## Show-Me Home AT Considerations Guide for a Successful Transition

This guide is intended to provide you with guidance in your role as a Transition Coordinator. It can help identify the areas of need for the referred individual and help determine possible assistive technology devices or strategies to meet that need. Use it as a conversation starter on all areas to include the individual’s opinion. We suggest a review of all categories before submitting the first Intake form for a referred individual.

## Home Access

Is assistance needed for a home owner to enter and exit their home?

* Does the home have a level surface for entering and exiting the home? Consider these options:
  + Add a threshold ramp to remove this barrier.
  + Add a platform lift or ramp for access.

Is assistance needed for a home owner to access all living areas?

* Is there a mobility barrier **to get to an upstairs bedroom?**
* Consider a stair lift to the stair well.
* Can the individual open the door or open the lock?
* Consider a different door knob to make opening the door easier.
* Consider a touch lock using a password for entry.

## Communicating with Others

Is assistance needed for access when connecting remotely with others for a telemedicine appointment, virtual family visits, email or in case of emergency? Possible solutions:

* Tablet or senior specific tablet.
* Medical Alert device.
* Emergency Alert (without service)

Is assistance needed when using the phone to place a call or hear or be heard on the phone?

* If not could they benefit from having one of these possible solutions?
* Adaptive Phone or accessories for a cell phone. (If they have this need, consider assisting the individual with applying for the TAP for Telephone program at Missouri Assistive Technology.)

Is assistance needed to hear the door bell, fire alarm or a bedside alarm? Here are possible solutions:

* Bed shaker for alarm
* Fire alarm for the deaf
* Doorbell alerting device with a flasher.

Do they have a need for access to the Internet using a computer they own? Consider these:

* Adaptive mouse or keyboard
* Enlarged monitor, Braille, Voice activated software or a screen reader.
* Other AT for using a computer or tablet.

(If the individual has a computer and needs adaptive computer equipment, consider helping them apply for TAP for Internet at Missouri Assistive Technology.)

If the individual is non-verbal, consider consulting with a speech therapist about obtaining an AAC evaluation. Funding may be available through the individual’s private or public insurance.

## Home Automation

Is assistance needed to turn on lights or appliances or connect with others through home automation? Consider these options:

* Voice Assistant device
* Smart plugs for lights and small appliances
* Smart Thermostat
* Smart door bell

## Mobility

Is the individual successfully using a mobility aid such as a walker, rollator or wheelchair? When they leave the nursing home, will this device leave with them?

* + If not, does the individual need one of these?
    - cane, rollator, walker, scooter or power wheelchair

**If the individual is in need of a wheelchair, request this though the insurance provider, as it may be funded through the individual’s private or public insurance plan.**

## Sit to Stand or Transferring

1. Before leaving the Nursing home, identify how this individual accomplishes sit to stand functions. What makes this successful for them?
2. Does the individual have difficulty getting out of a chair or couch?

* Find the right seat height. To do this answer the following:
  + What is the length of the person’s lower leg from foot to back of knee when sitting? This is the natural seating height.
    - Record Natural Seat height \_\_\_\_\_\_\_\_ Inches
  + Measure the height of the seat or bed the individual easily get on and off of, without assistance. This is adjusted seat height.
    - Record Adjusted seat height \_\_\_\_\_\_\_ Inches. (If this is higher than the natural seat height and the feet are supported when seated, consider working with the higher seat height.)
* Can the home furniture be modified to the identified seat height? If not, consider these options:
  + Add a wheelchair cushion to a low chair or couch at home.
  + Add feet risers or mount a platform to the legs of a chair or couch.

1. Could the individual benefit form a support device to move between a standing and a seated position? If so, these are possible solutions:

* Add a transfer board to use from furniture to wheelchair
* Add a stand up frame. (This device is placed before them to stand.)
* Add an uplift seat device placed on top of the current chair. (This is placed under them.)
* Add a wheelchair or gel cushion to the seat.
* Mount platform or leg risers under furniture legs.
* Add a chair rail to improve access to sit to stand. (This is placed to one side.)
* Install a vertical pole adjacent to chair and sofa.

