There is an inherent risk of exposure to COVID-19 in any place where people are present. Participants in programs provided by an Adult Day Health Care Center (Center) are at high risk of becoming seriously ill with COVID-19. These guidelines are based on what is currently known about the transmission and severity of COVID-19, as well as about the protection achieved through vaccination. Compliance with these guidelines can reduce the risk of transmission of COVID-19, but it will not eliminate the risk to participants, staff, or visitors.

This guidance replaces the Provider Guidance issued March 23, 2021 concerning the resumption of services, and continues to emphasize the importance of maintaining infection prevention practices due to the ongoing risk of COVID-19 transmission. It is intended to offer clarifying information to facility-based long-term care providers (herein referred to as “Providers”) concerning the resumption of specified services when the described conditions are met, beginning on or after the dates indicated. The guidelines are based on what is currently known about the transmission and severity of COVID-19, as well as emerging evidence demonstrating the effectiveness of COVID-19 vaccines in congregate settings – among residents, staff and visitors - to prevent the spread of COVID.

For the purpose of applying relevant federal guidelines, an ADHC is considered a “health care” setting.

**Key Updates to the March, 23, 2021 Guidance**

- Definitions: Source Control and Symptoms
- Off-Site Travel conditions to consider
- Additional Section: New Participants
DEFINITIONS

**CDC Guidelines**: Reference materials available from the Centers for Disease Control and Prevention, available at: https://www.cdc.gov/ and specific extension sites listed at the end of this guidance.

**Cleaning**: Removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs, but it decreases their number and therefore the risk of spreading infection.

**Core Principles of COVID-19 Infection Prevention:**
- Screening of all who enter the Center for signs and symptoms of COVID-19 (e.g., temperature checks, questions about and observations of signs or symptoms), and denial of entry of those with signs or symptoms of COVID-19 or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor’s vaccination status);
- Hand hygiene (use of alcohol-based hand rub is preferred);
- Face covering or mask (covering mouth and nose);
- Physical distancing at least six feet between persons;
- Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene);
- Cleaning and disinfecting high-frequency touched surfaces in the facility often, and designated visitation areas after each visit;
- Appropriate staff use of Personal Protective Equipment (PPE); and
- COVID-19 testing for participants, staff and visitors, as needed.

**Disinfecting**: Using an EPA-registered disinfectant chemical according to the manufacturer’s directions. This process does not necessarily clean dirty surfaces, but is used to kill germs remaining on a surface after cleaning, thereby further reducing the risk of spreading infection.

**Fever**: Registering a body temperature of at least 100°F, confirmed by an infrared thermometer. (Older or immuno-compromised adults can have a lower fever threshold.)

**Fully Vaccinated**: at least 14 days following receipt of an FDA-authorized or approved COVID-19 vaccine – either both doses of a 2-dose regimen or one dose of a single-dose vaccine, per CDC guidelines available at: https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html

**Guidance**: Recommended course of action.

**PPE**: Personal Protective Equipment, including but not limited to disposable gloves, gowns, face masks, face shields, or goggles.

**Physical Distancing** (aka Social Distancing): Maintaining a distance of at least six feet between people.

**Source control** refers to the use of cloth face coverings or face masks to cover a person's mouth and nose to reduce the likelihood of transmission of infection by preventing the spread of respiratory secretions.

**Staff Extender**: A participant’s case manager, health professional engaged in a participant’s care, vendor or contractor delivering goods or services, public agency personnel conducting official duties, such as the Long-Term Care Ombudsman, CHFS Office of Inspector General, or state or local departments of public health, public protection or emergency response.

