** Enabling Technology Screening Tool**

**How to use the Enabling Technology (ET) 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 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 ET. The coordinator should ask the person if they would like to submit an ET Referral to the program.
* 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 for the member to make an informed choice.

|  |
| --- |
| **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  | Reason for Screening completion |
| Click or tap to enter a date. | Choose an item. |

**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?

Click or tap here to enter text.

1. 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):

|  |  |  |
| --- | --- | --- |
| [ ]  Controlling My Environment[ ]  Health & Wellness[ ]  Food & Cooking Safety [ ]  Transportation [ ]  Community Integration  | [ ]  More Privacy or Alone Time [ ]  Personal Appearance & Hygiene [ ]  Emergency & Safety Preparedness[ ]  Personal Funds Management [ ]  Developing/Maintaining Relationships  | [ ]  Housekeeping[ ]  Employment[ ]  Communication [ ]  Other [ ]  N/A  |

1. Describe the member’s interest in using Enabling Technology as a natural support to their daily routine? (provide examples if needed) Click or tap here to enter text.
2. 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. Click or tap here to enter text.
3. What is the team’s attitude towards the member’s desire for more independence at home, in the community, and/or at work? Click or tap here to enter text.
4. 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. Click or tap here to enter text.
5. Please explain the team’s staffing plan for supporting the member to utilize Enabling Technology safely and successfully for more independence. Click or tap here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| **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?
 |   |   |   |
| 1. Was the member able to indicate at least one outcome for independent living that could be supported by Enabling Technology for achieving their goals?
 |   |   |   |
| 1. Does the member express interest in using Enabling Technology as a natural support to their daily routine?
 |   |   |   |
| 1. Was the member able to give at least one example of technology that they are currently using or interested in using?
 |   |   |   |
| 1. 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 ?
 |   |   |   |
| 1. Do you feel that the listed issues and concerns can be addressed using Enabling Technology or other adaptations?
 |   |   |   |
| 1. 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.*

1. Does the member currently have wireless or cellular connectivity in the environment that they will be using the enabling technology solutions? [ ] Yes [ ] No
2. Has there been a discussion with the landlord, rental agency, and/or employer about installing and using enabling technology in these environments? [ ] Yes [ ] No [ ] Not Applicable
3. Does the member meet the eligibility and/or waiver limit requirements for receiving funding for Enabling Technology Services?

 [ ] Yes [ ] No [ ]  Not Applicable

1. Does the member qualify for the Enabling Technology Displacement Prevention Initiative? [ ] Yes [ ] No [ ]  Not Applicable

*(If YES, please submit an Enabling Technology Referral Form to* *DDA.Enabling.Technology@tn.gov* *regarding Displacement Prevention)*

1. 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