Assessment for Remote Support Services

The purpose of this assessment is to identify risks important in considering whether remote support services are appropriate for an individual, and to assist the person in making informed choices and planning for success. The identification of risk does not automatically prevent the person from accessing remote support as people have the right to choose to take risks – otherwise known as “dignity of risk.” Many risks which an individual encounters may be addressed through well-planned use of remote support technology. Support teams may consider an array of options available for supporting risks through remote technology, which are included in the Remote Support Systems Addressing Assessment Considerations document linked to this assessment.

The Support Coordinator should complete the assessment with input from the individual and their family/guardian, current service provider(s), and other team members involved in planning supports for the individual. If the Support Coordinator has questions or would like additional coaching please reach out to the Navigator in your area, Technology Explorer’s, or the UDAT Team.

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| --- | --- | --- |
| Individual’s Name: Click or tap here to enter text. | | DMH ID Number: Click or tap here to enter text. |
| Date: Click or tap here to enter text. | Completed by: Click or tap here to enter text. | |
| What would the individual like to be able to do more independently by using remote supports?  Click or tap here to enter text. | | |

Safety and Home Skills

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| Does the individual have any of the following support considerations during the time(s) you are considering remote supports? | Yes|No | If risk is present, briefly describe the support need. | Remote support technology options considered to meet support need and ensure health and safety of the individual. | Can support need be met with remote support technology, ensuring health and safety of the individual? |
| 1. Does the individual need assistance to call for help in an emergency? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 2. Does the individual need assistance to respond to fire alarms, smoke detectors, weather alerts, etc. and take appropriate action in emergencies, including safely evacuating if needed? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 3. Is the individual easily taken advantage of by others in their home? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 4. Does the individual need assistance to safely navigate his or her environment? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 5. Does the individual need assistance to safely use household appliances? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 6. Does the individual need assistance in preparing for bed? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 7. Does the individual need assistance to use the bathroom? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 8. Does the individual need assistance to lock and secure their home? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 9. Does the individual need assistance to safely answer their door? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 10. Do they need assistance/monitoring using the Internet/phone safely? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 11. If a smoker, does the individual need assistance with safety skills regarding smoking materials? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 12. Does the individual need assistance to be safe in the home? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 13. Does the individual need prompts to initiate and/or complete basic personal care and household tasks? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 14. Does the individual engage in pica, gorging, or eating unsafe foods? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 15. Does the individual need assistance in safely using household chemicals? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 16. Does the individual typically need assistance from staff over night? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 17. Does the individual need prompting to initiate tasks or follow basic routines? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 18. Are there other safety concerns or daily tasks requiring support or intervention? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Medical

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| Does the individual have any of the following support considerations during the time(s) you are considering remote supports? | Yes|No | If risk is present, briefly describe the support need. | Remote support technology options considered to meet support need and ensure health and safety of the individual. | Can support need be met with remote support technology? |
| 1. Does the individual have a medical condition that requires on-going monitoring? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 2. Does the individual have a medical condition that could potentially require immediate medical intervention? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 3. Does the individual take medications that require monitoring for potential side effects? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 4. Does the individual need regular monitoring of vitals or other health indicators? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 5. Does the individual need prompts or assistance with taking medications? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 6. Does the individual have seizures? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 7. Does the individual have any visual, hearing, language or other impairments? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 8. Does the individual need assistance in expressing medical needs or concerns? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 9. Does the individual have any other medical or health issues requiring monitoring or intervention? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Behavioral Supports

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| Does the individual have any of the following support considerations during the time(s) you are considering remote supports? | Yes|No | If risk is present, briefly describe the support need. | Remote support technology options considered to meet support need and ensure health and safety of the individual. | Can support need be met with remote support technology? |
| 1. Does the individual’s ISP include or need a behavioral support plan? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 2. Does the individual display aggressive behavior toward others? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 3. Does the individual destroy property or tamper with other people’s belongings? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 4. Does the individual engage in fire-setting behaviors? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 5. Does the individual engage in self-harm or behaviors that are detrimental to self or housemates? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 6. Does the individual require supervision due to inappropriate sexual behaviors? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 7. Does the individual leave home or wander away without notifying caregivers? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 8. Does the individual have conflicts with housemates? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 9. Does the individual have a mental health condition requiring support or intervention? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 10. Does the individual have a court-ordered level of supervision? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 11. Does the individual display other behaviors that require support or intervention? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Community Skills

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| Does the individual have any of the following support considerations during the time(s) you are considering remote supports? | Yes|No | If risk is present, briefly describe the support need. | Remote support technology options considered to meet support need and ensure health and safety of the individual. | Can support need be met with remote support technology? |
| 1. Does the individual need assistance to understand and follow pedestrian safety rules? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 2. Does the individual need assistance to safely navigate in the community? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 3. Does the individual need assistance to communicate his or her address and a contact phone number? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 4. Does the individual need assistance to interact appropriately with others in a public setting? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 5. Is the individual easily taken advantage of by others in the community? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 6. Are there other safety concerns in a community setting that require support or intervention? | Yes  No  N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Additional Considerations

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| --- | --- |
| Consideration | Comments |
| 1. What technology is required and is it available in the location? | Click or tap here to enter text. |
| 2. Who are the two identified back-up responders and what is the estimated response time? (must be within 20 minutes) | Click or tap here to enter text. |
| 3. How will remote supports impact housemates or others living in the home? | Click or tap here to enter text. |
| 4. What training, assistance or prompts does the individual need to use the required technology? | Click or tap here to enter text. |
| 5. What is needed to ensure the individual is comfortable without immediate presence of a caregiver? | Click or tap here to enter text. |
| 6. What hours of the day will remote supports be used? | Click or tap here to enter text. |
| 7. What activities does the individual engage in during the hours when remote supports would be used? | Click or tap here to enter text. |
| 8. Other considerations specific to the individual, location, etc. | Click or tap here to enter text. |

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