**Symptoms – COVID-19**: Fever, cough, shortness of breath, difficulty breathing, chills, rigors, headache, sore throat, fatigue, congestion or runny nose, muscle or body aches, change in sense of smell or taste, or gastrointestinal symptoms (i.e. diarrhea, vomiting, etc.); CDC definition available at: https://wwwn.cdc.gov/nndss/conditions/coronavirus-disease-2019-covid-19/case-definition/202
INFECTION CONTROL

The Center should review and update its operating policies and procedures to effectively address each of the issues presented in this guideline memo, adhering to the Core Principles of COVID-19 Infection Prevention (see Definitions, p. 2). Technical assistance is available from the following Departments:

- **SCL and MPW waivers** – DBHID, Division of Developmental and Intellectual Disabilities, contact your assigned Quality Administrator
- **HCB and ABI** – Department for Medicaid Services [1915c Waiver Email](mailto:1915c Waiver Email) or call the 1915(c) Waiver Help Desk at (844) 784-5614.

The Kentucky Department for Public Health (KDPH), Infectious Disease Branch’s “Healthcare-Associated Infection / Antibiotic Resistance (HAI/AR) Prevention Program” aims to eliminate and prevent HAIms and AR organisms in healthcare and home-and-community-based service settings. A Center can – and is encouraged to – receive consultation on infection control and prevention from the HAI/AR team of specialized health professionals.

To better assist in the response to the COVID-19 pandemic, the department has added regional infection preventionists. Ten regional IPs work with Centers to help respond to and control the spread of COVID-19 in the healthcare setting. Find more information at: [https://chfs.ky.gov/agencies/dph/dehp/idb/Pages/hai.aspx](https://chfs.ky.gov/agencies/dph/dehp/idb/Pages/hai.aspx).

**Examples of Policy and Procedure Considerations**

**Cleaning and Disinfecting** - the Center should
- Clean and disinfect work area equipment and common areas at least daily, and at each shift change, if applicable;
- Use Environmental Protection Agency (EPA) registered disinfectants to sanitize surfaces.
- Devote attention to high touch areas, such as countertops, hall and stair railings, tools, door hardware, computers, etc.
- Assess the environment to identify opportunities for reducing the number of high-touch surfaces.
- Refer to the CDC’s guidance, [Cleaning and Disinfecting Your Facility](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cleaning-disinfecting.html).

**Environment** - The Center should (if achievable):
- Designate one-way entrances and exits to foster social distancing compliance;
- Designate an area for isolating any person who develops symptoms consistent with a COVID-19 infection or fever;
- Space lockers to foster social distancing compliance; and
- Mark a 6-foot line in front of staff desks.

**Support Logistics**: The Center should ensure:
- Handwashing stations are readily available and accessible without employees congregating in groups;
- An ample supply of soap, hand sanitizer, and hand towels;
- PPE distribution to participants, employees, and visitors; and
- Infection control and best practice posters are posted in highly visible areas.

PLUS
When services are provided away from the building, the Center should have a plan for adhering to team decisions about types of activities participants choose to access during day training services, i.e. shopping, restaurants, bowling, galleries, libraries, etc.

For manufacturing and supply chain work: The Center should follow any additional Healthy at Work requirements for manufacturing, distribution, and supply chain businesses.

**GROUP ACTIVITIES**

Key determinants for conducting recreational and therapeutic group activities, beginning June 10, 2021, should include

1) involving as many participants as can be accommodated meeting the Core Principles of COVID-19 Infection Prevention (see Definitions, p. 2)

NOTE: Although it not necessary to take temperatures prior to each activity, the Provider should conduct screening with the expectation that participants will report signs/symptoms.


2) until further notice, limit group activities at off-site locations to participants, staff, caregivers and volunteers who have been fully vaccinated against COVID-19 (see Definitions, p. 2).

**COMMUNAL DINING**

Key determinants for conducting communal dining, beginning June 10, 2021, should include

1) involving as many participants as can be accommodated meeting the Core Principles of COVID-19 Infection Prevention (see Definitions, p. 2);

2) Disinfecting
   a) each table and frequently touched surface before and after each meal or snack served, as well as at the end of each day, and
   b) kitchen at least twice daily;

3) Using only disposable plates and utensils (except for participant-specific adaptable equipment);

4) Permitting only employees and approved essential visitors in the kitchen.

