REMOTE SUPPORT
WHAT IT CAN – AND CANNOT!- DO

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What is it?

Remote Monitoring	Remote Support (People with IDD)
• Mainly surveillance cameras, video only • Used by many commercial entities (stores, businesses, governments, etc.) • No interaction with people being filmed • Nearly always records and keeps the video for some length of time	• Uses a variety of technologies, including cameras, sensors, etc., in a household • Two-way audio and video • Active unique engagement with support people, who are in a different geographic location • Can be recorded if client agrees • Can be provided 1-on-1 or to a household

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Why is Remote Support important?

- Helps offset the shortage of Direct Support Providers (DSP) to care for those with IDD
- Encourages and enhances individual independence, self-confidence and promotes self-determination
- Maintains health and safety procedures
- Can combine DSP services and Remote Support if the individual needs both
- Is significantly less expensive than DSP on an hourly basis
  - As available Medicaid dollars are reduced, we must find viable alternatives

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Ohio Examples

- Ohio is a "Technology First" State and has been a national leader in expanding the use of assistive technology and remote supports.
- It is now required that those authorizing ISP's consider remote support before authorizing on-site personnel.
- Numerous Remote Support companies have started in the past few years
  - Some have very limited individual support—mainly monitoring rather than active engagement
  - Some claim to be statewide—but cannot provide necessary technical support
  - Some are excellent

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Real Life Experiences

- Two men with IDD, ages 42 & 46, live alone in a single family home in their community.
  - Prior to COVID, they had a live-in caregiver.
  - After that, there was a series of drop-in caregivers, with one of the parents sleeping there overnight.
- Nearly 3 years ago, a remote support company called Ohio At Home took over the nights and the morning routines to get the men off to work.

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Real Life Experiences – cont'd

- A bumpy start—lack of clarity on both parts about what was needed and exactly what the remote support personnel would do
- Installation of hardware took a long time and was difficult to hide wires for aesthetic purposes
- Very large house (3 stories) with 8 cameras. Internet capability had to be increased to help insure all stay online. Also have Facebook portals and Alexa which are essential for the residents to see to whom they are talking.
  - (Note: internet costs are not paid for by Medicaid, so each family needs to cover those independently)

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Real Life Experiences – cont'd

- The younger man has IDD, autism and communication disorders.
  - Needs very specific directions at each step for waking up, getting dressed, morning hygiene activities, fixing breakfast, etc.
- Ohio At Home worked long hours with us to learn exactly what to say, how to interpret non-verbal responses, etc.
  - Personnel training and documentation has been excellent
  - Have less turnover than Direct Service Provider agencies, but still a fair amount. Routines and instructions are transferring well.
- Both men take medications using a DOSE medication dispenser.
  - Remote supports is not part of this since it is automated and linked directly to parent's phone.
  - Other families include medication monitoring in remote services as needed.

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Some of the problems

- On-site Technical Support isn't consistent
  - Ohio At Home is in Columbus; we are in Cleveland
- When internet services goes out, there is no support
  - Can use telephones for backup audio support
- When Remote Support camera goes down, it helps to have a redundant system, e.g. inexpensive Ring cameras in key areas (additional expense to family)
- When power goes out, there is no support unless you have a generator (Ohio At Home has one also)
- Technology changes. Depending on nature of disabilities, it may be advisable to replace some of one's older equipment; there is not always budget for this

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Remote Supports are not for Everyone

Good Chance for Success	Not likely to work
• Able to understand verbal directions and engage somewhat with RS personnel • Comfortable being on their own sometimes; RS oversight may be talking to other clients, etc. • Families willing to work with RS to train them on how to best work with their person with disabilities • Generally compliant personality • Comfortable with technology	• Aggressive or angry demeanor • Refuses to engage or respond to RS personnel • Medically very fragile • Poor internet availability • Unwilling to learn about and collaborate on what technology might be useful

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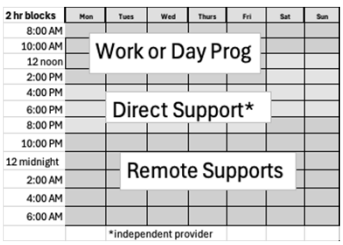
Cost savings can be very significant. Example: a possible average week



	Total Weekly Hours	$ rate per hour	Cost per week with Rem Supts		No remote support
Work	40	0	0		0
Direct Supt	46	30.32	1395		1395
Remote Supt	82	9.48	777		2486
	Total per week		2172		3881
Weekly savings using RS			$1,709		
Annual savings for 1 person			**$88,868**		
Average initial equipment cost (3-5 year life)					
		$5000-$10,000			

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Future Expectations?

