

# Trusting the Team Process

Balancing Rights, Health, and  
Safety During the COVID-19  
Pandemic

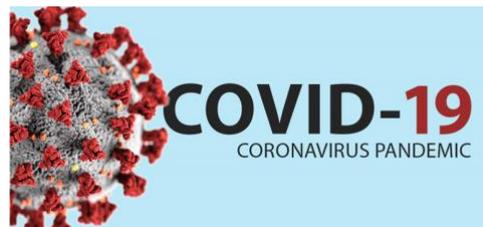
Advocacy & Protective Services, Inc.  
Ohio Association of County Boards of DD  
Ohio Health Care Association  
Ohio Provider Resource Association  
Values and Faith Alliance

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## Introduction

Throughout the COVID-19 pandemic, people with developmental disabilities and their teams have been challenged to make adjustments to the routines, services, and supports that help people live and thrive in their homes and communities. In recent weeks, those discussions have become more complex as people balance the increasing opportunities as Ohio reopens with ongoing risks of COVID-19. As stakeholders in Ohio's developmental disabilities system, our organizations have compiled the following recommendations for teams that are engaging in these discussions about home and community-based services for people with developmental disabilities.



## General Principles

We recognize that no guidelines or recommendations can be expected to provide an answer for every situation or circumstance. This document is intended to help people served and their teams identify issues to consider when making decisions, rather than determine the path forward.

To the greatest extent possible, people with developmental disabilities should have the same rights and responsibilities as others. State and local health orders apply to everyone in the jurisdiction equally. Teams must carefully consider and justify any decision that is either more restrictive or more permissive than local requirements or guidelines for the general population. Due process procedures and behavior support rules must be followed for denials of service or restrictive measures.

Additionally, as people with developmental disabilities make decisions with the support of their teams, all members impacted by the decision should also be included in the discussion. It is understood that all members of the team may not agree with every decision. In the event of significant disagreements, a person may decide to seek a different provider, or a provider may decide to give notice that it will no longer be able to provide services to that person. These decisions should not be made lightly or to gain leverage, however members of the team should consider these and other potential consequences.

We understand that fear plays a role in these discussions and decisions. People with developmental disabilities may fear exposure to COVID-19 through their own activities or a peer's. Families may fear for their loved ones' safety if they cannot see them or if they themselves are exposed to COVID-19. Providers may fear consequences of being too restrictive or of the people they serve being exposed to COVID-19. We acknowledge that there is no way to alleviate all of these fears; instead, we have to work through these fears together to reach decisions that support the people we serve.

## Legal Requirements



One of the key points for every discussion must be the legal requirements that apply in the local area. Teams must be continuously aware of changes in legal requirements, and should understand the difference between what is required and what is recommended. People served must be educated about the requirements and recommendations, informed of the consequences of not following requirements, and encouraged to follow recommendations.

The [Public Health Advisory Alert System](#) is a color-coded system designed to supplement existing statewide orders through a data-driven framework to assess the degree of the virus' spread and to engage and empower people, businesses, communities, local governments, and others in their response and actions. The system consists of four levels that provide Ohioans with guidance as to the severity of the problem in the counties in which they live. The levels are determined by seven data indicators that identify the risk level for each county and a corresponding color code to represent that risk level.

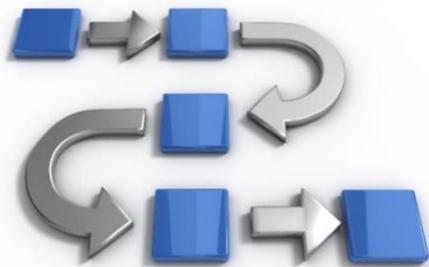
The System is a resource that should be utilized as a factor in the decision-making process. Any future issued by the Governor and/or the Director of Health may be guided by this system, so you should closely monitor [coronavirus.ohio.gov](http://coronavirus.ohio.gov) for any orders that may be issued that would directly impact your decision making.

As of 7/17/2020, Ohio's Public Health Advisory Alert System designates each county as Level 1 (yellow), Level 2 (orange), Level 3 (red), or Level 4 (purple) each week. Those in red and purple counties are required under a state public health order to wear facial coverings in public when indoors, or when outdoors if social distancing is not possible. Some cities have additional public health orders regarding facial coverings that may expand those requirements. Outside of those jurisdictions, facial coverings and other guidelines to limit the spread of COVID-19 are strongly recommended.

## The Team Process

The team process is critically important for supporting people to make the best decisions for their situations. The composition of each team varies, but typically includes the person served, the service and support administrator (SSA), service providers (residential, day/employment services, transportation, etc.), guardian (if applicable), and family members and others who support the person.

Many decisions made by a person also impact others around them, including family members, staff, and peers with whom the person may live, work, or spend time. In some situations, teams may consider meeting jointly to share information and concerns. The decision whether to meet jointly and share personal information must be made by the person or guardian.



Teams must be mindful that changes in public health alert levels and related orders, state/federal guidance, and personal circumstances mean that decisions may need to be revisited and reviewed frequently. Teams should be prepared to meet more than once about a single issue.

Advanced planning by each person's team can help prevent some crisis situations. Teams can anticipate concerns that may arise and create a plan for how the person will be prepared for the situation or supported in the situation. For example, a person with a developmental disability who refuses to wear a mask can practice wearing a mask in short, increasing periods to build their tolerance.

Team discussions may also reveal a need for longer term changes to a person's living situation or services. For example, a person with low COVID-19-related risks who lives with several high-risk roommates or family members may prefer to move in order to engage in preferred activities without exposing housemates. Although major changes such as moves and provider searches are more difficult during the pandemic, teams should be prepared to assist with these processes.