NOTE: If unvaccinated participants are dining in a communal area (e.g., dining room) **ALL** of them should use source control when not eating and unvaccinated participants should continue to remain at least 6 feet from others.

   o EXAMPLE: If 1 of 30 participants dining in a communal area is not vaccinated, then *everyone* should mask when not eating and any unvaccinated participant(s) should socially distance.

VISITING

By entering the Center, a visitor acknowledges the inherent risk of exposure to COVID-19 to self and to participants, staff, volunteers and other visitors. The Center should develop a plan for facilitating indoor and/or outdoor visiting, taking a person-centered approach and adhering to the Core Principles of COVID-19 Infection Prevention (see Definitions, p. 2). Outdoor visitation is preferred, even when the participant and visitor are fully vaccinated against COVID-19. Outdoor visits generally pose a lower risk of transmission due to increased space and airflow.

Therefore, visits should be held outdoors whenever practicable. However, weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality) or an individual participant’s health status (e.g., medical condition(s), COVID-19 status) may hinder outdoor visits. Additional relevant resources are included on page 7.

Any person entering the Center’s property who is not a participant or staff member should:

1) Provide evidence of having
   a. been fully vaccinated (see Definitions, P. 2) or
   b. received a negative result from a COVID-19 test administered within the 72 hours prior to entry; or
   c. recovered from a confirmed COVID-19 infection in the 90 days preceding the visit; and
2) Demonstrate lack of fever, confirmed by an infrared thermometer; and
3) Agree to adhere to the conditions described on the Sample Visitor Screening and Attestation Form (see p. 15).

NOTE: Follow physical distancing and source control recommendations when either the participant or his/her visitor(s) are not fully vaccinated. The safest approach is for everyone to maintain physical distancing and to wear source control. However, if the participant is fully vaccinated, he/she can choose to have close contact (including touch) with an unvaccinated visitor(s) while both continue to wear well-fitting source control.

   o EXAMPLES: Regardless of a visitor’s vaccination status, he or she should wear a mask when traveling within the facility; a visitor who is not fully vaccinated should remain masked throughout the visit.

Any visitor who is unable to adhere to the Center’s visiting policies and procedures should not be permitted to visit or asked to leave.

Off-Site Travel: The risks and benefits of off-site travel should be discussed with all participants, staff, caregivers and volunteers. Consideration should be given to:

1) Community COVID-19 Incidence: Off-site travel is discouraged in a red county on the Kentucky Long-Term Care COVID-19 Indicator (Tier III – 25-or-more average daily cases per 100,000 population), available at: https://chfs.ky.gov/cv19/LTCCountyMapLatest.pdf, which is updated on the 1st and 3rd Thursdays each month.
2) Vaccination Status: The Center should advise each person traveling that there is some level of risk associated with leaving the Center - even if vaccinated - and that exposure to someone who is infected may have a negative consequence (e.g., infection, quarantine or other undesirable outcomes). Although being fully vaccinated will decrease the risk of infection and severe
outcomes, it will not eliminate all risk. All prevention measures should continue. Regardless of vaccination status or residential setting, a participant who is exposed to a person with confirmed COVID-19 infection should not return to the Center for at least 14 days.


**NEW PARTICIPANTS**

While it is ideal that a newly enrolled, fully vaccinated participant occupy any area of the Center, the Provider’s distribution of available participant space might serve as a limiting factor. Key determinants for assigning service location for a fully vaccinated individual should include that he or she can effectively

- Avoid interactions with individuals that are currently in quarantine;
- Limit time in communal areas in the quarantine area;
- Follow source control protocols while receiving services; and
- Host visitors outside of a quarantined area.

