



State of Alaska • Department of Health and Social Services
Senior and Disabilities Services
Tele-02A Consent for IDD Teassessment

APPLICANT CONTACT INFORMATION

Name of Applicant: _____

Phone number: _____ E-mail address: _____

OVERVIEW

You have the option to participate in an Intellectual and Developmental Disabilities (IDD) teassessment. An IDD teassessment 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).

An ICAP assessment is required to determine eligibility for people with intellectual and developmental disabilities; a CAT assessment is required to determine eligibility for people without intellectual and developmental disabilities; a CAT assessment is required for everyone seeking personal care (including CFC personal care) services.

IMPORTANT FOR YOU TO KNOW

1. SDS may use a web-based videoconferencing system (e.g. Zoom, StarLeaf, etc.) to conduct your IDD teassessment.
2. IDD teassessments 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 IDD teassessment; 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 IDD teassessment.
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 IDD teassessment may not be sufficient to make a level of care determination.
6. The IDD teassessment will likely not take any longer than twenty minutes 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, as well as your other interests in order to facilitate the conversation.
2. The SDS Assessor will not ask you to demonstrate simple tasks or have a formal list of questions for you to answer.

3. You may have other people attend your teleassessment (e.g. Care Coordinator, representative, family members, etc.). 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 IDD 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 IDD 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 IDD 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