SUPPORTIVE TECHNOLOGY

ASSISTIVE TECHNOLOGY (AT)

&

REMOTE SUPPORTS AND MONITORING (RSM)

Anything is possible

QUICK REFERENCE GUIDE

Contents

SUPPORTIVE TECHNOLOGY

Supportive Technology is a term encompassing two services: Assistive Technology (AT) and Remote Supports & Monitoring (RSM). AT can be provided exclusively or in combination with RSM. Our goal with Supportive Technology services is to increase the opportunities for individuals to achieve greater independence in their lives.

ASSISTIVE TECNOLOGY DEFINITIONS

Assistive Technology (AT) Device "means any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities." *Assistive Technology Act of 1998, Pub. L. No. **105-394** 105th Cong.. (AT Act).*

Assistive Technology Services: "any services that directly assist an individual in the selection, acquisition, or use of an assistive technology device". *Technology-Related Assistance of Individuals with Disabilities Act (1988)*

SUPPORTIVE TECHNOLOGY SERVICES

Assistive Technology Services consist of three distinct components:
- **Assistive Technology Evaluation** of the assistive technology needs of an individual, including a functional assessment of technologies available to address the individual's assessed needs and support the individual to achieve outcomes identified in his or her individual support plan.

- **Assistive Technology Devices** covers the cost of assistive technology equipment consistent with the AT assessment.

- **Assistive Technology Training** includes the set-up of AT equipment, education and support that aids an Individual in the use of assistive technology equipment and devices as well as training for the individual's support network (paid/unpaid) or who are otherwise substantially involved in activities being supported by the assistive technology equipment and devices

Remote Supports and Monitoring Services (RMS) provide for an off-site direct service provider that monitors and responds to an individual's health, safety, and other needs using live communication, while offering the individual more independence in their home.

RMS is the provision of supports using communication and non-invasive monitoring technologies to assist participants to attain and/or maintain independence in their homes and communities while minimizing the need for onsite staff presence and intervention. Remote Supports and Monitoring covers two way "real time" audio/video use technology delivered by qualified provider staff from a remote location and delivered on a scheduled and as-needed basis as identified in the participant's Individual Support Plan. Use of audio and video devices will not be permitted in bedrooms or bathrooms. Remote Supports and Monitoring must include an in-person backup plan, based on the needs of the participant. Individual interaction with Remote Supports and Monitoring staff may be scheduled, on-demand, or in response to an alert from a device in the remote support and monitoring equipment system.

Remote Supports and Monitoring service is always combined with Assistive Technology.

HOW TO SUPPORT INDIVIDUALS TO USE ASSISITVE TECHNOLOGY TO ACHIEVE THEIR GOALS AND GREATER INDEPENDENCE

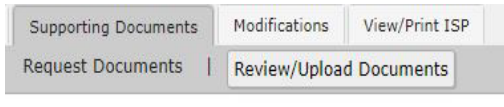| Individual Planning | AT Initial Screen | When Referral is Needed | AT Referral | AT Evaluation | AT Device Acquistion | AT Training |

INDIVIDUAL PLANNING FOR AT

1.	Begin by assisting the individual to identify areas in which they would like to be more independent, tasks that they are frustrated with, and tasks that staff/caregivers must complete for them. This can include a greater goal of living more independently with less staff presence throughout their day. ➢ What are your current challenges? ➢ What do you want to be able to do? ➢ What are your goals? • Identify the environment(s) that the individual wants to be more independent in. • Discuss with the individual and their support staff/family/caregiver and Service Coordinator to talk with the person about the benefits of Assistive Technology.
2.	Identify areas where the individual may benefit from the use of AT. The following questions and information may be helpful: • What are your current abilities? • Where would you be completing the task? • What are some of the barriers that are in the way of you being independent? • Identify where the individual is at risk for health and safety or wants increased independence or privacy • Identify if the individual already owns AT that can meet their need.