**FEDERAL DISABILITY RIGHTS LAWS AND PROTECTION & ADVOCACY (P&A) PROGRAMS**

1) Section 483.10(f)(4)(i)(E) and (F) requires the Center to allow immediate access to a participant by any representative of the protection and advocacy systems, as designated by the state, and as established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act), and of the agency responsible for the protection and advocacy system for individuals with a mental disorder (established under the Protection and Advocacy for Mentally Ill Individuals Act of 2000).
   a) P&A programs authorized under the DD Act protect the rights of individuals with developmental and other disabilities and are authorized to “investigate incidents of abuse and neglect of individuals with developmental disabilities if the incidents are reported or if there is probable cause to believe the incidents occurred.” 42 U.S.C. § 15043(a)(2)(B).
   b) Under its federal authorities, representatives of P&A programs are permitted access to all Center participants, which includes “the opportunity to meet and communicate privately with such individuals regularly, both formally and informally, by telephone, mail and in person.” 42 CFR 51.42(c); 45 CFR 1326.27.

2) Each Center must comply with federal disability rights laws such as Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA).
   a) Example: If a participant requires assistance to ensure effective communication (e.g., a qualified interpreter or someone to facilitate communication) and the assistance is not available by onsite staff or effective communication cannot be provided without such entry (e.g., video remote interpreting), the Center must allow the individual entry into the nursing home to interpret or facilitate, with some exceptions.
b) This would not preclude the Center from imposing legitimate safety measures that are necessary for safe operations, such as requiring such individuals to adhere to the core principles of COVID-19 infection prevention.

COMMUNICATION

The Center should communicate in writing with:

1) Each participant and his/her responsible party about the Center’s new policies and procedures regarding COVID-19; and
2) Each employee about the Center’s policies, protocols and procedures regarding COVID-19; the CDC has developed several free posters in a variety of languages (See p. 7); and

Consider having the participant (or guardian) and visitor sign an acknowledgement form concerning

1) Receipt of this communication and agreement to abide by the new policies and procedures described; and
2) Acceptance of the risks associated with entering the Center, such as the recommended language included in the sample visitor screening and attestation form (see p. 14).

Training

The Center should deliver training and information about COVID-19 for participants, their caregiver and families, and employees, including at least:

- Recognizing the signs and symptoms of COVID-19, how it spreads, risks of exposure and self-protection;
- Proper handwashing practices and use of hand sanitizer stations;
- Donning and doffing PPE;
- Other relevant infection control precautions (i.e., CDC Guidelines and physical distancing measures); and
- Benefits and risks of COVID-19 vaccination.

Training communication should be:

- Provided at an effective literacy level; and
- Conveyed in the preferred language spoken or read by trainee.
  - Consider utilizing the participation of an employee, participant’s caregiver or community resource proficient in the non-English language desired.

NOTE: Consider seeking grief support services for participants, their caregivers and employees in response to COVID-19 disruptions.

- The Kentucky Community Crisis Response Board (KCCRB) can assist the Center with finding local resources or providing direct support via their website or by calling toll free 24/7: (888) 522-7228
The current public health emergency has resulted in a rapidly changing environment. The Cabinet for Health and Family Services will continue to provide information and updates to Adult Day Health Care Centers.

Eric Friedlander  
Secretary

Adam Mather  
Inspector General

Victoria L. Elridge  
DAIL Commissioner

Lisa Lee  
Medicaid Commissioner
**Additional Resources**

**CDC COVID-19 Guidance:**

1) Resources for Businesses and Employers, at
   [https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date%3A%3Adesc](https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date%3A%3Adesc)

2) Risk-Assessment Guidance, at:

3) Toolkit: People with Disabilities, at:

4) Guidance for Fully Vaccinated Individuals

5) Guidance for Adult Day Services Centers

6) Guidance for Participants at Adult Day Services Centers

**CMS COVID-19 Guidance re: Visiting**


**OHSA Guidance on Preparing Workplaces for COVID-19**, at
[https://www.osha.gov/Publications/OSHA3990.pdf](https://www.osha.gov/Publications/OSHA3990.pdf)

