



Risk – Benefit Analysis Decision Making Rubric for Determining Service Delivery Model During COVID-19

Current CDC Guideline Checklist:

Client Name: \_\_\_\_\_ Client Supervisor : \_\_\_\_\_

Check “yes,” if you agree that the following can and will occur while continuing to provide in-home ABA services. All required items must be checked “yes,” in order for ABA services to be able occur in-home.10

Required: <input type="checkbox"/> YES <input type="checkbox"/> NO	Less than 5 people gathering in one place in home location only (could be difficult with larger families and multiple providers present).
Required: <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Social distancing: maintaining at least 6 feet between individuals without provider(s) wearing surgical mask. (See: Open Door & Greeting Protocol*)  OR <input type="checkbox"/> While working with client, if close contact is necessary (within 6 feet) and could include instances where there is direct contact with infectious secretions (respiratory droplets), provider(s) must wear disposable surgical mask or reusable clear face shield/mask at all times in protection of the client, as “The Centers for Disease Control and Prevention (CDC) identify an increased risk of COVID-19 infection --- and more acute conditions if infected – for individuals with intellectual disabilities and developmental delays regardless of age.
Optional: <input type="checkbox"/> YES <input type="checkbox"/> NO	For their own protection, provider(s) may also choose to wear PPE (e.g. respirator mask) under their surgical mask or under their clear face mask in order to further prevent their own exposure to infectious secretions of others (respiratory droplets) while working with a client. If THE CENTER is able to order/receive N95 masks, this will become a required item.
Required: <input type="checkbox"/> YES <input type="checkbox"/> NO	<ul style="list-style-type: none"> <li>● Provider(s) will wash hands with soap and water for at least 20 seconds immediately upon arriving at a client’s home.</li> </ul>
Required: <input type="checkbox"/> YES <input type="checkbox"/> NO	<ul style="list-style-type: none"> <li>○ When soap and running water are unavailable, provider will use an alcohol-based hand rub with at least 60% alcohol.</li> </ul>
Required: <input type="checkbox"/> YES <input type="checkbox"/> NO	<ul style="list-style-type: none"> <li>○ Provider(s) will always wash hands that are visibly soiled as immediately as possible.</li> </ul>
Required: <input type="checkbox"/> YES <input type="checkbox"/> NO	<ul style="list-style-type: none"> <li>○ Provider(s) will use disinfectant wipes (provided by THE CENTER) to wipe down any items and/or surfaces before using (beginning of session).</li> </ul>
Required: <input type="checkbox"/> YES <input type="checkbox"/> NO	<ul style="list-style-type: none"> <li>○ Provider(s) will use disinfectant wipes (provided by THE CENTER) to wipe down any items and/or surfaces when done using (end of session).</li> </ul>

Required: <input type="checkbox"/> YES <input type="checkbox"/> NO	<ul style="list-style-type: none"> <li>Provider(s) will avoid shaking hands or giving high fives to parents/clients- if contact occurs, wash hands as described.</li> </ul>
Required: <input type="checkbox"/> YES <input type="checkbox"/> NO	<ul style="list-style-type: none"> <li>Provider(s) will use elbow to cover coughs/sneezes.</li> </ul>
Required: <input type="checkbox"/> YES <input type="checkbox"/> NO	<ul style="list-style-type: none"> <li>Provider(s) will avoid touching eyes, nose, or mouth- if inadvertent contact occurs, wash hands as described.</li> </ul>
Required: <input type="checkbox"/> YES <input type="checkbox"/> NO	<ul style="list-style-type: none"> <li>Provider(s) will avoid close contact with people who are sick, and will contact their healthcare provider immediately upon known exposure and/or upon displaying concerning symptoms and follow recommended steps.</li> </ul>
ADDITIONAL CENTER PROCEDURES	
Required: <input type="checkbox"/> YES <input type="checkbox"/> NO	<ul style="list-style-type: none"> <li>Provider(s) will refrain from public gathering and disclose to director if anyone in household is exposed to large groups of people</li> </ul>
Required: <input type="checkbox"/> YES <input type="checkbox"/> NO	<ul style="list-style-type: none"> <li>Provider(s) will sanitize vehicle by wiping down steering wheel and all handles/knobs/controller with sanitizing wipe</li> </ul>
Required: <input type="checkbox"/> YES <input type="checkbox"/> NO	<ul style="list-style-type: none"> <li>Provider(s) will wipe down phone and treatment area upon entering household</li> </ul>

Risk vs. Benefit Analysis:

Wellness Check: Clinician to call and/or text client prior to entry, to confirm the following:

- Have you been in contact with anyone with a confirmed or suspected diagnosis of COVID-19?
- We need to assure your home is a safe place for staff to enter. Is client or members of the household currently exhibiting any symptoms identified by the CDC: Fever, cough, shortness of breath.