ASSISTIVE TECHNOLOGY SCREENING ASSESSMENT

1.	Each individual will have an Assistive Technology Screening Assessment (AT Screening Assessment) completed with them when initially receiving a service licensed by the Office of Quality of Enhancement that requires the completion of assessments and as part of the annual ISP process. • If the individual does not have an ISP, the Service Coordinator will work with the individual and their family/caregivers to complete the AT Screening Assessment. The AT Screening Assessment will identify areas where an individual is not independent and determine if they have an interest in using AT to enhance their independence or to maintain skills/safety. *Identifying Appropriate Assistive Technology while it is easy to get caught up with the latest app or piece of technology, it is important to use a methodical step by-step process for deciding what technology works best for a specific need. The following are steps to be done in partnership with the individual:*

	The AT Screening Assessment will identify areas where an individual is not independent and determine if they have an interest in using AT to enhance their independence or to maintain skills/safety.

The following steps should be taken when assisting an individual with completing an AT screening, trialing equipment, and developing a support plan.

1. Identify the issues to be addressed.
2. Determine if AT has the potential to address the issue.
3. Determine the factors in the environment where the assistive technology will be used that need to be considered.
4. Using the information developed, identify potential assistive technology tools.
5. Review the individual's skills and needs and ability to use and navigate the possible assistive technology options.
6. **Assist the person to trial identified technology by accessing lending libraries and/or Tech centers to borrow equipment/devices for the individual to use for a period of time.**
7. Based on this trial, determine if the assistive technology is appropriate and feasible to address the issue identified.
8. Develop an **AT Plan** to implement the assistive technology, including training the individual and accessing necessary supports.
9. Evaluate the effectiveness of the technology on an ongoing basis. It is important to view technology as an individualized tool. What works for one person may not be appropriate or helpful for another person. |
| **2** | The AT Screening Assessment should be uploaded using the Supporting Documents tab and selecting "Other Documents" within the ISP module. *(Documents can be uploaded in the other documents category in HCSIS at any time by both the provider and DDS staff)*

Supporting Documents   Modifications   View/Print ISP
Request Documents | Review/Upload Documents |

WHEN A REFERRAL FOR AN ASSISTIVE TECHNOLOGY EVALUATION IS NEEDED:

DDS AT services provides individuals access to a professional AT Evaluation and Support Services completed by an OT, PT, Speech Therapist, Assistive Technology Professional (ATP), Rehabilitation Engineer and/ or a combination of these specialists based on the individual's goals and identified barriers. In addition to the completed AT Evaluation, an Assistive Technology Training and Support Plan will be developed (See below).

- **For those using Self-Directed services, the DDS contracted AT services (Vendor agency) or independent contractors that meet qualifications can be used.**

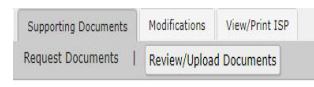**Referrals for an AT Evaluation can be made for the following reasons:**

- An individual who is interested in receiving Remote Supports and Monitoring will need a comprehensive AT Evaluation to identify personal goals and address any safety/medical needs, independent living/community areas that have potential risks.
- The AT Initial Screening Assessment demonstrates a need for professional AT evaluation *beyond* what the provider/family/care giver can provide.
- An individual has an emergent need and/or significant change in need, a referral can be made for an AT evaluation to be completed to address a specific goal/targeted need(s).

	REFERRAL PROCESS FOR AN AT EVALUATION:
1.	**A.** The Service Coordinator will complete and submit an AT Evaluation Referral Form to the Area Director or designee for review and approval for a professional Assistive Technology Evaluation to be completed. Area Director or designee approval is required before referral to a profession for AT Evaluation is authorized. - If an AT Evaluation has already been completed (through school, for example), the Service Coordinator should include that information in the AT Evaluation Referral Form and upload the AT Evaluation into the other documents section of the ISP or enter in MEDITECH *(if individual does not have an ISP).* **B.** The DDS Service Coordinator will work with Area Office point person to obtain approval for funding for an AT Evaluation, process a referral, and assist the individual in identifying an approved Assistive Technology provider to conduct an AT Evaluation. **C.** The DDS Service Coordinator educate the individual regarding their option for AT providers based on specialty needed. **D.** The DDS Service Coordinator will submit the completed referral form and the AT Screening Assessment to the individual's chosen AT provider.
2.	**Once Completed:** A. A copy of the completed AT evaluation should be submitted by the AT provider to the individual's Service Coordinator B. The AT evaluation should be uploaded using the Supporting Documents tab and selecting "Other Documents" within the ISP module. *(Documents can be uploaded in the other documents category in HCSIS at any time by both the provider and/or DDS staff)*
	AT DEVICE ACQUISITION:
1.	**Once the AT Evaluation is completed, it should be return to the DDS referring party.** ➢ AT evaluations conducted by a one of the qualified professionals identified above and completed within the last year or that reflect an individual's current needs, can be used to authorize the acquisition of AT equipment/devices (e.g. AT Evaluation conducted by professional and part of the individual's IEP). The AT evaluation also can be used to authorize AT upgrades and/or new AT equipment/devices and does not necessarily require a full /new AT Evaluation. Training and support would still be necessary.