**KY COVID-19 Updates:**

1) State Resources and Information, at: [https://govstatus.egov.com/kycovid19](https://govstatus.egov.com/kycovid19)

2) Cabinet for Health and Family Services Resources for LTC Providers, at:
   [https://chfs.ky.gov/agencies/os/oig/dhc/Pages/cvltc.aspx](https://chfs.ky.gov/agencies/os/oig/dhc/Pages/cvltc.aspx)

3) Kentucky Long-Term Care COVID-19 Indicator (average daily cases per 100,000 population) – available at: [https://chfs.ky.gov/cv19/LTCCountyMapLatest.pdf](https://chfs.ky.gov/cv19/LTCCountyMapLatest.pdf) (updated on the 1st and 3rd Thursdays each month)

4) Kentucky Vaccine Resources and Information, at: [https://govstatus.egov.com/ky-covid-vaccine](https://govstatus.egov.com/ky-covid-vaccine)

5) Governor Andy Beshear’s Announcement on Discontinuation of Capacity Restrictions

**Sample Forms**

A. COVID-19 Visitor Screening and Attestation Form (p. 9)

B. Re-Opening Provider Assurance Plan – Adult Day Health Care Center (pp. 10-11)

C. ADHC COVID-19 Risk-Benefit Discussion Guide (pp. 12 - 15)

**A. SAMPLE VISITOR SCREENING and ATTESTATION FORM**

Our organization is committed to providing a safe and secure environment. We appreciate your commitment to protecting all who live, work, and visit here. There is an inherent risk of exposure to COVID-19 in any place where people are present. Participants are potentially at high risk of becoming seriously ill with COVID-19. Our policies and procedures are based on what is currently known about the transmission and severity of COVID-19. Compliance with these policies and procedures will reduce the risk of transmission of COVID-19, but will not eliminate the risk to the participants, staff or visitors.

By entering the Center, the undersigned acknowledges the inherent risk of exposure to COVID-19 to himself/herself, other participants, staff and other visitors, and agrees to follow the measures listed.
I agree to:

1. Have my temperature measured upon arrival.
2. Provide evidence (or attest to) that I have
   a. been fully vaccinated (see Definitions. P. 2) or
   b. received a negative result from a COVID-19 test administered within the 72 hours prior to entry; or
   c. recovered from a confirmed COVID-19 infection in the 90 days preceding the visit. (If not a, b or c, I agree to have a COVID-19 test performed.)
3. Wash My Hands frequently while I am here (and while I am not here). Example: before I leave one area and enter another, I will wash my hands with soap and friction (or with hand sanitizer if soap is not available).
4. While here (and when out in the community) wear a mask or face covering, and observe physical distancing.
5. Avoid:
   a. individuals who have any of the following COVID-19 symptoms: Feeling of fever, Cough, Shortness of breath, Difficulty breathing, Chills, Rigors, Headache, Sore throat, Congestion or runny nose, Muscle or body aches, or Change in sense of smell or taste;
   b. individuals who have been in a setting where COVID 19 cases have been confirmed; or
   c. gatherings of people.
6. Be accompanied by assigned staff to, from and during the visit, and to remain in the approved area(s).
7. Report, if after my visit I learn that I had, immediately prior to coming, contact with an individual with a suspected or confirmed COVID-19 infection, to [name of facility contact] at:
   ___-____-______ or _________@______.____); or
8. Report, if I develop symptoms or am diagnosed with COVID-19 within two days (to the same facility contact in #7) and to the local health department (___ - ____ - ____).
9. Not visit here if I:
   a. or someone in my household is ill or has been diagnosed with COVID-19.
   b. have been in contact with anyone who is ill or has been diagnosed with COVID-19.

