

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

Name of Person: _____

Situational Risks	Circle/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 personal protective equipment (PPE) for extended periods of time (2); or with minimal prompting/assistance (1)	<input type="checkbox"/> 2 1 <input type="checkbox"/>
The person has Homemaker/Personal Care (HPC) or other paid support personnel at home	1 <input type="checkbox"/>
The person requires physical prompting/assistance to complete ADLs, such as toileting, eating, or mobility (Requires close contact with DSP)	2 <input type="checkbox"/>

Total Number of Situational Risks above: _____

Health Related Risks	Circle/check if present
The person has diabetes	2 <input type="checkbox"/>
The person is severely obese	2 <input type="checkbox"/>
The person is older than 40 years old (1); 60 years old (2)	<input type="checkbox"/> 1 2 <input type="checkbox"/>
The person has known respiratory issues	2 <input type="checkbox"/>
The person has known cardiac disease, including hypertension	2 <input type="checkbox"/>
The person has immunocompromising conditions (ex: HIV, cancer, post-transplant, Prednisone treatment, etc.)	2 <input type="checkbox"/>
The person has a renal disease	2 <input type="checkbox"/>
The person has any other underlying health problems	1 <input type="checkbox"/>

Total Number of Health Related Risks above: _____

Home Related Risks	Circle/check if present
Risks to others who live with the person (family, caregivers, roommates)	
People with Diabetes	2 <input type="checkbox"/>
People with obesity	2 <input type="checkbox"/>
People older than 40 years old (1); 60 years old (2)	<input type="checkbox"/> 1 2 <input type="checkbox"/>
People with respiratory issues	2 <input type="checkbox"/>
People who have known cardiac disease (including hypertension)	2 <input type="checkbox"/>
People who have any immunocompromising conditions (ex: HIV, cancer, post-transplant, prednisone treatment, etc.)	2 <input type="checkbox"/>
People with renal disease	2 <input type="checkbox"/>
People with any other underlying health problems	2 <input type="checkbox"/>

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**,
 If Total Risk is **between 3-7**,
 If Total Risk is **less than 3**,

HIGH RISK to return to ADS, VH, or ICF Day Program
MODERATE RISK to return to ADS, VH, or ICF Day Program
LOW RISK to return to ADS, VH, or ICF Day Program

RISK LEVEL _____

Benefits to Person	Circle/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 <input type="checkbox"/> 2
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 <input type="checkbox"/> 2
Daily activity outside the home is likely to reduce the frequency of behavioral issues.	2 <input type="checkbox"/>
Income	2 <input type="checkbox"/>
Parents are employed and Supervision is needed	1 <input type="checkbox"/>
No other supervision is available	2 <input type="checkbox"/>
Needs the medical support of ADS/VH. (i.e. med admin, medical check-in)	1 <input type="checkbox"/>
If not in a structured program, the person may be wandering in the community or engaging in risky, non-social distancing activities	3 <input type="checkbox"/>
Other Benefit:	1 <input type="checkbox"/>

Sum of Benefits: _____

BENEFIT LEVEL: _____

If Benefits are **5 or greater**,
 If Benefits are **3-4**,
 If Benefits are **0-2**,

HIGH BENEFIT from returning to ADS, VH, or ICF Day Program
MODERATE BENEFIT from returning to ADS, VH, or ICF Day Program
LOW BENEFIT from returning to ADS, VH, or ICF Day Program

Other Considerations: _____

If any member of the team (including all providers: day service, transportation, and residential) and the housemate's team disagree about a return to facility-based Adult Day Support (ADS), Vocational Habilitation (VH), or Intermediate Care Facility (ICF) Day Program, recommend not returning to facility-based ADS, VH, or ICF Day Program at this time and reassess at a later time (for example, in one week). The team should consider, any time in the process, alternative ADS, VH, or ICF Day Program options for service delivery, including virtual or in-home services.

Higher total scores indicate a greater risk of poor health outcomes from COVID-19 infection. There is not a specifically designated score that qualifies or excludes a person. The score here is to gain data for planning

purposes. Please consult with the person's primary health care providers for specific health care considerations related to person-centered planning.

