

Maine Health and Welfare Review Summary Report

I. Executive Summary

The Health and Welfare Special Reviews Team (H&W SRT) conducted a virtual review of Maine’s Medicaid Home and Community-Based Services (HCBS) waiver programs in a total of 9 days between December 14 and December 18, 2020, and from January 14 to January 29, 2021. This review was conducted as part of a national initiative to provide individualized technical assistance to states to maximize the health and welfare of Medicaid beneficiaries and to identify both promising practices and challenges to address. The H&W SRT conducted this Health and Welfare Review to:

- Learn more about potential promising practices, including the credentialing standards for direct service professionals (DSP), the state’s use of a newly implemented data dashboard for monitoring critical incident reports and resolution, and the partnership between Maine’s Department of Health and Human Services (DHHS) and Adult Protective Services (APS)
- Provide technical assistance as needed for the HCBS for Adults with Intellectual Disabilities or Autism Spectrum Disorder Waiver program and for the renewal of the Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder Waiver program
- Better understand system improvements made since the 2017 U.S. Department of Health and Human Services Office of Inspector General (OIG) audit report¹ and whether these improvements have been implemented in the Elderly and Adults with Disabilities Waiver program.

The H&W SRT split into two groups—one team focused on the Section 19 Waiver program (Elderly and Adults with Disabilities Waiver program), operated by the DHHS Office of Aging and Disability Services (OADS). The second team focused on the Section 21 and Section 29 Waiver programs (HCBS for Adults with Intellectual Disabilities or Autism Spectrum Disorder Waiver program and the Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder Waiver program, respectively), also operated by OADS. The review included multiple meetings with state directors and staff responsible for the administration and operation of Maine’s five Section 1915(c) waiver programs. The H&W SRT also held a joint meeting with representatives from Disability Rights Maine, self-advocates, families, Legal Services for the Elderly, and the Long-Term Care Ombudsman. Separate meetings were held with DHHS Provider Enrollment and the Division of Licensing and Certification.

In addition, the H&W SRT met with case managers, care coordinators, APS investigators, DSPs, participants, and family members. The focus of these meetings was to obtain a sense of how the process for reporting, investigating, and resolving critical incidents (Maine references these “reportable events”) operates in practice and how health and welfare are ensured for HCBS participants in Maine through the lens of these stakeholders.

¹ <https://oig.hhs.gov/oas/reports/region1/11600001.pdf>

During the review, the H&W SRT identified a number of strengths along with some challenges, which are outlined here and described more fully later in the summary report. Recommendations are provided.

Strengths and Promising Practices for Ensuring Health and Welfare

Section 19 Waiver Program

- A. Prior to licensure approval for home health agencies and licensed group homes to enroll as a Section 19 waiver program provider, the Division of Licensing and Certification holds an in-person meeting with provider applicants and reviews all written policies for compliance with APS reporting requirements.
- B. OADS staff members collaborate with APS to receive APS reports on Section 19 waiver program participants.

Section 21 & 29 Waiver Programs

- A. OADS conducts quarterly provider meetings to review reported critical incidents for the Section 21 and 29 waiver programs.
- B. OADS established a Critical Incident Reportable Event dashboard for critical incident management for the Section 21 and 29 waiver programs.
- C. OADS conducts daily tracking of waiver program participant deaths to ensure 100 percent reporting of participant deaths for the Section 21 and 29 waiver programs; APS reviews these reports.

All HCBS Waiver Programs

- A. State staff check for underreporting and discrepancies for reported critical incidents through protective services reports and emergency department claims.
- B. APS is co-located with the operating agency (OADS), allowing for openness and information sharing between the two.
- C. The APS Substantiations Registry includes both providers that have committed a single egregious violation and those who have committed more than one less egregious violation in a set period.

Challenges

Section 19 Waiver Program

- A. OADS' critical incident management system lacks prevention, detection, and reporting requirements and processes for critical incidents.
- B. The lack of complete electronic and automated processes contributes to inconsistencies and inefficiencies.

Section 21 & 29 Waiver Programs

- A. Several participants indicated they did not know how to identify an incident or whom to contact if they want to report. Participants involved in reported incidents indicated they don't know what the resolution is and some fear retribution.

