



Community and Employment Support- Group Service Settings COVID-19 Risk/Benefit Discussion Guide

COVID-19 has made a lot of things change for people living with disabilities. This form has been created using [Governor Mills' orders and guidance](#) about COVID-19 to help people with disabilities make decisions about going back to their day programs.

Many of the community support programs have closed or changed how services are being provided. Right now, community support and employment service providers may voluntarily choose to reopen their programs and start providing in person services again.

The Office of Aging and Disability Services (OADS) has sent out guidelines on how these programs can reopen and provided recommendations for the steps that need to be in place to best protect an individual's health and safety. When and if a person should go back to their program is a personal decision and should be made by comparing the risks and benefits to returning.

This **Risk/Benefit Discussion Guide** was made to help individuals, their families, case managers, and other service team members make the decision that is best for them individually. This tool is an optional way to think about some of the health and safety risks that a person should consider before returning to their day program.

OADS is also working with providers to make sure they agree to follow the specific guidelines when they choose to reopen their day programs. These guidelines have already been shared with providers. There is a copy of this guidance [here](#). Individuals should ask their day program if providers have completed this process when they are making their own decision about when to return to their day program. OADS has developed these processes with feedback from members of Speaking Up For Us (SUFU) and some providers with the goal of promoting the health and safety of people receiving services, their families, and direct support professionals (DSPs) who support them.

Team Process:

1. When an individual hears that their services are reopening, the person and/or their guardian (if applicable) decides they would like to go back to Community and/or Employment support center-based services.
2. The team, which includes the person receiving services and/or guardian (if applicable), Community and/or Employment Support provider, residential provider, and case manager will work together and use the COVID-19 Risk/Benefit Discussion Guide to help talk about attending a center-based service.
3. If it is decided that there are more benefits and the individual wants to return and the team agrees the person should go back to center-based services, the individual, their guardian (if applicable), and the Case Manager will update the Person Centered Plan using the

[COVID-19 Person Centered Planning \(PCP\) for Adults with Intellectual/Developmental Disabilities and Autism Frequently Asked Questions \(FAQ\).](#)

If the individual does not want to go back to services in a group setting, other ways to get your services, including telehealth, should be talked about. A person can also decide not to go back to an in-person group Community or Employment Support Service at this time but can decide to do the Risk/Benefits process at a later time (for example, in one week).

If a person has had COVID-19 and recovered, talk with a health care professional to decide if there are any other kinds of risks.

COVID-19 Risk/Benefit Discussion Guide

Name of Person: [Click here to enter text.](#)

Situational Risks- COVID-19	Check the Respective Box only if applicable
I would have difficulty staying 6 feet of apart from others (2); with minimal prompting/assistance (1)	(2) <input type="checkbox"/> (1) <input type="checkbox"/>
I would have difficulty wearing a face covering for extended periods of time (2); or with minimal prompting/assistance (1)	(2) <input type="checkbox"/> (1) <input type="checkbox"/>
I have a Homemaker/Person Care Assistant (PCA) or other paid support person at home (1)	(1) <input type="checkbox"/>
I benefit from physical prompting/assistance to complete ADLs, such as toileting, eating, or mobility (Requires close contact with DSP) (2)	(2) <input type="checkbox"/>

Total Number of Situational Risks above: _____

Health Related Risks- COVID 19	Check the Respective Box only if applicable
I have diabetes (2)	(2) <input type="checkbox"/>
I am overweight/obese (2)	(2) <input type="checkbox"/>
I am older than 40 years old (1); 60 years old (2)	(2) <input type="checkbox"/> (1) <input type="checkbox"/>
I have lung or breathing issues (2)	(2) <input type="checkbox"/>
I have heart issues, including high blood pressure (2)	(2) <input type="checkbox"/>
I have medical issues such as: HIV, cancer, post-transplant, Prednisone treatment, etc.) (2)	(2) <input type="checkbox"/>
I have kidney disease (2)	(2) <input type="checkbox"/>
I have other underlying health problems (1)	(1) <input type="checkbox"/>

Total Number (Sum) of Health Relate Risks above: _____

Home Related Risks- COVID-19 Risks to others who I live with (family, caregivers, roommates)	Check the Respective Box only if applicable
People with Diabetes (2)	(2) <input type="checkbox"/>
People with obesity (2)	(2) <input type="checkbox"/>
People older than 40 years old (1); 60 years old (2)	(2) <input type="checkbox"/> (1) <input type="checkbox"/>
People with lung or breathing issues (2)	(2) <input type="checkbox"/>
People who have known heart issues including high blood pressure (2)	(2) <input type="checkbox"/>
People who have any medical conditions such as HIV, cancer, post-transplant, Prednisone treatment, etc.) (2)	(2) <input type="checkbox"/>
People with kidney disease (2)	(2) <input type="checkbox"/>
People with any other underlying health problems (2)	(2) <input type="checkbox"/>

Sum of Situational Related Risks: _____

Sum of Health-Related Risks: + _____

Sum of Home Related Risks: + _____

Situational + Health + Home = **TOTAL RISK** = [Click here to enter text.](#)

If Total Risk is **greater than 8, HIGH RISK** in returning to Day Program

If Total Risk is **between 3-7, MODERATE RISK** in returning to Day Program

If Total Risk is **less than 3, LOW RISK** in returning to Day Program

Potential Benefits to Me	Check the Respective Box only if applicable
My parents/ caregivers are employed, and I benefit from someone being with me (1).	(1) <input type="checkbox"/>
Being with others is important to me (1); Not being around others increases the risks to my mental health conditions. (2)	(2) <input type="checkbox"/> (1) <input type="checkbox"/>
Having a sense of normalcy/routine is important to me (1); lack of a routine increases the risks to my mental health conditions (2)	(2) <input type="checkbox"/> (1) <input type="checkbox"/>
Having daily activity outside my home helps reduce how often I may feel anxious, angry, or emotional (2).	(2) <input type="checkbox"/>
I would have access to income (2)	(2) <input type="checkbox"/>
There is no one else to be with me during the day to assure I am safe (2).	(2) <input type="checkbox"/>
If I am not in a structured program, I might wander in my community or do risky activities including being around groups of people (3).	(3) <input type="checkbox"/>
Other Benefit (1):	(1) <input type="checkbox"/>

Sum of Benefits: _____

BENEFIT LEVEL: _____

If Benefits are **5 or greater, HIGH BENEFIT** in returning to Day Program

If Benefits are **3-4, MODERATE BENEFIT** in returning to Day Program

If Benefits are **0-2, LOW BENEFIT** in returning to Day Program

Other Considerations: [Click here to enter text.](#)

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

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: [Click here to enter text.](#) _____ Date: [Click here to enter text.](#)

Interpretation of Risks and Benefits

ANOTHER WAY TO LOOK AT IT

Team Discussion Might Recommend
RETURN TO Community/
Employment Support Services

Team Discussion Might Recommend
NO RETURN TO Community/
Employment Support Services

