



**State of Alaska • Department of Health and Social Services
Senior and Disabilities Services
Tele-02 Consent for Teleassessment**

APPLICANT CONTACT INFORMATION

Name of Applicant: _____

Phone number: _____

E-mail address: _____

OVERVIEW

You have the option to select a teleassessment. A teleassessment is the use of audio, visual, or data communications that are compliant with Title III of the Americans with Disabilities Act and safeguarded to keep your private health information protected (HIPAA compliant).

Assessments are required to determine eligibility for Home and Community Based Waiver Services (HCBW), Community First Choice Services (CFC), and Personal Care Services (PCS).

IMPORTANT FOR YOU TO KNOW

1. SDS may use a web-based videoconferencing system (e.g. Zoom, StarLeaf, etc.) to conduct your teleassessment.
2. Teleassessments in the home must provide:
 - Camera, audio transmission equipment and internet connection that provides similar quality of observation as an in-person encounter;
 - Equipment (e.g. desktop computer or laptop with camera and audio transmission, tablet, iPad, etc.) to support the SDS Assessor’s needs;
 - Assurance that the equipment will function properly at the time of the teleassessment; and
 - A room that provides the applicant with privacy, with no furniture in the room that blocks the SDS Assessor’s ability to see the applicant’s full body.
3. Poor resolution or audio delay of the transmission may result in cancellation of the teleassessment.
4. Although every precaution is taken, security protocols may fail, causing a breach of physical privacy and Personal Health Information.
5. Information relayed during the teleassessment may not be sufficient to make a level of care determination.
6. The teleassessment may take longer than an hour and half to complete; if you have someone helping you with the technology, that person may need to remain available until the assessment is complete.

DURING THE TELEASSESSMENT

1. The SDS Assessor will ask you about your day-to-day activities, medical history, and reports from doctors, medications and recent accidents or hospitalizations.
2. The SDS Assessor will ask you to demonstrate some simple tasks.

3. You may have other people attend to your teleassessment (e.g. Care Coordinator, representative, family members, etc.); they will need to project to the SDS Assessor an image of a piece of photo identification (such as a driver's license) at the beginning of the teleassessment. These other people should not speak for you, attempt to influence your assessment, or interrupt the assessment, unless requested to participate by the SDS Assessor.
4. Specific prior authorization to make video, audio and/or photo recordings is required.

CONSENT

Select one of the two options below: initial your selection

_____ I give my permission for SDS to conduct my assessment using teleassessment technology, at a Provider's distant site facility or in my home. I have read, reviewed and understand the information above. I have discussed the information with my Care Coordinator and/or a representative from my Personal Care Services Agency. I do not have any unanswered questions.

_____ I do not want my assessment to be conducted using teleassessment technology, in a Provider's distant site facility or in my home. I understand that I will need to wait for a SDS Assessor to visit me in my home, in order to conduct my assessment in-person.

Signatures

Signature of Applicant

Date

I certify that I have the authority to sign this Consent Form on behalf and in the best interest of

_____, who is temporarily or permanently unable to give consent due to cognitive capacity, physical inability to sign, or who is a minor.

Signature of Applicant's Representative

Date

Print Name of Representative

Phone Number

Relationship to Applicant