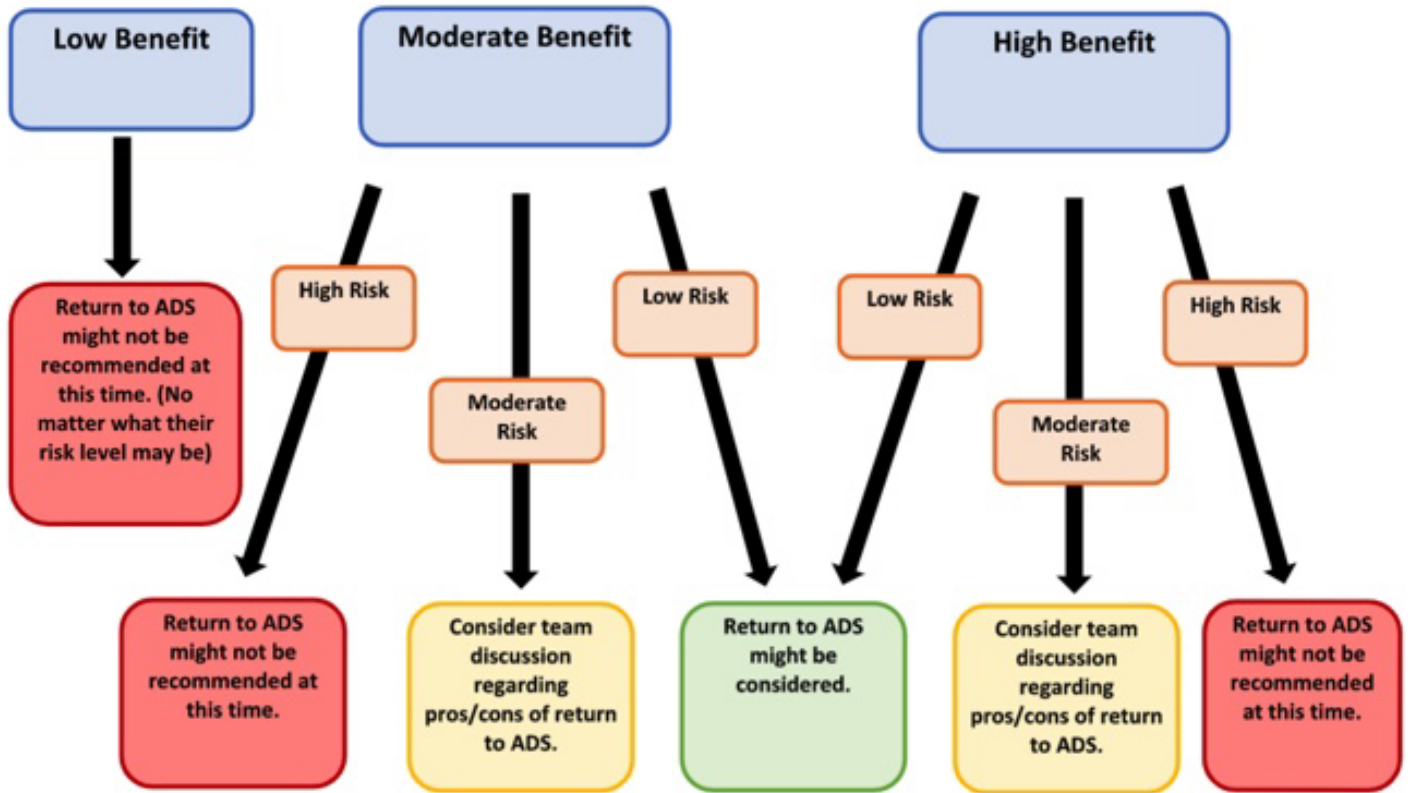
Discuss with a health care professional to determine if there any potential mitigation of risks if a person has had COVID-19 and recovered.

Note: This is not a validated tool. The total score may be reported to facility/agency personnel for the estimation of stratified patient risk.

Completed By: _____

Date: _____

Interpretation of RISK/BENEFIT LEVELS



ANOTHER WAY TO LOOK AT IT

Team Discussion Might Recommend
RETURN TO ADS...

Team Discussion Might Recommend
NO RETURN TO ADS...