2. If the individual does not have the financial ability to acquire AT for themselves, DDS may authorize the acquisition of AT equipment and devices. The DDS area office will determine whether to approve the recommendations in whole or in part.

3. The Service Coordinator will add in the **Adaptive Equipment/Assistive Technology Category** of the ISP, all the AT devices/adaptive equipment that the person is now using. Assistive technology shall be provided pursuant to an individual support plan that conforms to the requirements CMR 115 6.21(6)

4. The Assistive Technology provider will render services including delivery and setup of the equipment/devices as authorized.

   - Purchase or rental of assistive technology equipment shall be the least costly alternative that reasonably meets an individual's assessed needs identified in the evaluation. DDS shall establish guidelines of annual limitations regarding the acquisition costs of Assistive Technology Equipment/Devices. It is anticipated this limit will be $3,000 per year. Additional funding requests require authorization from the regional/area director or designee.

   - All assistive technology must be provided in accordance with applicable state or local building codes or standards of manufacturing, design, and installation.

Assistive Technology Equipment shall not include:

- Items or equipment that are illegal or otherwise prohibited by federal or state statutes or regulations;

- Items or equipment used solely for entertainment or recreational purposes; *This **does not** pertain to adaptions or customization that enables an individual to use or access items for entertainment and recreational.*

- Items or equipment used solely for the purpose of general use (e.g. cell phone for talking with friends versus to use an app for travel navigation);

- New equipment or repair of previously approved equipment that has been damaged as a result of confirmed misuse, abuse, or negligence;

- Purchase or rental of a personal computing device such as a desktop, laptop, or tablet that duplicates any similar equipment in the possession of, or service currently used by, the individual.

AT TRAINING AND SUPPORT:
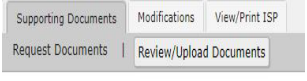
1. A provider of assistive technology support shall coordinate as necessary with the provider of assistive technology equipment to ensure that the individual and others identified by the individual receive instruction in effective use of the assistive technology equipment. Assistive Technology support is anticipated to range in the amount of time to develop the plan and provide training depending on the individual and device/equipment. The service will not exceed 15 hours per year without approval from Area and Regional Director.

   The following components should be included in each individual's AT Training and Support plan:

   For each AT equipment/device used:
   1. Name and type of equipment/device (including the model)
   2. What is the purpose for use?

	3. In what context/environment will it be used 4. How to use the device 5. From whom and how to request assistance for maintenance or if not working properly 6. Identify if a protection plan or warranty was purchased and how to use and expiration date 7. Who is to be notified if the AT equipment/device is no longer addressing the individual's needs or preferred outcomes.
2.	The AT Support Plan should be uploaded using the Supporting Documents tab and selecting "Other Documents" within the ISP module. *(Documents can be uploaded in the other documents category in HCSIS at any time by both the provider and/or DDS staff)*
3.	### Additional Safeguards for Health and Safety: If the AT in place serves as a monitoring device that reminds, directs an individual, or alerts staff regarding an individual's health and safety, safeguards need to be id at the individual's location. (e.g., medication dispenser, heat/ smoke detection sensor that alerts external staff, sensor for fall detection). Safeguards include: 1. Battery back-up/or other means that enables the device to function for a specific amount of time. 2. A plan to provide alternative support for the individual if the device is not functional within the specified timeframe. This can be included in the support plan.

