Could Technology Open Up More Independence?

v. 2026-06

A two-minute check for **families, self-direction brokers, and Care Managers**. Check what applies, add up the numbers, and see the recommendation on page 2. HES (Home-Enabling Supports) is a $5,000-per-calendar-year OPWDD benefit that funds technology for more independent living.

PERSON'S NAME OR INITIALS _____ DATE _____ FILLED OUT BY (NAME & ROLE) _____

Part 1 — About the Person

Select one option per question.

HES funds technology only for people living in **non-certified settings**. People currently in a certified residence (IRA, ICF, Family Care, Developmental Center) qualify only when a transition to a non-certified setting is being planned.

Where Do They Live Now?

- ☐ **Own home or apartment** NON-CERTIFIED +1
- ☐ **Lives with family** NON-CERTIFIED +1
- ☐ **Supportive apartment** or housing NON-CERTIFIED +2
- ☐ **Currently transitioning out** of a certified setting TRANSITIONING +3
- ☐ **Supervised IRA** CERTIFIED · SEE PART 1B —
- ☐ **Supportive IRA** CERTIFIED · SEE PART 1B —
- ☐ **ICF** CERTIFIED · SEE PART 1B —
- ☐ **Family Care home** CERTIFIED · SEE PART 1B —
- ☐ **Developmental Center** CERTIFIED · SEE PART 1B —

Part 1B — If a Certified Setting Was Checked

Is a transition to a non-certified setting being explored?

- ☐ **Yes** — planning or exploring a move out +3
- ☐ **No** — no transition planned at this time STOP

STOP means HES does not apply right now. The rest of the worksheet is optional reflection. Revisit this check if transition becomes part of the plan.

How Much Day-to-Day Support Do They Rely On?

- ☐ Someone is with them nearly all the time +2
- ☐ Regular help every day, with some time on their own +1
- ☐ Mostly manages on their own already —

Part 2 — What Would Make Life Better?

Select all that apply, even if out of reach today.

- ☐ More time alone — without staff or family present +2
- ☐ Live more independently — their own residence, or fewer in-person supports +2
- ☐ Obtain or maintain employment +1
- ☐ Greater community participation, with less supervision +2
- ☐ Remain in their current home as needs change +2
- ☐ Feel safer at home +1
- ☐ Reduce day-to-day worry for family and caregivers +1
- ☐ Build daily routines and life skills +1
- ☐ Manage health needs with fewer ER visits +2

Part 3 — What Gets in the Way, or Worries You?

Select all that apply, even if occasional.

☐ Wanders or leaves home unsupervised	+3
☐ Needs support remembering or safely taking medications	+3
☐ Falls, seizures, or other health events, especially when alone	+3
☐ Cannot reliably call or signal for help	+2
☐ Overnight support is difficult to staff, afford, or sustain	+3
☐ Kitchen, fire, or water safety concerns at home	+2
☐ Difficulty communicating needs or understanding instructions	+2
☐ Family caregivers are stretched, aging, or geographically distant	+2
☐ At risk of losing independence and moving to a more restrictive setting	+4
☐ Day-to-day barriers or frustrations limit independent activity	+2
☐ Reaches authorized limits on staffing or service hours and would benefit from additional support	+3
☐ A recent acute event (ER visit, fall, elopement, or close call)	+3

Part 4 — Add It Up

Sum the points from selected items.

Part 1 + Part 2 + Part 3 = ☐

If **STOP** was selected in Part 1B, HES does not apply regardless of the total.

10 or more — Strong	Refer for a HES evaluation **now**. Real room for technology to grow this person's independence — do not wait for the next plan cycle.
5 – 9 — Moderate	A HES evaluation is worth pursuing. Bring it up at the next planning touchpoint and get a referral moving.
2 – 4 — Light	Worth mentioning. Technology might help; raise it during planning so the person and family can choose to explore it.
0 – 1 — No referral	No clear HES technology signal yet. Revisit any time goals or challenges change. *If STOP was selected in Part 1B, HES does not apply regardless of the total.*

Part 5 — What to Do with This Result

The goal for everyone is to get the HES assessment authorized and scheduled.

Family Member or Guardian

Bring this sheet to the next planning meeting and ask the Care Manager to authorize a **HES assessment**.

Care Manager (CCO)

Submit a **SART** to the DDRFO for a HES evaluation, with this summary as supporting documentation.

Self-Direction Broker

Work with the Care Manager to authorize the HES assessment, and reserve room in the **PRA** for future technology purchases.

Self-Advocate or Supporter

Share this with the Care Manager and keep the HES assessment request on the planning agenda until it's scheduled.