

ADS, VH, ICF Day Program and Transportation COVID-19 Risk/Benefit Discussion Guide

Note: This is not a validated tool. The total score can be used within the person-centered planning process to assist team members with understanding and considering the levels of risks and benefits specific to activities outside the home.

The final scores do not qualify or exclude a person from any activity outside the home. The purpose of this is for the person and their team to make informed choices. Please consult with the person’s primary healthcare providers for more individual specific health considerations.

Name of Person: _____

Situational Risks	Check if Present
The person is not able to follow the social distancing protocol with 6 feet of distance. (2); with minimal prompting/assistance? (1)	<input type="checkbox"/> 2 1 <input type="checkbox"/>
The person is not able to use PPE for extended periods of time (2); or with minimal prompting/assistance (1)	<input type="checkbox"/> 2 1 <input type="checkbox"/>
The person has HPC or other paid support personnel at home	<input type="checkbox"/> 1
The person requires physical prompting/assistance to complete ADLs, such as toileting, eating, or mobility. (Requires close contact with DSP)	<input type="checkbox"/> 2

Total Number of Situational Risks above: _____

Health Related Risks	Check if Present
The person has diabetes	<input type="checkbox"/> 2
The person is severely obese	<input type="checkbox"/> 2
The person is 65 years old	<input type="checkbox"/> 2
The person has known respiratory issues	<input type="checkbox"/> 2
The person has known cardiac disease, including hypertension	<input type="checkbox"/> 2
The person has immunocompromising conditions (ex: HIV, cancer, Post-Transplant, Prednisone treatment, etc.)	<input type="checkbox"/> 2
The person has a renal disease	<input type="checkbox"/> 2
The person has any other underlying health problems	<input type="checkbox"/> 1

Total Number of Health Relate Risks above: _____

Home Related Risks	Check if Present
Risks to others who live with the person (family, caregivers, roommates)	
People with Diabetes	<input type="checkbox"/> 1
People with Obesity	<input type="checkbox"/> 1
People over 65 years old	<input type="checkbox"/> 2
People with respiratory issues	<input type="checkbox"/> 1
People who have known cardiac disease (including hypertension)	<input type="checkbox"/> 1
People who have any immunocompromising conditions (ex: HIV, cancer, post-transplant, prednisone treatment, etc.)	<input type="checkbox"/> 1
People with renal disease	<input type="checkbox"/> 1
People with any other underlying health problems	<input type="checkbox"/> 1

Total Number of Health Related Risks above _____

Sum of Situational Related Risks: _____
 Sum of Health Related Risks: + _____
 Sum of Home Related Risks: + _____
 Situational + Health + Home = **TOTAL RISK** = _____

If Total RISK is **greater than 8** **HIGH RISK** to return to ADS, VH, or ICF Day Program
 If Total RISK is **between 3-7** **MODERATE RISK** to return to ADS, VH, or ICF Day Program
 If Total RISK is **less than 3** **LOW RISK** to return to ADS, VH, or ICF Day Program

RISK LEVEL _____

Benefits to Person	Check if Present
Socialization is important to the person (1); lack of socialization has known serious risks to known mental health conditions. (2)	<input type="checkbox"/> 1 2 <input type="checkbox"/>
A sense of normalcy/routine is important to the person (1); lack of routine has known serious risks to know mental health conditions. (2)	<input type="checkbox"/> 1 2 <input type="checkbox"/>
Daily activity outside the home is likely to reduce the frequency of behavioral issues.	<input type="checkbox"/> 2
Income	<input type="checkbox"/> 2
Parents are employed, and supervision is needed	<input type="checkbox"/> 1
No other supervision is available	<input type="checkbox"/> 2
Needs the medical support of ADS/VH. (i.e., med admin, medical check-in)	<input type="checkbox"/> 1
If not in a structured program, the person may be wandering in the community or engaging in risky, non-social distancing activities	<input type="checkbox"/> 3
Other Benefit:	<input type="checkbox"/> 1