AT SERVICE CODES AND DESCRIPTIONS				
Hourly Rate	**Service**	**Program Code**	**Description**	**Limits**
IHS level K - $82.00	ID/DD - Traditional	3289	Assistive Technology Evaluation	10 - 12hrs
IHS level K - $82.00	ID/DD - Traditional	3289	Assistive Technology Training	15 hrs
Reimbursement	ID/DD - Traditional	3282	Assistive Technology Equipment	$3,000
IHS level K - $82.00	Self-Direction	5289	Assistive Technology Evaluation	10 - 12 hrs
IHS level K - $82.00	Self-Direction	5289	Assistive Technology Training	15 hrs
Reimbursement	Self-Direction	5283	Assistive Technology Equipment	$3,000

REMOTE SUPPORTS AND MONITORING: (RSM)

REMOTE SUPPORTS OPTIONS:

- ***Level A*** - Remote supports that require two-way video/audio monitoring and real time check ins and supports by a remote caregiver, on demand support initiated by the individual. This level of support provides a built in, paid, in person back up.

- ***Level B –*** Remote supports that require two-way video/audio monitoring and real time check ins and supports by a remote caregiver, on demand support initiated by the individual. This level also includes the provision of an <u>enhanced</u> personal emergency response system (PERS) which requires sensors or other safety mechanisms to send an alert to the monitoring center (remote caregiver) identifying an emergency, per an individual's plan, to initiate appropriate emergency response. This level of support provides a built in, paid in person back up.

*Paid backup support is when a paid caregiver responds to a person receiving Remote Supports and Monitoring who needs on-site assistance or the equipment stops working for any reason. When backup support

is provided on a paid basis, the provider is the primary point of contact for the Remote Support vendor, when a remote supports vendor is subcontracted with to provide the remote supports and monitoring services.

REMOTE SUPPORTS CAN BE USED:

- In conjunction with Individual Home Supports (IHS) or other services, such as Personal Care Assistance or Self-Directed Services and Family Support. IHS and other services must be provided in person.
- To decrease the need to have staff physically present.
- In individuals' own homes or family homes.

** *Remote Support Services do not supplant supports for community integration and membership as identified in the Person-Centered Plan.*

WHEN TO EXPLORE THE USE OF REMOTE SUPPORTS AND MONITORING SERVICES WITH AN INDIVIDUAL:

1. An individual identified that they want to live more independently.
2. Changing need that Remote Supports may enable the person to sustain independent living.
3. A family requests the service.
4. The individual's ISP team identifies the person could potentially be successful living more independently with remote supports and monitoring services.

PLANNING WITH THE INDIVIDUAL FOR REMOTE SUPPORTS AND MONITORING:

When discussing if Remote Support is right for someone, the individual and their team should have the following discussions:

- Have a conversation to identify why an individual uses direct care staff and if their health and safety needs can be met remotely.
- Hold a team meeting to talk about which needs might be met remotely, for what hours, and how in-person backup support will be provided.
- If the person wishes to pursue Remote Supports and Monitoring, he or she will be provided information about RSM provider options and use the free choice of provider process to select a provider. The remote support provider will be responsible for providing any emergency in-person backup support to the individual.

REFERRAL PROCESS FOR REMOTE SUPPORTS AND MONITORING EVALUATION:

1. When an individual is interest in Remote Supports and Monitoring services, a referral is made to a qualified AT provider and RMS provider for a Comprehensive AT Evaluation including the identification of potential risks areas. This should include an evaluation of potential AT needs for greater independence and to address any potential *Risk* that needs to be mitigated. This is to determine if the person would be a successful candidate to live more independently with the use of AT and Remote Supports and Monitoring. *(See AT Referral Process)*
2. The Comprehensive AT Evaluation is completed with a qualified AT provider in collaboration with the individual, their ISP team **and** Remote Supports and Monitoring Provider. This consists of an initial discovery form that asks questions about the individual's needs and wants in order to identify how assistive technology and remote support can best address their needs. Then we request the ISP and use that document in conjunction with the contents of the discovery form to **draft a remote support plan** which outlines the devices that will be used and the role each person will play in the individual's care.
3. The team will meet to review the remote support and monitoring plan to make sure everyone is in agreement and identify when service implementation begins. The remote support plan can be updated at any point in time to reflect individual's changing needs.

