

Forward Horizons, Inc. – COVID-19 Contingency & Reconstitution Plan

Client _____ Date-Plan Review Completion _____

Client’s Advocate _____ Relationship _____

Client’s Worker (1) _____ Has other clients? Y or N

Client’s Worker (2) _____ Has other clients? Y or N

Client’s Worker (3) _____ Has other clients? Y or N

Client’s Worker (4) _____ Has other clients? Y or N

Plan Review Interval: Monthly Biweekly Weekly Other _____

Approximate date of next Plan Review _____

Background and assumptions:

COVID-19 was declared a global pandemic by the World Health Organization on March 11, 2020. COVID-19 pandemic response requires social distancing and safer-at-home practices to slow the spread and protect the health of communities everywhere. On March 16, 2020, Forward Horizons adopted a one staff member to one client *only* contingency plan to decrease potential circles of exposure, while still providing most of our essential services. Since then, Forward Horizons has continued to look for ways to safely reconstitute our more traditional and preferred approach to home and community based services, involving larger teams of Direct Support Professionals and more community time for clients. This assessment formalizes that process.

- **Contingency** – mutually decided upon reduction in community-based activities with a refocus on home-based activities to ensure safety during COVID-19 concerns
- **Reconstitution** – assessment to and process of safety engaging in more community-based activities with larger circles of people during COVID-19 concerns

Forward Horizons’s COVID-19 Contingency & Reconstitution Plan will be approached with input from three parties that together decide current services. Those three parties: the client, their worker(s), their most vested advocate (i.e. guardian, parent, etc). Each client’s COVID-19 Contingency & Reconstitution Plan will be reviewed at regular intervals until COVID-19 no longer poses a threat to life or health. While the assessment offers YES/NO questions, it should also provoke dialog between assessor and assessee on the nuances of a client's services. The approach to services will err on the side of caution, in line with the party expressing greatest concern and/or vulnerability, indicated through the most reserved answers provided during regular review of the client’s COVID-19 Contingency & Reconstitution Plan. All of this must be within reason and is at the discretion of the Directors’ interpretations.

Client _____ Preferred Review Interval: Monthly Biweekly Weekly Other _____

1. Has COVID-19 been eradicated from your community?

YES – End review. Resume more traditional style services.

NO – Proceed to 2. Contingency is active, and reconstitution may be carefully considered.

2. Are you content with current delivery of services?

YES – End review. Continue current contingency response.

NO – Proceed to 3.

3. Are you receiving all your needed *amount* of services?

YES – Skip to 7.

NO – Proceed to 4.

4. Can remote services be used to functionally meet your needs?

YES – Proceed to 5.

NO – Proceed to 5.

5. Can additional workers safely provide services to help meet your needs?

YES – Proceed to 6.

NO – Proceed to 6.

6. Can any or all of the following allow more workers to safely provide you with services? PPE, visiting limited sites for exposure control, symptom monitoring and reporting.

YES – Go to 7.

NO – Go to 7.

7. Are you getting to safely engage with the *community* enough?

YES – End review. Continue current contingency response.

NO – Proceed to 8.

8. Can remote services be used to functionally meet a community engagement need?

YES – Proceed to 9.

NO – Proceed to 9.

9. Can additional workers safely provide more community-based services to help you engage more often?

YES – Proceed to 10.

NO – Proceed to 10.

10. Can any or all of the following allow workers to safely provide you with more community-based services? PPE, visiting limited sites for exposure control, symptom monitoring and reporting.

YES – End review.

NO – End review.

Advocate _____ Preferred Review Interval: Monthly Biweekly Weekly Other _____

1. Has COVID-19 been eradicated from your community?

YES – End review. Resume more traditional style services.

NO – Proceed to 2. Contingency is active, and reconstitution may be carefully considered.

2. Are you content with current delivery of services?

YES – End review. Continue current contingency response.

NO – Proceed to 3.

3. Is the client receiving all their needed *amount* of services?

YES – Skip to 7.

NO – Proceed to 4.

4. Can remote services be used to functionally meet client’s needs?

YES – Proceed to 5.

NO – Proceed to 5.

5. Can additional workers safely provide services to help meet client’s needs?

YES – Proceed to 6.

NO – Proceed to 6.

6. Can any or all of the following allow more workers to safely provide client with services? PPE, visiting limited sites for exposure control, symptom monitoring and reporting.

YES – Go to 7.

NO – Go to 7.

7. Is the client getting to safely engage with the *community* enough?

YES – End review. Continue current contingency response.

NO – Proceed to 8.

8. Can remote services be used to functionally meet a community engagement need?

YES – Proceed to 9.

NO – Proceed to 9.

9. Can additional workers safely provide more community-based services to help client engage more often?

YES – Proceed to 10.

NO – Proceed to 10.

10. Can any or all of the following allow workers to safely provide client with more community-based services? PPE, visiting limited sites for exposure control, symptom monitoring and reporting.

YES – End review.

NO – End review.

Worker (1) _____ Preferred Review Interval: Monthly Biweekly Weekly Other _____

1. Has COVID-19 been eradicated from your community?

YES – End review. Resume more traditional style services.

NO – Proceed to 2. Contingency is active, and reconstitution may be carefully considered.

2. Are you content with current delivery of services?

YES – End review. Continue current contingency response.

NO – Proceed to 3.

3. Is the client receiving all their needed *amount* of services?

YES – Skip to 7.