All HCBS Waiver Programs

- A. The state lacks a consistent policy for training and educating participants on incidents and incident reporting.
- B. The state lacks a consistent policy for training and educating providers on (1) overall incident reporting and management and (2) implementation of restraints and restrictive interventions.
- C. Reporting of critical incidents and investigations are inconsistent among HCBS waiver program providers.
- D. Due to the lack of state data analysis and systemic improvement, the state is missing an opportunity to prevent the reoccurrence of critical incidents.

Recommendations

Section 19 Waiver Program

- A. OADS should revise policy and processes to expressly require providers to report all critical incidents to OADS where the nature and contributing factors of the incident would be investigated, with the goal of improving or correcting provider-level or systemic issues.
- B. The state should develop requirements for the electronic system to manage critical incidents.
- C. The state should implement formal prevention, detection, and reporting requirements and processes within its critical incident management system.
- D. The state should expand the mortality review process to review all deaths within the Section 19 waiver program.

Section 21 & 29 Waiver Programs

- A. The state should (1) leverage its quality review teams in the field to provide oversight at the local level and (2) leverage its data dashboards by identifying and tracking incident data trends to align with the quarterly provider meetings.
- B. The state should develop a process for capturing reports to APS in the electronic incident management system as a means for case managers to receive notification of these critical incidents for follow-up purposes.

All HCBS Waiver Programs

- A. The state should incorporate consistent and frequent outreach and education to participants as a way to ensure consistent messaging regarding their rights, identification and the process for reporting incidents.

- B. The state should develop and implement a systemic process during provider enrollment to ensure all new and renewing HCBS provider agencies and their staff have completed standardized training that includes how to ensure participant safety, the requirements for using restraints or restrictive interventions, and how to identify and report critical incidents to APS and the operating agencies.

Critical Incident Tracking

Section 19 Waiver Program

OADS uses a manual paper-based system to track critical incidents. The state indicated that it is considering replacing the paper system with an automated system in the next 2 to 3 years.

UPDATE 9/13/2022 - In April 2022 an automated reporting system was implemented for Section 19, Home and Community Benefits for the Elderly and Adults with Disabilities. Critical incidents are entered by the appropriate Service Coordination Agency into a live web-based form. Reports of alleged known or suspected abuse, neglect or exploitation are routed to the Adult Protective Services Intake Unit; reports of deaths are sent to the Aging and Disability Mortality Review Panel Coordinator at the Maine CDC. The use of modern technology has improved the accuracy of the reports from service coordination agencies, and provides an opportunity for the Office of Aging and Disability Services (Operating Agency) to conduct timelier follow-up and reporting on trends.

Section 21 & 29 Waiver Programs

OADS uses electronic systems for incident tracking and a paper-based crosswalk with emergency department claims to identify unreported critical incidents.

UPDATE 9/13/2022 - OADS continues to use the Enterprise Information System (EIS) electronic client data base for reporting and tracking critical incidents for Section 21, Home and Community Benefits for Members with Intellectual Disabilities or Autism Spectrum Disorder, and Section 29, Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder. A combination of electronic analysis and manual crosswalk are used to identify unreported incidents of Emergency Department (ED) Visits. The first step is the comparison of ED claims data with Reportable Events (RE) in EIS. The electronic match is limited to the reportable event primary incident category. A manual review is done for the unmatched claims to determine whether the ED Visit is listed as a secondary RE category.

II. Background:

The H&W SRT conducted a review of waiver program documents and other material from the public domain related to the health and welfare assurance of individuals receiving HCBS in Maine. Table 1 lists the five Maine waiver programs that were reviewed prior to the visit, along with the waiver's expiration date, operating agency, and target population.