REMOTE SUPPORT AND MONITORING PLAN:

Remote support and monitoring plan, which outlines how the specific remote support(s) should include:

- A description of the when the remote support system is scheduled to be activated and when it is in on-demand mode. This should include when Interactive Live Instruction/Support for goal accomplishment is to be provided, if applicable.
- An outline of when remote supports and monitoring and in-person direct support is recommended.
- The outcomes that will be supported by technology.
- Specific limits on when the technology can be used and when it cannot be used;
- Instructions on how the individual can turn off the remote supports and monitoring.
- Identification of how the individual is notified that the remote supports and monitoring system is activated.
- Identification of what specialized remote support and monitoring devices are in place (e.g. sensors, doorbell ring, etc) to foster independence and safety, if applicable.
- The remote support plan *must* specify the staff to be contacted by the monitoring center/remote caregiver, who are responsible for responding to situations requiring in person assistance and traveling to the individual's location. In situations requiring an in-person visit the plan should include a response time for staff to arrive at the individual's location. In emergency situations staff should call 911.
- A detailed description of how the technology will be responded to, maintained, and reported on, including regular review by supervisory staff.

REMOTE SUPPORTS AND MONITORING PROVIDER RESPONSIBILITIES:

- The Remote Support Provider will offer equipment and monitoring staff.
  - Or a Remote Support Provider will subcontract with a Remote Support Vendor to offer equipment and monitoring staff.
- The Remote Support Provider will provide the person and their family, and team training about the Remote Support and Monitoring equipment.
- The type of equipment and where placed will depend upon the needs and wishes of the individual and their guardian (if applicable) and will also depend upon the Remote Supports and Monitoring Provider selected by the individual or guardian to provide the equipment. The installation of video equipment in the home will be done at the direction of the individual.
- Video and Audio equipment cannot be in the bedrooms or bathrooms.
- If the home is shared with others the equipment will be installed in such a manner that it does *not* invade others' privacy.
- The remote monitoring device is controlled by the individual and can be turned on or off as needed.

Service Delivery Requirements:

Implementation and Evaluation Strategies
The Remote Support and Monitoring system and on-site response strategies must be designed and implemented to ensure the health and welfare of the individual(s). Remote Support Services should have requirements and procedures for assessment, consent, implementation, and evaluation of remote support equipment and services. The provision of Remote Support and Monitoring Services should include at least the following:

- An assessment process to determine situational appropriateness, potential risk and benefit, and on-going review for the ISP meeting at time Remote Supports and Monitoring Services are initiated and annually thereafter.

- On Demand immediate access to live staff support. Remote Support and Monitoring Services must be provided in real-time, by awake staff at a monitoring base, who observe and provide prompts to the participant via an electronic support system that includes one or more of the following features:
  1. Live two-way communication with the participant being monitored;
  2. Motion sensing systems;
  3. Radio frequency identification;
  4. Web-based monitoring systems; and
  5. Other devices approved by the ISP Team.
     - ➢ Systems may include live feeds, sensors (such as infrared, motion, doors, windows, stove, water, and pressure pads); cameras; help pendants; call buttons; and remote monitoring equipment.
     - ➢ Cameras and sensors are typically located in common areas. Other areas on the home will be considered based on assessed need; privacy and right considerations; and informed consent. No video monitors/cameras will be place in bedrooms or bathrooms. For example, a person living alone in their own home may choose to use a Remote Support Services method in other areas of their home to support their Person-Centered Plan outcomes.
- Use of the system may be restricted to certain hours as indicated in the individual's Remote Support Plan
- Initial and ongoing training of the individual receiving Remote Supports on how to use the remote support system as specified in the individual's remote support protocol/plan. Training should include how to report technology malfunctions.
- **Inform Consent Process**: The individual who receives the service and each person who lives/works with the individual shall consent in writing after being fully informed of what the remote support entails including, but not limited to, the risks and benefits of the service, that the remote support staff will observe their activities and/or listen to their conversations at the location(s) in which Remote Supports are provided (residence, workplace, etc.), that the individual can terminate services, what strategies are in place to protect their privacy and whether or not video or audio recordings will be made.
- **Evaluation**: Providers will have a system to collect and maintain data on utilization of Remote Supports, including how often the individual disengages the technology, requires in person intervention, and the frequency with which individuals requires intervention due to safety issues that required engagement with remote support caregivers. Such data shall be available to DDS upon request. The above data and other relevant information regarding the impact of remote supports obtained from ongoing periodic reviews of appropriateness, efficacy, unintended consequences, etc. should be shared with DDS.