If options from 1 - 3 do not fit the need, explain further what functional abilities the individual has for sit to stand transitions? Please specify trunk balance, leg strength, and upper body strength on the Show-Me Home AT Funding Intake Form.

* Would the individual benefit from a power lift chair? **The AT devices or solutions stated in 1 – 3 must be considered before requesting a power lift recliner. Explain why this is the only option in the Show-Me Home AT Funding Intake Form.**

1. Is the individual able to get into and out of the bed? Consider AT in this area such as:

* Over the bed trapeze.
* Height adjustable hospital bed with rails.
* Leg lifter be a good match.
* Bed pull up attached to the bed frame.
* Bed handle or a bed cane.

## Daily Living Considerations

### **Memory/Recall Access** Needs?

* Is the individual able to recall when and how much medicine to take independently?
* Possible Options: medication reminder app, pill dispenser/organizer, or alarm type reminder.
* Do they need assistance in recalling a schedule, staying on task or finishing tasks?
* Consider behavior tablet/phone App to help recall tasks. Ideas can be found on our website at: [https://at.mo.gov- Device loan - iPad Apps - Behavior/Schedules category](https://at.mo.gov/device-loan/ipad-apps.html#behavior)

### Personal Hygiene Assists?

* Is the individual able to bathe without minimal assistance? Consider these options:
  + Extended reach comb, long handle reusable washing tool, shower bench or grab bar.
* Is the individual able to take care of bladder and bowel functions without difficulty?
  + Consider extended reaching device, urine bottle, and bedside commode.
  + Consider adding a bidet to an inside wall toilet. Most inside wall plumbing can be at room tempature.
* Can they sense/feel temperature in the water?
  + Consider temperature monitoring faucet.

This funding source does not provide disposal items in this category. You can ask your local Center for Independent Living for resources in your area.

### Dressing?

* Is the individual able to dress and undress independently?
  + - Consider dressing tools such as: a sock assist, button hook, or zipper pull.

### Eating/ Preparing Meals?

* Is the individual able to feed and prepare food for themselves? Could they benefit from alternative utensils, kitchen tools such as these options?
* Eating: A larger grip spoon or fork, a nonslip dish or cup, a raised dish surface (Meal Lifter), a lift steady spoon, or other device for cooking or eating.
* Meal Preparation: A jar opener, an electric can opener, cutting assist device, or oven stick.

### House Care

* Are there areas of need to complete house hold chores? These are possible solutions:
* Wireless link to turn on small appliances or lights
* Vacuuming – Robotic or cordless vacuum
* Hand helper for house key, appliance knobs, etc.
* Extended dusting handle
* Alternative gardening tools

### Recreation

Are there areas of need to participate in crafts, games reading or writing activities? Consider these:

* Sewing aids, easy grip scissors
* Magnification or lighting for crafts
* Large font deck of cards
* Large grip pen, writing guide, or book holder.

### Transportation

Is the individual able to travel in their own vehicle independently? If not consider these options:

* Wedge cushion to add height or a Swivel seat cushion
* Leg lifter
* Handy Bar
* Seat belt easy reach handle
* Scooter/power chair lift and hitch installed on the back of a car
* Hand or feet controls to drive a car

Once you have completed the Consideration Guide, add the requested AT to the corresponding categories on the Intake Form. For items over $1,000 please provide justification for the requested item.

# SHOW-ME HOME AT Determination of Need – Summary

Transition Coordinator Name:

Consumer Name:

Date:

Internet: Y / N

Smart Phone: Y / N

| **Function** | **Area of Need**  **“X”** | **Requested AT to Increase Access** |
| --- | --- | --- |
| Home Entrance Access |  |  |
| Communication (Phone/WWW) |  |  |
| Mobility |  |  |
| Transferring |  |  |
| Preparing Food/ Eating |  |  |
| Personal Hygiene |  |  |
| Dressing |  |  |
| Home Automation |  |  |
| Memory/Recall |  |  |
| Homecare |  |  |
| Recreation |  |  |