Table 1. Waiver Programs Reviewed

Waiver Program Name and Number	Expiration Date	Operating Agency	Target Population
Elderly and Adults with Disabilities Waiver, aka Section 19 Waiver (0276)	6/30/2023	Department of Health and Human Services, Office of Aging and Disability Services	Participants who are aged 65+ years or who are younger than 65 years and have a physical disability
Home and Community-Based Services (HCBS) for Adults with Intellectual Disabilities or Autism Spectrum Disorder, aka Section 21 Waiver (0159)	6/30/2025	Department of Health and Human Services, Office of Aging and Disability Services	Participants aged 18+ years with an intellectual disability or autism spectrum disorder
Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder, aka Section 29 Waiver (0467)	12/31/2025	Department of Health and Human Services, Office of Aging and Disability Services	Participants aged 18+ years with an intellectual disability, or autism spectrum disorder
HCBS for Members with Brain Injury (1082)	6/30/2024	Department of Health and Human Services, Office of Aging and Disability Services	Participants aged 18+ years with brain injury
HCBS for Adults with Other Related Conditions (0995)	6/30/2023	Department of Health and Human Services, Office of Aging and Disability Services	Participants who are aged 21+ years with a chronic disability found to be closely related to an intellectual disability

Based on a review of preliminary information, the H&W SRT focused on three state waiver programs: (1) Elderly and Adults with Disabilities Waiver program, HCBS for Adults with Intellectual Disabilities or Autism Spectrum Disorder, (2) HCBS for Adults with Intellectual Disabilities or Autism Spectrum Disorder, and (3) Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder. The H&W SRT concentrated particularly on learning more about changes that Maine made since the 2017 OIG audit report and how the state implemented improvements across waiver populations. These improvements included a data dashboard for monitoring critical incident management, the partnership between DHHS and APS and how it has improved health and welfare for participants in HCBS, and the credentialing process for direct service professionals and its impact on health and welfare. Descriptions of the three waiver programs of focus are as follows:

The Elderly and Adults with Disabilities Waiver (referred to by the state as the Section 19 waiver) supports approximately 2,000 waiver participants. Although OADS operates the waiver,

it does not follow the same incident reporting process as for the Section 21 and 29 waivers. Providers that observe or are notified about an incident of abuse, neglect, or exploitation are required to report such incidents to APS and are encouraged to report them to the participant's Service Coordination Agency (SCA). Team leaders and care coordinators at the SCA are responsible for reviewing and reporting critical incidents to OADS through the reportable event form. SCAs must submit the reportable event form to OADS within 24 hours of being informed of the event. Follow-up activities are dictated by the type of incident and are completed by the care coordinator as needed. APS serves the same role for the Section 19 waiver as for the other waivers operated by OADS. OADS provides oversight of critical incidents and collects, compiles, and summarizes all incident reports that it receives for analysis in a dashboard.

The HCBS for Adults with Intellectual Disabilities or Autism Spectrum Disorder Waiver (referred to by the state as the Section 21 waiver) supports approximately 3,000 participants and is operated by OADS. OADS receives reports of critical incidents through its reportable events database, the Enterprise Information System (EIS). Providers and case managers receive training on the use of EIS and can enter reports directly into the system. When providers cannot submit the report electronically within 1 one business day, they must submit a report via fax to OADS. After receiving a report, incident data specialists review the reports for completeness, and when they determine the report does not need a response, it is closed. OADS assigns reports requiring a response to state staff to contact the provider for more information and to offer technical assistance. Case managers receive automated notifications through EIS to review critical incidents for the participants they serve. The case managers follow up independently with the participant, updating the care plan if necessary. Maine's APS, which is administered by OADS, reviews and investigates any reports of abuse, neglect, and exploitation and takes appropriate action, including arranging for services or making referrals to law enforcement. If an incident alleges rights violations, OADS also sends the report to Disability Rights Maine, which follows up on the allegation. Providers that observe or find out about an incident of abuse, neglect, or exploitation are required to report such incidents directly to APS and not enter them into EIS.

Once a provider becomes aware of and reports an incident, the provider conducts an internal review into the circumstances surrounding the incident. Following the internal review, the provider determines remediation action steps that will prevent an incident from reoccurring and must submit a follow-up report into EIS within 30 days of the incident. The case manager reviews the report in EIS to determine whether the provider has completed its follow-up and ensures that any remediation action steps are included in the participant's person-centered care plan. Providers conduct trend analyses of their own reportable incident data at least quarterly, and OADS meets with all providers quarterly to discuss their performance.

The Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder Waiver (referred to by the state as the Section 29 waiver) supports approximately 2,100 participants and is also operated by OADS. The reportable incident process is the same as described above for the Section 21 waiver program.

III. Maine Health and Welfare Review

Maine's virtual review consisted of four days in December and five days in January, for a total of nine days.

The H&W SRT conducted review activities to understand how the critical incident process works and to ensure that participants know whom to contact if there is an incident affecting their health and welfare. These activities included meetings with participants and their direct service providers, families, and self-advocates, in addition to meetings with Maine state agency staff, the Division of Licensing and Certification, Disability Rights Maine, Legal Services for the Elderly, APS, and the Long-Term Care Ombudsman.

IV. State Strengths and Promising Practices for Ensuring Health and Welfare

The following is an overview of Maine’s strengths and promising practices that the H&W SRT identified through both the preliminary review and the virtual Health and Welfare Review.

Section 19 Waiver Program

- A. Prior to licensure approval for home health agencies and licensed group homes to enroll as a Section 19 waiver program provider, the Division of Licensing and Certification reviews all written policies for compliance with APS reporting requirements.

For home health agencies and other licensed providers (some larger group homes), the Division of Licensing and Certification conducts an in-person meeting with a provider applicant and reviews the applicant’s written policies to ensure that the applicant complies with the program office’s requirements. This includes mandatory reporting of abuse, neglect, and exploitation to APS. Home health agencies or group homes must revise policies that do not comply. The Division of Licensing and Certification advises providers on what to change and confirms that the providers have made the changes. This approach helps ensure that providers understand mandatory reporting to APS and have processes in place to report incidences as appropriate.

- B. OADS staff members collaborate with APS to receive APS reports on Section 19 waiver program participants. OADS staff members recently began to compare the APS report with reports received from the SCAs to determine whether there was underreporting of critical incidents to OADS.

Section 21 & 29 Waiver Programs

- A. OADS conducts quarterly provider meetings to review critical incidents for the Section 21 and 29 waiver programs.

The state responded to the 2017 OIG audit report with the implementation of quarterly waiver provider meetings. Regional state staff conduct nearly 100 meetings each quarter with providers of intellectual disability services to discuss critical incidents as well as share provider-specific data and other information to ensure providers effectively respond to critical incidents. The state reports that these meetings have helped develop a rapport with providers so that they can collaborate when issues arise.

- B. OADS established a Critical Incident Reportable Event dashboard for critical incident management for the Section 21 and 29 waiver programs.

OADS uses the dashboard to monitor and remediate issues around timeliness of reporting and provides a list of critical incidents to providers at quarterly meetings.

- C. OADS conducts daily tracking of waiver program participant deaths to ensure 100 percent reporting of participant deaths for the Section 21 and 29 waiver programs; APS reviews these reports.

OADS has a daily process to ensure mortality data for waiver participants are reported and sent to APS for review. APS reviews 100 percent of deaths and investigates those along with allegations of abuse, neglect, or exploitation.

All HCBS Waiver Programs

- A. In addition to reviewing protective services reports, OADS staff members review emergency department claims to identify unreported critical incidents.
- B. APS is co-located with the operating agency (OADS), allowing for openness and information sharing between the two.

For all reviewed waiver programs, the OADS program office and APS are co-located, which allows for formal and informal information sharing between staff. These activities facilitate collaboration around policy, data analysis, and issue response. Although it appears this collaboration is limited to the incidents at the participant level, it has allowed for OADS to cross-check provider reporting and underreporting, accuracy, and compliance with critical incident requirements.

- C. The APS Substantiations Registry includes both providers that have committed a single egregious violation and those who have committed more than one less egregious violation in a set period.

The APS Substantiations Registry is an abuse registry in which substantiated findings of abuse, neglect, or exploitation are categorized as level 1 or 2, where a level 1 substantiation includes more egregious activity, such as physical abuse that requires medical attention. If a provider has received two or more level 2 substantiations (minor substantiations), within 9 months, the provider can be bumped up to a level 1 substantiation. As of January 2021, the registry does not include Section 19 waiver providers; The state plans to add them at some time in the future. All waiver providers can check the registry before making a new hire.