Technology Requirements:

Remote Supports and Monitoring Services Provider must provide:
- Two-way, real-time, on-demand or individual-initiated communication system for contact between the individual and remote support staff. Systems communication capabilities necessary for the monitoring center/remote caregivers to effectively interact with and address the needs of individuals at each of their locations, including emergency situations when the individual may not be able to use the telephone/communication device.
- A discrete location for the Remote Support Monitoring Center, separate from the locations at which individuals are receiving Remote Supports.
- Safeguards and/or backup system such as battery and generator for the electronic devices in place at the remote monitoring center.
- Emergency Back-up system for Remote Support Monitoring Center and locations utilizing the system, e.g., individuals' homes.
- Remote Support Software with Dashboard that has alert system to notify staff of individuals' status and/or ability for individuals to activate and interact immediately with a staff.
- Capacity to simultaneously respond to multiple signals/requests for help from individuals' equipment and/or, if system activated, by individuals.
- Visual or other indicator that informs the individual to know when remote support systems are activated

- Remote Support Platform with upload functionality to store information regarding an individual's unique support needs, such as health management plan, PBS plan, clinical needs, etc.
- Personal Emergency Response System (PERS) functionality *(Level B)*. The PERS must be capable of operating without external power, e.g., during a power failure at the individual's home, in accordance with UL requirements for home health care signaling equipment with standby capability and must be portable.
  - PERS – The PERS activator must be capable of activation by breath, touch, or other means specific to and usable by individual.
- Monitoring Devices that interface with Remote Support Platform to alert readily available staff to respond *(Level B)*
- A secure network system requiring authentication, authorization, and encryption of data that complies with HIPPA requirements to ensure that access to computer, video, audio, sensor, and written information is limited to authorized persons. BAA with network system used.
- Procedures for conducting tests of the functionality of monitoring devices and system on a quarterly basis. These procedures must include strategies to repair/replace devices that are not functioning properly and address associated potential risk(s) until devices are fully operational.

Policy Requirements and System Backup Procedures

- Emergency response drills, including one on-site response drill every twelve (12) months.
- Staffing strategies that demonstrate how all participants receiving remote support will receive necessary responses as outlined in the remote support and monitoring plan.
- Procedures for covering initial and ongoing individual training, which includes, but is not limited to, emergency drills, remote support equipment, disengaging the system, and responding to system failure.
- A response procedure for individual disengagement of the system for individuals who do not have a specific response plan outlined.
- A procedure for notification of emergency response personnel (i.e., law enforcement, fire, paramedic).
- Detailed and written backup procedures to address/manage system failure (e.g., prolonged power outage), fire or weather emergency, individual medical issue or personal emergency, etc. for each location utilizing the system and included in each individual's remote support plan.
- Documentation of HIPAA privacy and security compliance, including system requirements, privacy/confidentiality at the remote support base, and appropriate business associate agreements.
- A policy regarding how the provider, and electronic support system used, will maintain the individual's privacy. This should include ensure its provision of Remote Support and Monitoring Services complies with applicable laws governing individuals' right to privacy.

