



DEVELOPMENTAL DISABILITIES VIRTUAL SUPPORT CHECKLIST

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DEVELOPMENTAL DISABILITIES

SFN 1522 (11-2023)

The purpose of this evaluation is to determine the appropriateness of utilizing virtual supports as part of an individual's home and community-based services (HCBS) as described in their service plan. This checklist must be completed prior to starting virtual supports. It will be reviewed and updated at least annually by the DD Program Manager in collaboration with the individual and/or their legal representative, the service provider, and other members of the individual's planning team.

Name of Individual	Date of Birth
Developmental Disabilities Program Manager (DDPM)	Date Completed
Other Team Members Present	

Proposed Service(s) and Schedule for Virtual Supports (check all that apply):

Service	Estimated Number of Hours	Estimated Frequency per Day, Week, or Month	Activities to be Provided
<input type="checkbox"/> Behavioral Consultation			
<input type="checkbox"/> Independent Habilitation			
<input type="checkbox"/> Individual Employment Support			
<input type="checkbox"/> Parenting Supports			
<input type="checkbox"/> Infant Development - Home Visits			
<input type="checkbox"/> Infant Development - Early Childhood Special Education Consultation			
<input type="checkbox"/> Infant Development - Nursing Consultation			
<input type="checkbox"/> Infant Development - Occupational Therapy Consultation			
<input type="checkbox"/> Infant Development - Physical therapy Consultation			
<input type="checkbox"/> Infant Development - Speech Consultation			
<input type="checkbox"/> Infant Development - Social Work Consultation			

Appropriateness of Virtual Supports Delivery Service(s):

Instructions: When requesting a HCBS waiver service(s) to be delivered via virtual supports the response to the following questions must be YES for all service(s) being requested above. If the response is NO, then the service(s) for which the response is NO cannot be delivered via virtual supports. All requested services for virtual supports must be represented on this form. The DD Program Manager must ensure that the individual, and/or the legal representative, have expressed a desire to use virtual supports. The Person-Centered Service Plan must identify that Virtual Supports are authorized. Virtual Supports may be started or discontinued at any time at the individual and/or legal representative's request and a team meeting must occur to discuss other options.

YES	NO	SERVICE DELIVERY REQUIREMENTS
<input type="checkbox"/>	<input type="checkbox"/>	1. The service(s) delivered via virtual supports ensures the individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
<input type="checkbox"/>	<input type="checkbox"/>	2. The service(s) do not isolate the individual from the community or interacting with people without disabilities.
<input type="checkbox"/>	<input type="checkbox"/>	3. The individual has other opportunities for integration in the community. i.e., daycare, shopping, community appointments, volunteering, church, social and recreation activities, etc.
<input type="checkbox"/>	<input type="checkbox"/>	4. The use of virtual supports was requested by the individual and/or the legal representative, and not the provider.
<input type="checkbox"/>	<input type="checkbox"/>	5. The individual is able to participate in remote service delivery when services are provided via verbal prompting.
<input type="checkbox"/>	<input type="checkbox"/>	6. The planning team established a tentative schedule for in-person face to face and for services delivered via virtual supports.
Comments		

YES	NO	POTENTIAL FOR ENGAGEMENT
<input type="checkbox"/>	<input type="checkbox"/>	1. The service(s) delivered via virtual supports can be done while maintaining the individual's health and safety.
<input type="checkbox"/>	<input type="checkbox"/>	2. The individual and/or the legal representative were provided with information on delivery methods available.
<input type="checkbox"/>	<input type="checkbox"/>	3. The individual can benefit from the delivery of service(s) via virtual supports to a comparable degree as in-person services delivery.
<input type="checkbox"/>	<input type="checkbox"/>	4. The individual can adequately engage in the service(s) with minimal verbal/visual cue prompts.
<input type="checkbox"/>	<input type="checkbox"/>	5. The individual can generally maintain adequate engagement via virtual supports to benefit from the full scheduled time of service.
<input type="checkbox"/>	<input type="checkbox"/>	6. The virtual supports have identified strategies and activities that align with the service goals and outcomes, and will be documented in the service plan.
<input type="checkbox"/>	<input type="checkbox"/>	7. The provider ensures that any and all services delivered via virtual supports will change to in-person service delivery if chosen by the individual and/or the legal representative.
<input type="checkbox"/>	<input type="checkbox"/>	8. Services delivered via virtual supports will be pre-planned and preparation prior to the session will include having the materials needed for any activities supplied by the provider in advance (or coordinated with the individual and/or the legal representative, if using common household items that do not require additional out-of-pocket expenses for the individual).
Comments		

YES	NO	VIRTUAL SUPPORTS CAPACITY
<input type="checkbox"/>	<input type="checkbox"/>	1. The individual has the virtual supports equipment required for the service(s) (check all that will be used): <input type="checkbox"/> Computer, tablet, smart phone <input type="checkbox"/> Reliable internet able to support audio/video conferencing <input type="checkbox"/> Other technology that adequately meets the needs of the proposed remote delivery (specify):
<input type="checkbox"/>	<input type="checkbox"/>	2. The service(s) do not isolate the individual from the community or interacting with people without disabilities.
<input type="checkbox"/>	<input type="checkbox"/>	3. The individual can adequately use the virtual supports equipment with some level of independence. This may include independent use, assistance for set-up and troubleshooting by willing and available natural supports, or remote technical assistance from the provider.

YES	NO	PRIVACY
<input type="checkbox"/>	<input type="checkbox"/>	1. The provider is using technology that is compatible with the privacy requirements of the Health Care Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended by the Health Information Technology for Economic and Clinical Health (HITECH) Act.
<input type="checkbox"/>	<input type="checkbox"/>	2. The provider has explained privacy requirements for virtual supports service delivery to the individual and/or the legal representative.
<input type="checkbox"/>	<input type="checkbox"/>	3. The provider and the individual have responsibility to ensure a quiet environment and adequate private space on both ends conducive to confidentiality and learning.