

Enabling Technology Screening Tool

Member's Information:	
Member's Name (First Name & Last)	Name of Service Provider – County (if applicable)
Manage Care Organization (MCO)	Name of Coordinator – Title
Date Screening Tool Completed <small>Click or tap to enter a date.</small>	Reason for Screening completion <small>Choose an item.</small>

Enabling Technology Integration for a Member's Vision, Preferences, and Outcomes of a Preferred Life:

1. What is the member's desire for more independence at home, in the community, and/or at work?
2. Please indicate which outcome(s) for independent living the member is willing to use Enabling Technology to help support them in achieving their goal? (please select all that apply):

<input type="checkbox"/> Controlling My Environment	<input type="checkbox"/> More Privacy or Alone Time	<input type="checkbox"/> Housekeeping
<input type="checkbox"/> Health & Wellness	<input type="checkbox"/> Personal Appearance & Hygiene	<input type="checkbox"/> Employment
<input type="checkbox"/> Food & Cooking Safety	<input type="checkbox"/> Emergency & Safety Preparedness	<input type="checkbox"/> Communication
<input type="checkbox"/> Transportation	<input type="checkbox"/> Personal Funds Management	<input type="checkbox"/> Other enter text here.
<input type="checkbox"/> Community Integration	<input type="checkbox"/> Developing/Maintaining Relationships	<input type="checkbox"/> N/A

3. Describe the member's interest in using Enabling Technology as a natural support to their daily routine? (provide examples if needed)
4. Please list any type(s) of technology that the member is currently using and/or is interested in using as a natural support to their services.
5. What is the team's attitude towards the member's desire for more independence at home, in the community, and/or at work?
6. Please explain any specific issues or concerns of the team that would cause this member not to be able to utilize Enabling Technology to reach their desired level of independence.
7. Please explain the team's staffing plan for supporting the member to utilize Enabling Technology safely and successfully for more independence.

HOW TO USE THE ENABLING TECHNOLOGY SCREENING TOOL

This screening tool was designed to assist coordinators and service providers in determining if a member and their team is interested, willing, and ready for the integration of Enabling Technology as a natural support to their services. The questions should be asked using a person-centered thinking approach with a focus on understanding the member's outcomes, priorities, preferences, and concerns towards using Enabling Technology.

Process:

- Have a conversation with the member and their team to answer all the questions on this form (*Tip: make sure to get an answer from the member first in order to get their perspective before moving on to the rest of the team for their input*)
- Complete the matrix at the end of the form by checking either YES, NO, or NOT SURE for each question in the matrix.
- Total up the number of checks in each column of the matrix

Scoring:

- 4+ checks in the "YES" column indicates there is an overall interest, willingness, and readiness to integrate Enabling Technology
- 4+ checks in the "NO" column indicates there is not an interest, willingness, or readiness to integrate Enabling Technology at this time and additional conversations may be needed
- Any checks in the "NOT SURE" column indicates the need for more education & training on Enabling Technology in order for the member to make an informed choice.

ENABLING TECHNOLOGY SCREENING MATRIX

	YES	NO	NOT SURE
1. Does the member express a desire to have more independence at home, in the community, and/or at work?			
2. Was the member able to indicate at least one outcome for independent living that could be supported by Enabling Technology for achieving their goals?			
3. Does the member express interest in using Enabling Technology as a natural support to their daily routine?			
4. Was the member able to give at least one example of technology that they are currently using or interested in using?			
5. Does the team express that they are all "comfortable" with the member using Enabling Technology to build independence at home, in the community, and/or at work ?			
6. Do you feel that the listed issues and concerns can be addressed using Enabling Technology or other adaptations?			
7. Has the team considered a staffing plan that will support the member to utilize Enabling Technology safely and successfully for more independence?			
TOTAL			

Other Questions for Consideration: Please answer "YES or NO" to each question below. Any question that has a "NO" answer should be further discussed by the team before deciding to proceed with the Enabling Technology facilitation, planning, and integration process.

- Does the member currently have wireless or cellular connectivity in the environment that they will be using the enabling technology solutions?
Yes No
- Has there been a discussion with the landlord, rental agency, and/or employer about installing and using enabling technology in these environments? Yes No N/A
- Does the member meet the eligibility and/or waiver limit requirements for receiving funding for Enabling Technology Services?
Yes No N/A
- Does the member qualify for the Enabling Technology Displacement Prevention Initiative? Yes No N/A
(If YES, please submit an Enabling Technology Referral Form to DIDD.Enabling.Technology@tn.gov regarding Displacement Prevention)
- Will other people be living with this person using Enabling Technology at their home? Yes No
If YES, are the people aware that Enabling Technology is being considered? Yes No