UPDATE 9/13/2022 - With respect to the APS substantiations registry, the state is engaged in the rulemaking process and working with the Maine Office of the Attorney General to address all legal implications with the rule change, including the addition of Section 19 waiver providers. There is not a set date to provide at this time regarding the final adoption of the rule, however the state's plan is to publish the proposed in fall/winter 2022 with a final adoption in 2023.

V. State Challenges

The following is an overview of the challenges in Maine that the H&W SRT identified through both the preliminary review and the virtual Health and Welfare Review.

Section 19 Waiver Program

- A. OADS' critical incident management system lacks prevention, detection, and reporting requirements and processes for critical incidents.

Across the critical incident management system, OADS expresses informal assumptions and expectations of shared goals and responsibilities related to critical incident prevention, detection, reporting, and investigation. OADS program staff indicated, that Section 19 waiver program providers are expected to know how to report critical incidents to the SCAs, but there is not a formal process for completing these activities. This expectation was not communicated to the Personal Support Specialists the H&W SRT interviewed. In addition, the team asked OADS staff about processes with MaineCare and Program Integrity, internal reviews, and providers. OADS staff shared that although they work closely with MaineCare and have numerous informal interactions, there is no formal process for raising concerns to MaineCare. Additionally, there are no guidelines or rules that staff are required to follow when forwarding cases to Program Integrity. For internal reviews, OADS staff mentioned that issues are discussed when they occur, but there is no formal process for reviewing trends and preventing issues from reoccurring. The lack of formal processes, which could include required communication and formalized guidelines, may lead to inconsistent application of remediation activities.

- B. The lack of complete electronic and automated processes contributes to inconsistencies and inefficiencies.

Currently, the SCAs submit reports to the state via email and OADS reviews the data and manually adds them to an Excel spreadsheet to populate a dashboard. The dashboard's formulas are limited, only allowing for OADS to trend data by timeliness, critical incidents submitted to APS, and critical incident types. OADS staff reported that the paper-based incident management system does not permit them to review participant historical data or to perform further trending. OADS is considering implementing an electronic incident management system for the Section 19 waiver program.

- C. The state lacks a consistent policy for training and educating participants on incidents and incident reporting.

Based on one participant interview, it appears that some participants may be unaware of their right to be free from abuse, neglect, exploitation, or other critical incidents and unaware of how to file a complaint or report about such incidents. OADS indicated that education should be occurring at the SCA level. The state lacks a policy for ensuring all waiver participants receive routine education about identification and reporting of critical incidents when they are not reported to APS.

Section 21 & 29 Waiver Programs

- A. Waiver program participants and their families told the H&W SRT that they receive routine information about their rights. In addition, state staff shared that participants

and families can find incident management process information on the OADS website and contact their assigned case manager for questions. However, several participants indicated that they did not know how to identify a incident or whom to contact if they want to report. Participants who were involved with a reported incident indicated they do not know what happens after the incident is reported. During our interviews with waiver participants, many indicated they would be in trouble or there would be retribution if they reported a problem.

All HCBS Waiver Programs

- A. The state lacks a consistent policy for training and educating participants on incidents and incident reporting.
- B. The state lacks a consistent policy for training and educating providers on (1) overall incident reporting and management and (2) implementation of restraints and restrictive interventions.

Section 19 Waiver Program:

OADS noted that it does not require any health and welfare, critical incidents or APS training of the Personal Support Specialist agencies or other Section 19 waiver providers. OADS policy requires Personal Support Specialists to be trained within 9 months of hire. Although Personal Support Specialists indicated they think they had some training on abuse, neglect, and exploitation when they first started, they could not consistently say that they had received any ongoing training. None could clearly and correctly identify what APS was, nor could any detail the steps necessary to report abuse, neglect, and exploitation.