Signature______________________________________  Date__________________________

Rev. 6/10/2021
B. SAMPLE RE-OPENING PLANNING TOOL: ADULT DAY HEALTH CARE CENTER

In order to ensure safety:
- divide service locations into smaller areas in order to serve smaller groups with limited contact with one another,
- all areas accommodate public health guidelines for social distancing,
- assign dedicated staff for each separate group in each space,
- limit visitors, provider staff and medical personnel,
- provide a designated isolation space for anyone who presents with symptoms during service delivery.

Ensure the Center:
- requires face coverings for all staff, with reasonable assurance that six (6) feet of separation is possible from others,
- have see-through masks for those needing to read lips,
- has the personal protective equipment (PPE) capacity and training to support compliance with recommended precautions,
- has easily accessible hand sanitizing stations throughout the building,
- follows team decisions regarding face coverings for each person no matter the provider or service payment type (consult the Risk/Benefit Discussion Guide),
- gives attention to minimizing touching of face and face coverings,
- has the resources and ability to provide daily symptom monitoring of personnel and participants upon arrival and before leaving,
  - develop a system for documenting staff assignments and contacts.
- reliably follows infection control personal care standards including handwashing before and after contact with persons served,
- plan to limit personal items brought into a location,
- plan to handle and store items brought to the Center, i.e. backpacks
- plan to sanitize communication devices and other personal equipment brought to the location,
- plan to handle and store personal care items and changes of clothing brought to the location,
- requires personnel, who are helping a person with eating or other personal care activities, to use gloves and a face covering,
- has the resources to clean and sanitize the location and associated vehicles throughout the day and between shifts/events (EPA-registered disinfectants)
- has the resources to clean and sanitize restroom(s) after each use,
- has the resources to clean and sanitize all surfaces, including vending machines, doors, counter tops, table tops, chairs, handrails, sinks, elevators, materials used, computers, electronics, outdoor furniture, cabinets, refrigerators, other appliances, washers and dryers, etc.
- has the resources and ability to offer activities that will not require handling shared items (for example board games, books, balls, markers, art supplies, etc.)
- plans activities that include limited food consumption (to avoid the need to remove masks),
- thorough hand washing must be done before and after the safe removal, storage, and replacing of masks; the minimum of six (6) feet of distance needs to be maintained while eating,
- surfaces need to be cleaned and disinfected before and after eating,
- plan for placing lunches and food brought from home in communal refrigerators,
- plan for use of communal microwave, refrigerator, etc.
- personnel need to wash hands between handling food packaging for different people,
☐ arrange for transportation if anyone presents with symptoms during service delivery and ensures that individuals are isolated from others while waiting for transportation,

☐ is willing and able to contact the local health department to determine the best next steps of service delivery if any personnel or participant tests positive for COVID-19,

☐ is willing to participate in all efforts related to contact tracing and any subsequent testing and quarantines,

☐ assesses and plans for how to administer medication safely, including avoiding aerosolizing procedures if possible, and having a private place for the use of inhalers and nebulizers
### C. ADULT DAY HEALTH CENTERS COVID-19

**SAMPLE RISK/BENEFIT DISCUSSION GUIDE**

Name of Person:

<table>
<thead>
<tr>
<th>Situational Risks</th>
<th>Circle if Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>The person is able to follow the social distancing protocol with 6 feet of distance (1); with minimal prompting/assistance (2)</td>
<td>1 2</td>
</tr>
<tr>
<td>The person is able to use personal protective equipment (PPE) for extended periods of time (1); or with minimal prompting/assistance (2)</td>
<td>1 2</td>
</tr>
<tr>
<td>The person has Homemaker/Personal Care or other paid support personnel at home</td>
<td>1</td>
</tr>
<tr>
<td>The person requires physical prompting/assistance to complete ADLs, such as toileting, eating, or mobility (Requires close contact with staff)</td>
<td>2</td>
</tr>
</tbody>
</table>