1.	Parent/Caregiver/Guardian has confirmed desire to continue in-person services from BT/RBT's and/or Supervisor(s) (and/or has not cancelled in person sessions):	<input type="checkbox"/> YES  If yes, skip to #3.	<input type="checkbox"/> NO
2.	Parent/caregiver, guardian has requested and/or confirmed desire to receive telehealth only services.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	Client has a funding source that allows for telehealth for supervisor level (Supervision, Assessment, Parent Training, etc.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	Funding source also temporarily allows for telephone and live chat (e.g. text messaging) to be billed for 97156/97155.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	Funding source allows for BT/RBT direct services to be delivered via telehealth if appropriate for client.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.	Client sessions could reasonably and effectively be delivered via telehealth, with a minimal or moderate amount of support or involvement required by the	<input type="checkbox"/> YES	<input type="checkbox"/> NO

	parent/caregiver that the parent/caregiver is/has stated they are willing to do.	If Yes, skip to #15?	
7.	<p>If direct RBT/BT sessions cannot be delivered in person due to inability to guarantee “yes” to all <u>required</u> CDC items listed in the first section of this document</p> <p style="text-align: center;">AND/OR</p> <p>If direct RBT/BT sessions cannot be delivered via telehealth due to a “no” answer to #6:</p> <p>Are there potentially injurious, dangerous, fatal, extremely concerning outcomes that could occur as a result of not having direct BT/RBT sessions over the next 1-12 weeks?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO  If no, skip to #15.
8.	In the client’s history, have there been <u>any</u> emergency medical/psychiatric visits (for the client and/or other individuals) requiring acute medical, behavioral health, and/or mental health care specifically due to the client’s behavior(s)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.	In the client’s history, have there been any behavior(s) that have resulted in suspension, expulsion, and/or legal trouble (e.g. lawsuit) ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10.	In the client’s history, have there been any behavior(s) and/or skill deficits that have resulted in injury related to aggression toward others, property destruction, self-injury or elopement?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11.	Is significant regression of challenging behavior(s) a particular concern (with documented evidence of regression) when having gone a significant amount of time without direct ABA services and/or school attendance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12.	If so, are there skills that have been gained and maintained in replacement of problem behavior(s) that previous deficits had led to any of the consequences or outcomes listed in items 7-9?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13.	Is significant regression of skill acquisition behavior(s) a particular concern (with documented evidence of regression) when having gone a significant amount of time without direct ABA services and/or school attendance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14.	If so, is the regression particularly relevant to losing what could be considered life altering progress (e.g. regression of medically necessary skills that required one or more years of 10 or more hours per week to acquire, indicating higher than “average” number of trials to criteria for a non-neurotypical learner to acquire essential skills using errorless and fading progressions that include progressions across minimal and/or subtle stimulus/response shaping).	<input type="checkbox"/> YES	<input type="checkbox"/> NO

15.	Are there any other risks to family members if there were to be an interruption/pause for in-person services? (e.g. parent/caregiver stress, parent/caregiver mental health needs, do parents have access to mental health care, is there any barrier to accessing medical care for family members that is not the same barrier for the client?)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16.	Are there any other physical disabilities or unique attributes/differences that would be important to consider when determining whether any in-person visits should be provided as an essential service for this client?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	If so, please describe:		

Based on the item responses above, the recommendation by the supervisor is to:

- Continue providing in-person services by BT/RBT at clinic or home (less than 5 people present) with an emphasis on supervision overlaps being done primarily via synchronous communication through two way observation window or telehealth whenever feasible to decrease the number of individuals contacted per week for both client and staff protection.
- Provide telehealth sessions by BT/RBT as well as supervisor ONLY on either the same schedule or a slightly modified schedule to be worked out between staff, scheduling & client.
- Stop/pause all services altogether until variables change that may allow for either in person or telehealth to be provided.
- Provide telehealth sessions only for parent training
- Provide modified goals of social significance based on BCBA/parental discussion.

Modified from

Hajiaghamohseni, Z. from <https://www.sc-aba.org/covid-19-resources.html>