## Team Considerations

There are many factors that play into each decision facing a person and their team. We recommend that, at a minimum, each team explore the following:



- Legal requirements, including mandates for facial coverings or gatherings that may apply
- Risks, including physical and mental health, safety, and situation-specific issues
  - Risks should be considered for the person and others who may be impacted (family members, peers, friends, staff, etc.)
  - Risk factors include likelihood of virus transmission based on group size, location (indoor/outdoor), and precautions taken
  - Opportunities to mitigate risks
- Benefits, such as physical and mental health, socialization, income, and support needs
  - Benefits should also be considered for the person and others who may be impacted (family members, peers, friends, staff, etc.)
  - Alternative ways to achieve these benefits
- Whether the opportunity is time-sensitive or could be delayed to a date when risks are lower
- Whether the activity will occur once or on an ongoing basis
- Whether the activity requires staff assistance, or can be completed independently by the person or with support from a family member or friend
- How the situation would be handled for a person in the general population
- Whether the provider will continue to be a willing and able provider for the person served

We would like to offer some basic scenarios. The following scenarios are solely examples and not intended to dictate the outcome of a specific situation.

## Resources

Teams are encouraged to explore other resources to help people with developmental disabilities and team members assess these situations. Some examples include:

- ADS, VH, ICF Day Program and Transportation COVID-19 Risk/Benefit Discussion Guide, available at [https://dodd.ohio.gov/wps/portal/gov/dodd/about-us/resources/screening\\_tool](https://dodd.ohio.gov/wps/portal/gov/dodd/about-us/resources/screening_tool)
- My COVID-19 Safety Plan, available at <https://www.commongroundprogram/>

Our organizations also offer to provide technical assistance to assist teams that reach an impasse in these discussions. In addition, DODD has a process for technical assistance in these situations.

## Scenario #1: Face Coverings

Joe wants to make his daily trip to the store to hang out and buy a drink. He is medically and physically able to wear a face covering but refuses to do so. He is not considered high-risk, but his housemate is.



### Team considerations:

- County's public health alert level: are face coverings legally required, or only recommended?
- Store policy: does the store require face coverings, or only recommend?
- Risks to Joe: low-risk for COVID-19, but what about likely reaction if he cannot go to the store? Risk of legal sanction if face coverings are required or if he refuses to leave store that requires face coverings?
  - Can a negative reaction be prevented/addressed by staff or others?
- Risks to housemate: what are the specific risks, and can they be addressed by limiting contact with Joe or other measures?
- Is anyone else, such as staff, at high risk?
- Are staff implementing any restrictions to their own activities outside of work to minimize risks to Joe and his housemate?
- Benefits to Joe: alone time, preferred item (pop), socialization, physical activity
  - Can these benefits be achieved in other ways? Staff buying pop, walking around neighborhood instead of to store
- Timing: Joe wants to go every day, would he agree do once per week or another schedule?
- Does Joe usually go to the store by himself, or with staff?
- Other people in the community can choose to go to a store without a face covering, but risk citations or being denied service
- Will the provider terminate service if Joe insists on doing this? Will Joe decide he wants a new provider or a new home if he cannot make his daily trips?

### Potential team resolutions:

- If Joe is in a county where face coverings are legally required, his provider might choose not to permit staff to take Joe to the store if he is violating the law.
- If Joe typically goes to the store by himself, the team might educate him about the risks and requirements, but acknowledge that he will not be physically prevented from leaving.
- If Joe goes the store, Joe's housemate's team would plan for the protective measures that could reduce his risk of exposure.
- Joe's team should explore and address the underlying reasons for his refusal to wear a face covering through education and practice.

## Scenario #2: Visits

Sadie's family wants her to attend a family birthday gathering. She lives in a home with two housemates and 24/7 staffing.

### Team considerations:

- What are the details of the event? Number of attendees, precautions taken by other attendees (face coverings, social distancing, handwashing), length of time, location of event (indoor/outdoor, county)
- Are there any legal requirements that apply to the event based on its location? Face coverings, limitation on number of attendees?
- Risks to Sadie: consider age, pre-existing conditions, ability to comply with precautions
  - Are any of these risks minimized based on the location and precautions taken at the event?
- Risks to others: are Sadie's housemates or staff high-risk?
  - Can risks to others be addressed by limiting contact with Sadie after the event?
  - Are staff required to attend with Sadie?
    - Provider might choose not to permit staff to attend an event that does not follow local requirements or reasonable precautions
- Benefits to Sadie: family time, socialization, is the event a meaningful tradition for her?
  - Are there alternative ways for Sadie to participate or achieve a similar benefit?
- Benefits to others: will others be present who otherwise will not be able to see Sadie?
- Timing: one-time event, likely cannot be delayed if celebrating a specific occasion (or if family will hold event even if Sadie cannot attend)
- Other people in Sadie's family are choosing to attend event, so what would be the justification for treating Sadie differently?
- Will Sadie's provider terminate services if Sadie insists on attending? Will Sadie decide to move or choose a new provider if the provider does not support her attending?



### Potential team resolutions:

- If Sadie's family is having an outdoor gathering with 5-6 people who are committed to following appropriate precautions during the event, Sadie's team might support her going to the event.
- If Sadie's family is having a large indoor gathering with 100 people who do not believe that they need to take any precautions, Sadie's team might not support her going to the event. The provider might decline to serve Sadie if she chooses to attend the event.
- If Sadie attends the event (with or without her team's support), her housemates' teams should plan how her housemates will limit the risks of their exposure.