Section 21 & 29 Waiver Programs:

MaineCare provider enrollment staff noted that there is not an organized training for providers beyond the required curriculum for direct service professionals of intellectual disability services through the [Maine College of Direct Support](#). A third-party vendor conducts the online courses. The provider agencies are to conduct the in-person training component for their direct service staff. The quality and consistency of the in-person training component is lost due to a lack of standardized training for provider agencies that outlines the state's expectations for reporting critical incidents. In addition to lack of consistency with the in-person training, the minimal frequency of trainings is also an issue. For example, the topics of safety and maltreatment are covered only at initial hire, and individual rights and choice, critical incidents, APS investigations, and the grievance process are covered every 36 months, which is less frequent than in other states. At enrollment, all waiver program providers must attest that they have read and understand state policies, rules, and regulations they must follow, but there is no process for confirming whether these providers understand the requirements and have conveyed them to their staff.

- C. Reporting of critical incidents and investigations are inconsistent among HCBS waiver program providers.

Section 19 Waiver Program:

All critical incidents that are unrelated to abuse, neglect, and exploitation, are reported to the care coordinator and SCAs, who in turn report to OADS. However, state staff shared that they recently observed cases of unreported critical incidents after comparing the list of APS cases against the receipt of reports submitted to OADS.

Section 21 & 29 Waiver Programs:

OADS staff confirmed that providers are required to report instances of abuse, neglect, and exploitation to APS. All critical incidents unrelated to abuse, neglect, and exploitation are reported through the EIS. However, case managers of the Section 21 and 29 waiver programs shared that many providers of residential services maintain internal incident reports and investigations that are never reported to the state or the case manager. Case managers and self-advocates also shared that restraints and interventions are widely used and unreported. The H&W SRT immediately reported this discovery to OADS, which indicated its plan to follow up.

- D. Due to the lack of state data analysis and resultant systemic improvement, the state is missing an opportunity to prevent the reoccurrence of critical incidents.

For all waiver programs, OADS refers incidents of abuse, neglect, and exploitation to APS and does not record or track them for trending or follow-up purposes. OADS monitors other types of critical incidents to ensure the providers and care coordinators/case managers are implementing individual remediation plans and follow-up activities. The overall incident data is not analyzed for trends and systemic issues that can be addressed through state-wide efforts to prevent the reoccurrence of incidents.

VI. H&W SRT Recommendations and Next Steps for Maine, Including Potential Technical Assistance

The following is an overview of the H&W SRT's recommendations:

Section 19 Waiver Program

- A. OADS should revise policy and processes to expressly require providers to report all critical incidents to OADS where the nature and contributing factors of the incident would be investigated, with the goal of improving or correcting provider-level or systemic issues.

The state has effectively responded to the critical incidents through the participants' lens, but it could do more to address provider-level and systemic corrections necessary as a result of the critical incident and subsequent investigation. The state's current policy requires that providers report abuse, neglect, and exploitation to APS, with no specifications of reporting to OADS. While OADS and APS informally collaborate on APS investigations, OADS does not receive the report directly nor

does it participate in the investigation. As such, OADS cannot identify opportunities for provider-level and systemic improvements. For example, many critical incidents were resolved by assigning a new Personal Support Specialist to a participant. This change helps the participant, but the problem(s) with the specific Personal Support Specialist that was involved in the underlying action remains and is not likely to be resolved without provider-level or systemic response. To address this, OADS can update its policy to require providers to directly report all critical incidents to OADS, in addition to APS. In addition, OADS and APS could formalize their collaborative relationship with a Memorandum of Understanding or a Data Sharing Agreement that results in APS automatically sharing critical incident reports for waiver program participants with OADS. OADS could then develop investigation requirements for state staff (non-APS), providers, and care coordinators that include uniform procedures and mutually agreed-on guidelines for incident review and determining the root cause of the reported incident. For incidents that are not investigated by APS, OADS could train designated staff on the investigative requirements and require them to submit findings to the agency. OADS could then trend the investigative data to identify and correct any systemic issues and prevent the reoccurrence of critical incidents.

- B. The state should implement formal prevention, detection, and reporting requirements and processes within its critical incident management system.