RSM PROGRAM CODES AND DESCRIPTIONS:

Rate	Description		Program Code
$31.65 - Daily	Level A	Remote Supports & Monitoring	3786
$57.65 - Daily	Level B	Remote Supports & Monitoring	3786
	Remote Supports Specialized Devices		3782

COMPREHENSIVE ASSISITIVE TECHNOLOGY EVALUATION
Recommended Areas to Assess

Areas for AT to Promote Greater Independence:

- **Organizational Assistive Technology** evaluations to give options to increase an individual's personal organization and independence such ADA compliant digital calendars, and voice output and reminders.
- **Literacy support** evaluations to determine the benefit of assistive technology for learning disabilities such as electronic reader apps.
- **Computer/ Technology Access** evaluations for individuals with physical, cognitive and/or emotional barriers that interfere with computer use to enhance their ability to use technology more independently. This assessment should also include an evaluation regarding their needs to use technology for such activities as engaging in a variety of services such as telehealth and virtual service delivery.
- **Speech Recognition Technology** (speech to text) assessment and training.
- **Daily Living Aids to enhance independence** such medication dispensers and fall sensors to promote health maintenance and other areas of life.
- **Cognitive Augmentation**
- **Augmentative and Alternative Communication Systems** to enhance individuals' ability to express themselves.
- **Manipulation and Control of the Environment** such as voice activated controls, smart home features and appliances, etc.
- **Recreation, Leisure and Social Emotional Support** to enhance individuals' ability to engage in meaningful activities, stay connected with others and be inclusive in their community.
- **Cyber security** evaluations including assessing individuals' ability to safely use internet connected devices and applications and address support needs in this area.
- **Employment related** evaluation to determine technology that would enhance their skill acquisition and independence such as an electronic task organizer, visual task analysis with playback functions and job readiness applications.
- **Transportation** evaluations to assess needs such as public transportation options and applications that allow them to navigate more independently.

Areas for AT to Reduce or Eliminate Risk:

- **Social Isolation**
- **Unsanitary Living Conditions**
- **Leave area or home and is puts self in an unsafe situation**
- **Self-injurious behavior**
- **Substance Abuse**
- **Increased or unusual falls**
- **Unsafe sexual activity**
- **Aggressive or dangerous behavior**
- **Criminal Justice Involvement**
- **Emergency Response Ability**

ASSISTIVE TECHNOLOGY (AT) EVALUATION REFERRAL FORM

DDS Department of Developmental Services

DATE OF REFERRAL	Click or tap to enter a d	Please ensure the subject line in the email states: **Secure: AT Referral**

(This should only be the individual's information)

Name	Click or tap here to enter text.		
Address	Click or tap here to enter text.		
	Click or tap here to enter text.		
Email	Click or tap here to enter text.		
Phone	Click or tap here to enter text.	☐ Cell	☐ Landline
Can a message be left?		☐ Yes	☐ No

Is there another person that should be contacted for the intake process and scheduling? (Guardian/Family member/Provider Staff)		☐ **Yes** ☐ **No**	
Contact Name	Click or tap here to enter text.	**Email**	Click or tap here to enter text.
Relationship to Individual	Click or tap here to enter text.	**Phone**	Click or tap here to enter text.

Please check all of the domains that the person is interested/would benefit in having greater independence.			
☐ Communication	☐ Daily Living Aids	☐ Cognitive Augmentation	☐ Computer/Device Use
☐ Safety	☐ Environmental Controls	☐ Healthcare/Medication Mgt	☐ Transportation
☐ Employment	☐ Organization/Executive Function	☐ Social/Emotional Support	☐ LV/Blind
Reason for Referral: Brief description can include multiple areas:			☐ HOH/Deaf

Is this individual also interested in Remote Supports and Monitoring	☐ Yes	☐ No
Who is the preferred provider of Remote Supports and Monitoring		
Contact Information of Remote Supports and Monitoring Provider		

REFERRING DDS SERVICE COORDINATOR:

Name	Click or tap here to enter text.		
Title	Click or tap here to enter text.		
DDS Area Office	Click or tap here to enter text.		
Email	Click or tap here to enter text.		
Phone		☐ Cell	☐ Landline

DDS APPROVAL:

Area Director or designee review and approval is required prior to sending to AT Provider that the individual selected.

FMIS Authorization Required Number [   ]

PROVIDER REFERRED TO: Choose an item.

DATE REFERRAL SENT: Click or tap to enter a date.

Is an AT Screening Assessment Attached?	☐ YES ☐ NO	Is her/his ISP Attached?	☐ YES ☐ NO