- The shortage of qualified Direct Service Providers will continue and is likely to get worse as the population ages.
- People with IDD have increased life spans nearly equal to those without disabilities, and will thus need care for longer periods.
- Technology is making amazing leaps that can help with monitoring both behavior and serious medical issues remotely.
- Medicaid budgets will continue to face downward pressure.
- Solutions like Remote Monitoring will need to be widely expanded to help keep those with IDD safe and healthy.

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Legal Issues with Remote Support

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Introduction

- Tremendous growth in remote monitoring (GPS, wearables, sensors, apps) over last several years
  - COVID-19
  - Staffing shortages
  - Development of technology

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Benefits and Concerns

- Benefits:
  - Increased safety
  - Autonomy
  - Reduced staff reliance resulting in cost savings
- Concerns:
  - Privacy
  - Consent
  - Disability rights
  - Liability

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Privacy and Confidentiality

- Constitutional rights: 4th Amendment, Katz v. US
- HIPAA covers health-related monitoring data
- State laws regarding use of remote monitoring and written consent requirements vary
- Ethics: balance safety vs. dignity, avoid punitive use

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Ohio Consent Requirements

- Ohio: O.A.C. 5123-9-35 outlines requirements for written consent
  - Includes person receiving services and each person residing with them
  - Must be informed
    - That remote staff will observe activities and/or listen to conversations,
    - Where in the residence this will take place, and
    - Whether or not recordings will be made.

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Consent and Capacity

- Informed consent may be limited by capacity.
- Guardians/POAs may consent, but wishes of individual matter.
- Supported decision-making: alternative to guardianship.
- Conflicts: safety vs. privacy and independence.
- Courts will use a best interest vs. substituted judgment standards. Courts are increasingly using substituted judgment.

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Disability Rights and Anti-Discrimination

- ADA and Section 504 prohibit discrimination.
- Services must be least restrictive, integrated.
- Olmstead v. L.C.: integration mandate.
- Risk: surveillance in congregate settings may segregate.
- Excessive monitoring may resemble restraints.

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Liability and Duty of Care

- Providers assume duties once monitoring is implemented
- Negligence risk if alerts ignored
- Agencies need clear protocols for monitoring/response
- Vendors must maintain HIPAA compliance, safeguard data collected and properly maintain the systems
- Ohio: real-time awake staff required, backup systems
- Manufacturers: product liability for device failures

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Regulatory and Funding

- Medicaid HCBS waivers are the primary source of funds for remote supports
- Federal HCBS rules require services, including remote supports, to be person-centered, consent-based, and integrated
- Funding caps often limit technology access, requiring states to use local or state funds to supplement the waiver dollars
- Many states lack comprehensive regulation regarding remote supports

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"Technology First"

- The Technology First framework started before COVID, with Ohio and Missouri the first adopters
- As of 2023, nearly half the states were on the way to adopting the framework
- Requires consideration of technological supports before defaulting to in-person staffing

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Best Practices – ISP Documentation

- Use of remote supports must be documented in detail in the ISP, including
  - Evidence that the supports and services are delivered to reflect the individual's preferences, and
  - The supports and services ensure health, safety and wellbeing
  - Written consents should be a part of the ISP

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Best Practices – Licensing Requirements

- States should implement licensing requirements that include:
  - Written policies regarding consent, data use, response protocols
  - Data collected must be secured by encryption, access control, and subject to audit trails
  - Provider training and compliance requirements
  - Regularly review monitoring arrangements
  - Person-centered planning with individual input

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Conclusion

- Remote support enhances safety and independence.
- Also implicates privacy, disability rights, liability.
- Must ensure informed consent and civil rights compliance.
- Technology should empower, not control.
- Always prioritize human dignity.

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Questions??

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