OADS could implement the following processes:

1. Outline Personal Support Specialist and other provider requirements for reporting abuse, neglect, exploitation, and other critical incidents directly to OADS;
2. Provide consistent mandatory training for all Section 19 waiver program providers that includes prevention, detection, and reporting of abuse, neglect, exploitation, and other critical incidents as well as required demonstration of knowledge acquisition;
3. Require annual retraining on health and welfare; schedule quarterly calls with formalized agendas (co-run with MaineCare) for Section 19 waiver program providers on topics such as best practices in prevention, detection, and reporting of abuse, neglect, exploitation, and other critical incidents;
4. Post rules, requirements, best practices, quarterly data on incidents and trends, and pertinent contact information to provider email lists and a public web page;
5. Develop guidelines about forwarding critical incidents to Program Integrity; and
6. Organize regular internal meetings with formalized agendas focusing on the critical incident management process and preventive actions.

- C. The state should develop requirements for the electronic system to manage critical incidents.

OADS staff could conduct application development meetings to address the weaknesses of the current paper-based system on an interim basis while developing the new electronic incident management system that OADS is planning to implement in 2 or 3 years. In addition, Section 19 waiver program staff could have meetings with Section 21 and 29 waiver program staff to learn about their system's potential.

- D. The state should expand the mortality review process to review all deaths within the Section 19 waiver program.

The OADS mortality review process for all deaths is currently implemented only for the Section 21 and 29 waiver programs. OADS may want to expand the review of all deaths to the Section 19 waiver program as well. Additionally, although the APS review of deaths is valuable for identifying unreported abuse, neglect, and exploitation, program office review of deaths may be valuable to identify opportunities for quality improvement.

Section 21 & 29 Waiver Programs

- A. The state should (1) leverage its quality review teams in the field to provide oversight at the local level and (2) leverage its data dashboards by identifying and tracking incident data trends to align with the quarterly provider meetings.

OADS quality review teams could provide direct oversight and involvement, including state-level research, of reported critical incidents, and ensure individual remediation is completed. Regional staff can leverage the quarterly provider meetings to deliver additional education, follow up on corrective action, and identify trends for systemic response and improvement. OADS could implement a process to capture and track all critical incidents, by category, for quarterly review by its leadership and stakeholder committee. Combined, these activities would provide for a state-level systemic response that may include additional provider and staff training, amendments or clarification to policy, and/or supplemental educational materials for all HCBS providers (provider agencies, case managers, and direct service professionals) to reduce the reoccurrence of incidents.

- B. OADS should develop a process for capturing reports to APS in the electronic incident management system as a means for case managers to receive notification of these critical incidents for follow-up purposes.

The state can better support individual remediation of instances of abuse, neglect, and exploitation by sharing information related to these critical incidents with the waiver program case manager. Case managers are often not informed when a provider agency submits a report to APS. Additionally, the case manager does not receive recommendations that may result from an APS investigation. If case managers were to receive appropriate APS report and investigation information, they could help

reduce recidivism by consulting with the participant and completing any necessary changes to the participant's person-centered service plan.

All HCBS Waiver Programs

- A. The state should incorporate consistent and frequent outreach and education to participants as a way to ensure consistent messaging regarding the reporting of issues.

During the interviews with waiver program participants (one participant served by the Section 19 waiver program), many indicated that they do not know how to identify an incident or know whom to contact if they want to report. In addition, the state mandates case manager annual review of rights, incidents, and reporting, and posting resident rights information in residential care homes and facilities. A standard message or written brochure could be beneficial for the case manager/care coordinator, Disability Rights Maine, Area Agency on Aging, or other appropriate entity to provide to participants and their families. The brochure could help participants understand their rights, how they should be treated, and what to do if they experience abuse, neglect, exploitation, or other critical incidents.

- B. The state should develop and implement a systemic process during provider enrollment to ensure all new and renewing HCBS provider agencies and their staff have completed standardized training that includes how to ensure participant safety, the requirements for using restraints or restrictive interventions, and how to identify and report critical incidents to APS and the operating agencies.

Routine provider training would help ensure that providers and their staff understand and implement the expectations for assuring the health and welfare of the participants they serve. All waiver provider agencies must receive the same information regarding what critical incidents to report and how to report them to the state. Additionally, the state should develop a mechanism to ensure provider agencies are following state policies and training their staff accordingly.