



COVID-19 Reopening Risk/Benefit Discussion Guide (May 2020)

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 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 requires Direct Service Professional (DSP) or other paid support personnel to provide services in their 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	Check if present
The person has chronic lung disease or moderate to severe asthma	2 <input type="checkbox"/>
The person has a serious heart condition or known cardiac disease	2 <input type="checkbox"/>
The person is older than 20 years old (1); 55 years old (2)	<input type="checkbox"/> 1 2 <input type="checkbox"/>
The person has severe obesity (Body Mass Index of 40 or higher)	2 <input type="checkbox"/>
The person has liver disease	2 <input type="checkbox"/>
The person has diabetes	2 <input type="checkbox"/>
The person is immunocompromised (including cancer treatment, smoking, post-transplant, immune deficiencies, HIV/AIDS, corticosteroids and other immune weakening medications)	2 <input type="checkbox"/>
The person has chronic kidney disease	1 <input type="checkbox"/>
The person has any other underlying health problems	1 <input type="checkbox"/>

Total Number of Health Related Risks above: _____

Home Setting Related Risks (Select one)	Check if present
Family Home < 5 people, occupants following guidelines	1 <input type="checkbox"/>
Family Home, 5-8 people, occupants following guidelines	2 <input type="checkbox"/>
Family Home, occupants not following guidelines	3 <input type="checkbox"/>
Independent Apartment, <2 people with support	1 <input type="checkbox"/>
Independent Apartment, 2-3 people with support	2 <input type="checkbox"/>
Independent Apartment, frequent independent outings without support	3 <input type="checkbox"/>
Licensed Assisted Living with live-in staff	2 <input type="checkbox"/>
Licensed Assisted Living with shift staff	3 <input type="checkbox"/>

Home Setting Related Risk _____

Home Related Risks to Others Risks to others who live with the person (family, caregivers, roommates)	Check if present
People with chronic lung disease or moderate to severe asthma	2 <input type="checkbox"/>
People with a serious heart condition or known cardiac disease	2 <input type="checkbox"/>
People older than 40 years old (1); 55 years old (2)	<input type="checkbox"/> 1 2 <input type="checkbox"/>
People with severe obesity (BMI of 40 or higher)	2 <input type="checkbox"/>
People who have liver disease	2 <input type="checkbox"/>
People who have any immunocompromised conditions (incl. cancer treatment, smoking, post-transplant, immune deficiencies, etc)	2 <input type="checkbox"/>
People with chronic kidney 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: + _____
 Home Setting Related Risk: + _____
 Sum of Home Related Risks to Others + _____
 Situational + Health + Home = **TOTAL RISK** = _____

If Total Risk is **10 or greater**,

If Total Risk is **between 5-9**,

If Total Risk is **less than 5**,

HIGH RISK = most additional safeguards, less flexibility

MODERATE RISK = more additional safeguards, more flexibility

LOW RISK = less additional safeguards, most flexibility

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.	1 <input type="checkbox"/>
A sense of normalcy/routine for the person (1); lack of routine has known serious risks to know mental health conditions.	1 <input type="checkbox"/>
(2) Daily activity outside the home is likely to reduce the frequency of behavioral issues.	2 <input type="checkbox"/>
Maintaining supported employment is needed for income and self-esteem	2 <input type="checkbox"/>
Natural supports are unavailable due to returning to work	1 <input type="checkbox"/>
Needs the medical support of (i.e. med admin, medical check- in)	1 <input type="checkbox"/>
Without support, the person may be wandering in the community or engaging in risky, non-social distancing activities	3 <input type="checkbox"/>
Other Benefit: (for example, normally has weekend visits with family)	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 to adding more safeguards for more flexibility

MODERATE BENEFIT

LOW BENEFIT adding more safeguards to increase flexibility

Other Considerations: _____

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 only indicates a level of risk/benefit discussion for person-centered planning purposes that maximize freedom with mitigation plans defined. 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 a guide, not a validated tool to be used for level of care assessment purposes.

Completed By: _____

Date: _____

Interpretation of RISK/BENEFIT LEVELS

Support Team Might Recommend
More flexibility...

Support Team Might Recommend
More safeguards...