NO – Proceed to 4.

4. Can remote services be used to functionally meet client’s needs?

YES – Proceed to 5.

NO – Proceed to 5.

5. Can additional workers safely provide services to help meet client’s needs?

YES – Proceed to 6.

NO – Proceed to 6.

6. Can any or all of the following allow more workers to safely provide client with services? PPE, visiting limited sites for exposure control, symptom monitoring and reporting.

YES – Go to 7.

NO – Go to 7.

7. Is the client getting to safely engage with the *community* enough?

YES – End review. Continue current contingency response.

NO – Proceed to 8.

8. Can remote services be used to functionally meet a community engagement need?

YES – Proceed to 9.

NO – Proceed to 9.

9. Can additional workers safely provide more community-based services to help client engage more often?

YES – Proceed to 10.

NO – Proceed to 10.

10. Can any or all of the following allow workers to safely provide client with more community-based services? PPE, visiting limited sites for exposure control, symptom monitoring and reporting.

YES – End review.

NO – End review.

Worker (2) _____ Preferred Review Interval: Monthly Biweekly Weekly Other _____

1. Has COVID-19 been eradicated from your community?

YES – End review. Resume more traditional style services.

NO – Proceed to 2. Contingency is active, and reconstitution may be carefully considered.

2. Are you content with current delivery of services?

YES – End review. Continue current contingency response.

NO – Proceed to 3.

3. Is the client receiving all their needed *amount* of services?

YES – Skip to 7.

NO – Proceed to 4.

4. Can remote services be used to functionally meet client’s needs?

YES – Proceed to 5.

NO – Proceed to 5.

5. Can additional workers safely provide services to help meet client’s needs?

YES – Proceed to 6.

NO – Proceed to 6.

6. Can any or all of the following allow more workers to safely provide client with services? PPE, visiting limited sites for exposure control, symptom monitoring and reporting.

YES – Go to 7.

NO – Go to 7.

7. Is the client getting to safely engage with the *community* enough?

YES – End review. Continue current contingency response.

NO – Proceed to 8.

8. Can remote services be used to functionally meet a community engagement need?

YES – Proceed to 9.

NO – Proceed to 9.

9. Can additional workers safely provide more community-based services to help client engage more often?

YES – Proceed to 10.

NO – Proceed to 10.

10. Can any or all of the following allow workers to safely provide client with more community-based services? PPE, visiting limited sites for exposure control, symptom monitoring and reporting.

YES – End review.

NO – End review.

Worker (3) _____ Preferred Review Interval: Monthly Biweekly Weekly Other _____

1. Has COVID-19 been eradicated from your community?

YES – End review. Resume more traditional style services.

NO – Proceed to 2. Contingency is active, and reconstitution may be carefully considered.

2. Are you content with current delivery of services?

YES – End review. Continue current contingency response.

NO – Proceed to 3.

3. Is the client receiving all their needed *amount* of services?

YES – Skip to 7.

NO – Proceed to 4.

4. Can remote services be used to functionally meet client’s needs?

YES – Proceed to 5.

NO – Proceed to 5.

5. Can additional workers safely provide services to help meet client’s needs?

YES – Proceed to 6.

NO – Proceed to 6.

6. Can any or all of the following allow more workers to safely provide client with services? PPE, visiting limited sites for exposure control, symptom monitoring and reporting.

YES – Go to 7.

NO – Go to 7.

7. Is the client getting to safely engage with the *community* enough?

YES – End review. Continue current contingency response.

NO – Proceed to 8.

8. Can remote services be used to functionally meet a community engagement need?

YES – Proceed to 9.

NO – Proceed to 9.

9. Can additional workers safely provide more community-based services to help client engage more often?

YES – Proceed to 10.

NO – Proceed to 10.

10. Can any or all of the following allow workers to safely provide client with more community-based services? PPE, visiting limited sites for exposure control, symptom monitoring and reporting.

YES – End review.

NO – End review.

Worker (4) _____ Preferred Review Interval: Monthly Biweekly Weekly Other _____

1. Has COVID-19 been eradicated from your community?

YES – End review. Resume more traditional style services.

NO – Proceed to 2. Contingency is active, and reconstitution may be carefully considered.

2. Are you content with current delivery of services?

YES – End review. Continue current contingency response.

NO – Proceed to 3.

3. Is the client receiving all their needed *amount* of services?

YES – Skip to 7.

NO – Proceed to 4.

4. Can remote services be used to functionally meet client’s needs?

YES – Proceed to 5.

NO – Proceed to 5.

5. Can additional workers safely provide services to help meet client’s needs?

YES – Proceed to 6.

NO – Proceed to 6.

6. Can any or all of the following allow more workers to safely provide client with services? PPE, visiting limited sites for exposure control, symptom monitoring and reporting.

YES – Go to 7.

NO – Go to 7.

7. Is the client getting to safely engage with the *community* enough?

YES – End review. Continue current contingency response.

NO – Proceed to 8.

8. Can remote services be used to functionally meet a community engagement need?

YES – Proceed to 9.

NO – Proceed to 9.

9. Can additional workers safely provide more community-based services to help client engage more often?

YES – Proceed to 10.

NO – Proceed to 10.

10. Can any or all of the following allow workers to safely provide client with more community-based services? PPE, visiting limited sites for exposure control, symptom monitoring and reporting.

YES – End review.

NO – End review.