

Evaluation to Receive Home and Community Based Services (HCBS) via Remote Technology

The purpose of this evaluation is to determine the appropriateness of utilizing remote technology as part of an individual's service delivery plan to receive HCBS as described in 21-ADM-03. This evaluation must be completed by the Care Manager in collaboration with the individual and/or their family/representative when appropriate, the provider of the HCBS, and other members of the individual's care planning team.

| | |
|---|--|
| Individual's Name | |
| TABS ID # | |
| Day Service Provider Agency | |
| Care Coordination Organization (CCO) | |
| Care Manager Name | |
| Care Manager Contact Info (Phone & E-mail) | |
| Date Completed | |

Table 1. Proposed Service(s) and Schedule for Remote Technology (*check all that apply*):

| Service | # of Hours Requested | Frequency: per Day, Week, or Month |
|--|----------------------|------------------------------------|
| <input type="checkbox"/> Day Habilitation | | |
| <input type="checkbox"/> Community Habilitation | | |
| <input type="checkbox"/> Prevocational Services | | |
| <input type="checkbox"/> Support Broker | | |
| <input type="checkbox"/> Pathway to Employment | | |
| <input type="checkbox"/> Supported Employment (SEMP) | | |
| <input type="checkbox"/> Respite | | |

Table 2. Appropriateness of Remote Delivery of Service(s):

Instructions: When requesting a HCBS waiver service(s) be delivered via remote technology, the response to the following questions must be YES for all service(s) being requested in Table 1. If the response is NO, then the service(s) for which the response is NO cannot be delivered via remote technology. All requested services for remote delivery must be represented on this form. The Care Manager must appropriately document that the individual and/or the family/representative when appropriate, have expressed a desire and provided their written informed consent to use remote technology. The Care Manager must document this in a separate consent that is incorporated into the Life Plan or in the Life Plan itself, in the narrative in section I, in the special considerations in section II or III, or in the meeting summary in section VI.

| YES | NO | SERVICE DELIEVERY REQUIRMENTS |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. The service(s) delivered via remote technology ensures the individual's rights of privacy, dignity and respect, and freedom from coercion and restraint |

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| | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 2. The service(s) do not isolate the individual from the community or interacting with people without disabilities |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. The individual has other opportunities for integration in the community via the other Waiver program services the individual receives and are provided in community settings |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. The request to use remote technology was initiated by the individual and/or the family/representative when appropriate, and not the provider |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. The individual's need for hands-on services can be met during time when remote services are provided (e.g. natural support assisting with toileting) |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. The individual is able to participate in remote service delivery when services are effectuated via verbal prompting |

| YES | NO | CHOICE AND CONSENT |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. The individual and/or the family/representative when appropriate, have affirmatively expressed a preference for remote service delivery and provided written informed consent for remote service delivery using technology |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. The planning team established a schedule for in-person face to face and for services delivered remotely |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. The individual and/or the family/representative when appropriate, have reaffirmed their preference and provided written informed consent to continue receiving remote service delivery using technology at least every six (6) months or with each semi-annual Life Plan review |

| YES | NO | POTENTIAL FOR ENGAGEMENT |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Service(s) delivered via remote technology can be done while maintaining the individual's health and safety |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. The individual and/or the family/representative when appropriate, were provided with information on a variety of delivery modalities available and have chosen to receive service(s) via remote technology from among a variety of options |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. The individual can benefit from the delivery of service(s) via remote technology to a comparable degree as in-person services delivery |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. The individual can adequately engage in the service(s) independently or with minimal verbal/visual cue prompts, or with minimal facilitation from available natural supports physically present |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. The individual can generally maintain adequate engagement via remote technology to benefit from the full scheduled time of service |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. The service plan(s) proposed for delivery via remote technology include(s) strategies and activities that align with the service goals and Life Plan outcomes |

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| YES | NO | POTENTIAL FOR ENGAGEMENT |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 7. The provider ensures that any and all services delivered via remote technology will change to in-person service delivery if chosen by the individual and/or the family/representative |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Services delivered via remote technology will be pre-planned and preparation prior to the session will include having the materials needed for any activities supplied by the provider in advance (or coordinated with the individual and/or the family/representative when appropriate, if using common household items that do not require additional out-of-pocket expenses for the individual) |

| YES | NO | REMOTE TECHNOLOGY CAPACITY |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. The individual has the remote technology equipment required for the service(s) (check all that will be used): <input type="checkbox"/> Telephone <input type="checkbox"/> Computer, tablet, smart phone <input type="checkbox"/> Reliable internet able to support audio/video conferencing <input type="checkbox"/> Other technology that adequately meets the needs of the proposed remote delivery: Click or tap here to enter text. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. The provider has the remote technology equipment required to deliver services |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. The individual can adequately use the remote technology equipment with some level of independence. This may include independent use, assistance for set-up and troubleshooting by willing and available natural supports, or remote technical assistance from the provider |

| YES | NO | PRIVACY |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. The provider is using technology that is compatible with the privacy requirements of the Health Care Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended by the Health Information Technology for Economic and Clinical Health (HITECH) Act |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. The provider has explained privacy requirements for remote technology service delivery and has obtained and documented permission from the individual and/or the family/representative when appropriate |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. The provider and the individual have reasonable ability to ensure a quiet environment and adequately private space on both ends conducive to confidentiality and learning |