Sum of Benefits: _____

BENEFIT LEVEL: _____

If Benefits **are 5 or above** **HIGH BENEFIT** from returning to ADS, VH, or ICF Day Program
 If Benefits **are 3-4** **MODERATE BENEFIT** from returning to ADS, VH, or ICF Day Program
 If Benefits **are 0-2** **LOW BENEFIT** from returning to ADS, VH, or ICF Day Program

Other Considerations: _____

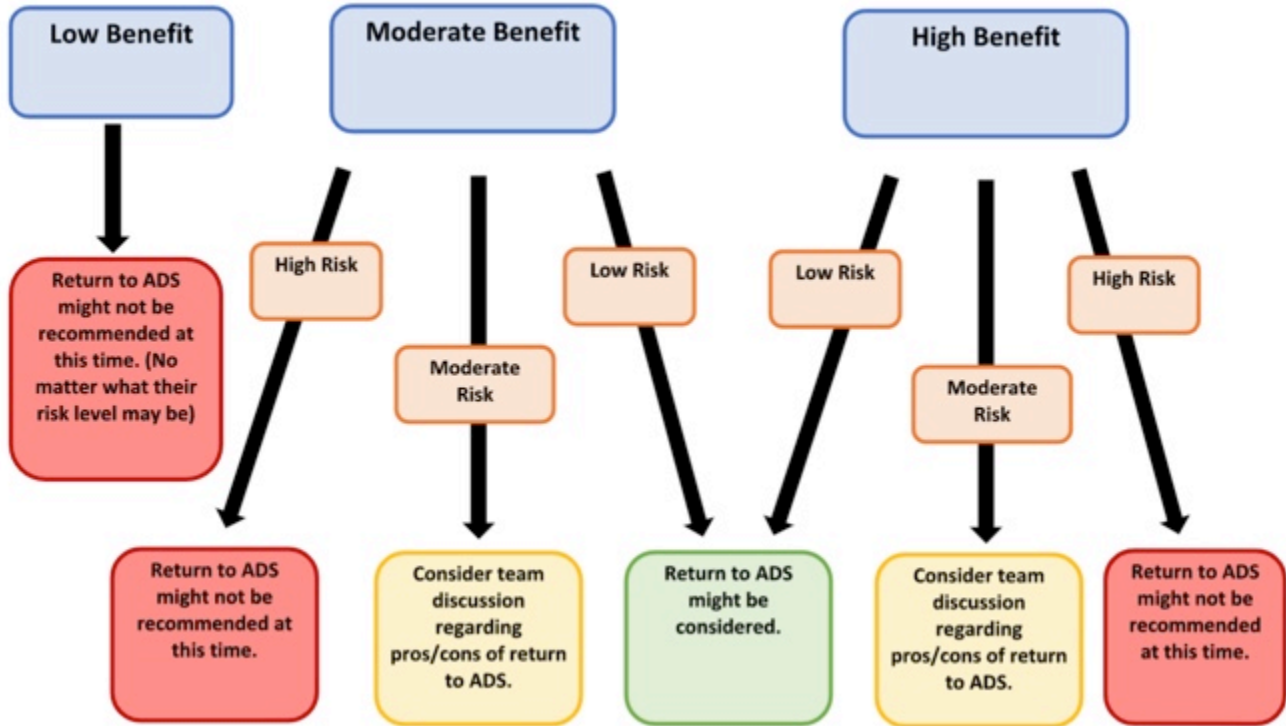
If a team is unable to come to a decision or the person is high risk, they should evaluate alternative ADS, VH, or ICF Day Program options for service delivery, including virtual or in-home services, and re-evaluate the situation routinely.

Discuss with a healthcare professional to determine if there any potential mitigation of risks if a person has had COVID-19 and recovered.

Completed By: _____

Date: _____

Interpretation of RISK/BENEFIT LEVELS



ANOTHER WAY TO LOOK AT IT

