**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](https://www.maine.gov/covid19/) 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](https://www.maine.gov/dhhs/oads/docs/covid-19/covid-19-guidance-reopening-in-person-services.docx). 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)](https://www.maine.gov/dhhs/oads/docs/covid-19/covid-19-pcp-faq.pdf)**.**

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)  (1) |
| I would have difficulty wearing a face covering for extended periods of time (2); or with minimal prompting/assistance (1) | (2)  (1) |
| I have a Homemaker/Person Care Assistant (PCA) or other paid support person at home (1) | (1) |
| I benefit from physical prompting/assistance to complete ADLs, such as toileting, eating, or mobility (Requires close contact with DSP) (2) | (2) |

Total Number of Situational Risks above:

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

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) |
| People with obesity (2) | (2) |
| People older than 40 years old (1); 60 years old (2) | (2)  (1) |
| People with lung or breathing issues (2) | (2) |
| People who have known heart issues including high blood pressure (2) | (2) |
| People who have any medical conditions such as HIV, cancer, post-transplant, Prednisone treatment, etc.) (2) | (2) |
| People with kidney disease (2) | (2) |
| People with any other underlying health problems (2) | (2) |

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) |
| Being with others is important to me (1); Not being around others increases the risks to my mental health conditions. (2) | (2)  (1) |
| 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)  (1) |
| Having daily activity outside my home helps reduce how often I may feel anxious, angry, or emotional (2). | (2) |
| I would have access to income (2) | (2) |
| There is no one else to be with me during the day to assure I am safe (2). | (2) |
| 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) |
| Other Benefit (1): | (1) |

## 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

NO RETURN TO Community/

Employment Support Services

Team Discussion Might Recommend

RETURN TO Community/

Employment Support Services

