to respond to an emergency situation, environmental modifications may be used to assist in keeping you safe. Caregivers who intervene remotely will be trained on the needs of the individuals they monitor. You and your caregivers will be taught what to do in case of a system malfunction or technological failure.

Before a monitoring system is activated, your caregiver will test the system. The system will be checked regularly to determine it is working, including all devices.

At times, it may be appropriate to supplement the monitoring system with direct support at your home. Caregivers may come to your home if you are unusually ill, if there is a pending storm, or other dangers that may require you to have on site help. It is important that your safety and well being is evaluated carefully by your caregivers before the monitoring system is activated.

Here are some examples of protocols:

**Example A:** An individual wakes up worried because he forgot what time he has to be at work. He pressed his call-for-help button and a caregiver responds to his call over a home intercom. The individual turns on the intercom privacy switch and visits with the remote caregiver who asks him to go to the computer station. The individual gets up and goes to the home computer station where he can see and talk to the remote caregiver. The individual and remote caregiver discusses his work schedule situation. The remote caregiver has access to the individual’s work schedule and shares with him his plan to get up and prepare for work. The individual goes back to sleep and no further action is needed.

**Example B:** An individual wakes up ill and gets out of bed. The bed sensor alerts the remote caregiver that the individual is up and out of bed. Through a camera in the
hallway directly outside the bedroom, the remote caregiver sees that the individual has fallen to the floor. The individual states through the intercom that he feels ill. The remote caregiver calls 911 immediately to dispatch an ambulance. The remote caregiver then calls the on call caregiver to get to the home immediately. While waiting for the ambulance and the on call caregiver to arrive, the remote caregiver continues to support the individual over the cameras and intercom system.

**Example C:** An individual gets up to use the bathroom and, in the course of returning to bed, falls and is unable to get up. The response protocol would identify an appropriate amount of time this individual would typically be out of bed. Once that timeline is exceeded, the on call caregiver will be sent to go to the home to investigate.

**Example D:** An exterior door is opened in the middle of the night. All bed sensors indicate the individuals are in their beds. An alert will be activated and 911 will be called.

**Example E:** A sensor on the medication cabinet alerts the remote caregiver the cabinet is open. The remote caregiver calls the home and learns the individual has a headache. It is appropriate and safe for this individual to take comfort meds independently. In this example, the remote caregiver responds, but no onsite response is required.

**Example F:** A sensor indicates the individual is in the basement. The remote caregiver calls the home, learns the individual has recalled leaving his clothes in the drier, and needs them for morning. The individual completes the laundry tasks. In this example, the remote caregiver responds, but no onsite response is required.

**Example G:** A sensor indicates the individual has left the home and gone into the backyard. This individual is a smoker who has stepped out for a cigarette. His average time spent smoking is 7 minutes. He returns to the home within 6 minutes. No response is required. In this example, the situation does not cross the threshold to be defined as an alert.

**Example H:** An individual has difficulty waking up to an alarm for work. At times the individual will shut off the alarm clock without becoming fully awake, thus creating a problem with attending work on time. A sensor alert tells the remote caregiver that the individual has not left his room by the designated time and the remote caregiver will make a call to help the individual get up for work on time.

**Example I:** An individual with a history of urinary tract infections gets up five times to go to the bathroom. This is excessive given the normal routine. A nurse is called to assess possible health concerns.

**Example J:** An individual with a history of depression spends most of his day isolated in his bedroom. This is not a normal routine for the individual. A caregiver is called to assess a possible episode of depression.
Caregiver Training

Q1: What kinds of training do my caregivers and I receive with the monitoring technology system?

A1: As a best practice you and your caregivers should be trained and must be able to consistently demonstrate that you are able to use the technology. You must be able to demonstrate that you are able to respond to emergency situations that you may encounter in the absence of immediate on site support from caregivers. If you are unable to respond to an emergency situation, environmental modifications may be used to assist in keeping you safe. Caregivers who intervene remotely will be trained on the needs of the individuals they monitor. You and your caregivers will be taught what to do in case of a system malfunction or technological failure.

Best practices recommend quarterly review of procedures. Because monitoring technology evolves rapidly, changes and frequent upgrades are the norm. You and your caregivers should be trained on improvements and upgrades when they affect individual and caregiver maintenance of the system or emergency response protocols.

Q2: When using monitoring technology, what is documented if there is an incident that triggers an alert requiring a response?

A2: In alternative adult foster care licensed homes caregivers must establish a process for documenting a review of the implementation and effectiveness of the response protocol. This must include:

- A description of the triggering incident
- The date and time of the triggering incident
- The time of the response or responses
- Whether the response met the individual’s needs
- Whether existing policies and response protocols are adequate or need modification

Best practices suggest that this information should be documented, in most situations, when incidents occurs using monitoring technology.

Q3: What other safeguards should be in place when using monitoring technology?

A3: In an alternative adult foster care licensed home, when no physical presence response is needed for a 90 day period, the license holder must conduct a physical presence response drill. As a best practice, all homes using monitoring technology should conduct drills every three months if the system is not activated.

Emergency and non-emergency phone numbers must be posted in a prominent location in a common area of the home where they can be easily observed by an individual responding to an incident who is not otherwise affiliated with the home.