**Total Number of Situational Risks above:**

<table>
<thead>
<tr>
<th>Health Related Risks</th>
<th>Circle if Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>The person has diabetes</td>
<td>2</td>
</tr>
<tr>
<td>The person is severely obese (BMI of 40)</td>
<td>2</td>
</tr>
<tr>
<td>The person is older than 40 years old (1); 60 years old or older (2)</td>
<td>1 2</td>
</tr>
<tr>
<td>The person has known respiratory issues</td>
<td>2</td>
</tr>
<tr>
<td>The person has known cardiac disease, including hypertension</td>
<td>2</td>
</tr>
<tr>
<td>The person has immunocompromising conditions (ex: HIV, cancer, post-transplant, prednisone treatment, sickle cell, thalassemia, etc.)</td>
<td>2</td>
</tr>
<tr>
<td>The person has a renal disease</td>
<td>2</td>
</tr>
<tr>
<td>The person has any other underlying health problems</td>
<td>1</td>
</tr>
</tbody>
</table>

**Total Number of Health Risks above:**

<table>
<thead>
<tr>
<th>Home Related Risks</th>
<th>Circle if Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lives with individuals with Diabetes</td>
<td>2</td>
</tr>
<tr>
<td>Lives with individuals with obesity</td>
<td>2</td>
</tr>
<tr>
<td>Lives with individuals older than 40 years old (1); 60 years old (2)</td>
<td>1 2</td>
</tr>
<tr>
<td>Lives with individuals with respiratory issues</td>
<td>2</td>
</tr>
<tr>
<td>Lives with individuals who have known cardiac disease (including hypertension)</td>
<td>2</td>
</tr>
<tr>
<td>Lives with individuals who have any immunocompromising conditions (ex: HIV, cancer, post-transplant, prednisone treatment, sickle cell anemia, thalassemia, etc.)</td>
<td>2</td>
</tr>
<tr>
<td>Risk Level:</td>
<td>Benefits to Person</td>
</tr>
<tr>
<td>------------</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Socialization is important to the person (1); lack of socialization has known serious risks to known health conditions. (2)</td>
</tr>
<tr>
<td></td>
<td>A sense of normalcy/routine is important to the person (1); lack of routine has known serious risks to known mental health conditions. (2)</td>
</tr>
<tr>
<td></td>
<td>Daily activity outside the home is likely to reduce the frequency of issues.</td>
</tr>
<tr>
<td></td>
<td>In-home caregivers are employed, and supervision is needed</td>
</tr>
<tr>
<td></td>
<td>No other supervision is available</td>
</tr>
<tr>
<td></td>
<td>Needs the medical support of Adult Day Services nursing staff. (i.e. med admin, medical check-in)</td>
</tr>
<tr>
<td></td>
<td>If not in a structured program, the person may have greater health risks</td>
</tr>
<tr>
<td></td>
<td>Other Benefit:</td>
</tr>
</tbody>
</table>

If Benefits are **5 or greater**: **HIGH BENEFIT** from returning to Adult Day Health Care

If Benefits are **3-4**: **MODERATE BENEFIT** from returning to Adult Day Health Care

If Benefits are **0-2**: **LOW BENEFIT** from returning to Adult Day Health Care Services

**Benefit Level:**

Other Considerations:
If any member of the team (including all providers: day service, transportation, and residential) disagrees about a return to facility-based Adult Day Health Care Services, recommend not returning to facility-based Adult Day Health Care Services at this time and reassess at a later time (for example, in one week). The team should consider, any time in the process, alternative Adult Day Health Care Services 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 (Typed Name): ___________________________ Date: ___________________________

Signature: ______________________________________

*** This tool is adapted from Ohio’s Department for Developmental Disabilities.
Interpretation of RISK/BENEFIT Levels:

Another way to look at it:

Team Discussion Might Recommend
RETURN TO ADHC

Team Discussion Might Recommend
NO RETURN TO ADHC

LOW RISK / HIGH BENEFIT
LOW RISK / MODERATE BENEFIT
MODERATE RISK / MODERATE BENEFIT
HIGH RISK/ HIGH BENEFIT
HIGH RISK/ LOW BENEFIT