



Continuity of Operations Plan (COOP)

Maine Department of Health & Human Services (DHHS)

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1. Introduction

The Maine Department of Health and Human Services (DHHS or Department) provides health care and social services to approximately a third of the state's population, including children, families, the elderly, and individuals with disabilities, mental illness and substance use disorders. The Department also promotes public health through the Maine Center for Disease Control and Prevention, operates two state psychiatric hospitals, and provides oversight to health care providers through the licensing division. As the largest Department, we employ 3,200 people dedicated to improving the health and wellbeing of our residents.

1.2 Purpose of this Plan

The purpose of the DHHS Continuity of Operations Plan (COOP) is to delineate a plan to maintain the most essential services and programs of DHHS in the face of a major disaster that threatens its ability to function. The COOP is intended to be a practical resource that will guide those involved in the disaster by providing the information required to maintain the essential functions.

More specifically, the purpose of this plan is to:

1. provide an overview of Departmental services and programs
2. identify the Mission Essential Functions (MEFs), which are a limited set of functions that must be continued throughout, or resumed rapidly after, a disruption of normal operations; MEFs are functions that cannot be deferred during an emergency or disaster
3. outline a plan for continuing those operations;
4. describe how communications and decision-making will occur during a pandemic, and;
5. outline plans for post-pandemic period and the restoration of DHHS operations that may have been suspended during the pandemic.

1.3 Definition of Mission Essential Functions (MEFs)

Mission Essential Functions are the limited set of department and agency level government functions that must be continued throughout, or resumed rapidly after, a disruption of normal operations. MEFs are functions that cannot be deferred during an emergency or disaster.

In general, the phrase "Mission Essential Functions", as used in this report, refers to Departmental functions that are essential to protecting the health and safety of Maine people, especially those who are unable to care for themselves, and for whom the department is directly responsible.

The Department will identify its MEFs and make provisions to continue those functions during a disaster or pandemic. During an emergency, MEFs would pre-empt other functions carried out by DHHS staff under normal circumstances, and resources would be re-deployed accordingly.

The MEFs may change over time depending on the circumstances faced and/or the duration of disruption. The Department will update the MEFs as necessary. DHHS' ability to carry-out pandemic Mission Essential Functions is, and will be, dependent upon the degree of severity of the disaster and the availability of resources.

1.4 Situation Overview including COVID-19 Pandemic in Brief

The State of Maine may be subject to the effects of many disasters, varying widely in type and magnitude from local communities to statewide in scope. The CDC provides the following summary of the COVID-19 pandemic:

The world is facing an outbreak of respiratory disease caused by a novel (new) coronavirus that was first detected in China and which has now been detected in more than 100 locations internationally, including in the United States. The virus has been named "SARS-CoV-2" and the disease it causes has been named "coronavirus disease 2019" (abbreviated "COVID-19").

On January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization (WHO) declared the outbreak a "public health emergency of international concern". On January 31, Health and Human Services Secretary Alex M. Azar II declared a public health emergency (PHE) for the United States to aid the nation's healthcare community in responding to COVID-19. On March 11, WHO publicly characterized COVID-19 as a pandemic. On March 13, the President of the United States declared the COVID-19 outbreak a national emergency.

A pandemic is the "worldwide spread of a new disease," according to the WHO (World Health Organization). A flu pandemic occurs when a new influenza virus emerges for which people have little or no immunity and for which there is no vaccine. The disease spreads easily from person-to-person, causes serious illness, and can sweep across the country and around the world in very short time.

1.5 Who Is the Audience for this Plan?

This plan is intended for:

- DHHS staff
- DHHS clients
- DHHS stakeholders
- DHHS contractors
- Other agencies with which Maine DHHS intersects
- Local and county pandemic planning groups

1.6 Planning Assumptions

Planning Assumptions for the Department of Health and Human Services:

DHHS can protect its staff and customers through the assertive use of prevention strategies—most importantly the use, education and support of personal protective behaviors.

DHHS Staff and Services at Risk: Because of the close client contact related to many DHHS services, DHHS staff may have frequent and prolonged exposure. Social distancing is a technique that will be implemented. If increasing numbers of DHHS staff become infected with COVID-19, it may be expected that many non-critical operations will be reduced or curtailed in order to provide continued support to critical operations. DHHS management may provide options for consolidated or modified services.

Altered Assignments may be Required: DHHS staff may be required to perform duties outside the scope of their usual responsibilities. The highest priority for the Department will be the support of MEFs. Staff assignments may be modified in order to support those functions.

Command and Management: DHHS will operate a central management team that will interact with the overall operations and decision-making structure of the State.

DHHS Facilities will be Impacted: As staffing and other requirements dictate, DHHS management may be required to alter facilities' operating hours, consolidate services, periodically close facilities or use facilities for other than their usual function.

Modified Methods of Operation: Some DHHS services may be modified to be conducted differently. For example, some services usually provided through face-to-face interviews may be conducted virtually.

Communication: Telecommunication and other forms of remote communication are encouraged. DHHS will develop and implement redundant communications and identify and maximize the use of existing technologies to support:

- Contact between and among DHHS central office and field locations
- Exchange of client information
- Communication with key partners
- Communication with the incident command structure

Human Resource Policies to Change: Due to significant changes in the workplace, and in assignments, some HR policies will need to be adjusted in order to ensure the delivery of services and the protection of staff.

2.0 Overview of DHHS Program Offices

The Maine Department of Health and Human Services is dedicated to promoting health, safety, resilience, and opportunity for Maine people. The Department provides health and social services to approximately a third of the State's population, including children, families, older Mainers, and individuals with disabilities, mental illness, and substance use disorders.

DHHS is comprised of the following Program Offices:

2.1 Office of Aging and Disability Services (OADS)

OADS supports Maine's older and disabled adults by providing Adult Protective, Brain Injury, Other Related Conditions, Intellectual and Developmental Disability, Long Term Care, and Aging and Community services to the people of Maine.

OADS coordinates the programs and benefits to assure they operate consistent with the state and federal policies and the Maine Department of Health and Human Services' goals.

OADS vision is to promote individual dignity through respect, choice and support for all adults. OADS mission: To promote the highest level of independence, health and safety of older individuals, vulnerable adults and adults with disabilities.

2.2 Office of Child and Family Services (OCFS)

OCFS supports Maine's children and their families by providing Children's Development, Behavioral Health, & Child Welfare Services. Service Areas of the Office of Child and Family Services include:

The Child Development and Behavioral Health Services Team supports the families of Maine and their children in accessing high-quality, early childhood education and behavioral health services in their homes, schools and communities.

Child Welfare seeks safety, well-being and permanent homes for children, working with professionalism and respecting the dignity of all families. Child abuse reports are investigated on behalf of Maine communities, working to keep children safe and to guide families in creating safe homes for children.

The Operations unit performs a variety of functions that assist OCFS managers, supervisors, and staff in managing their performance, as well as programs that assist the children and families we serve. Our mission is to provide quality services in the areas of administration, finance, contracting, quality improvement, and information services to all OCFS programs. We achieve this by being efficient, effective, and customer service focused.

Children's Licensing and Investigation Services is a specialized team that licenses, monitors and investigates child care programs, children's residential facilities, child placing agencies, emergency shelters, and homeless shelters for youth. This program conducts child abuse and

neglect investigations in a wide array of out of home settings that are licensed, subject to licensure, and funded by the Department. It also conducts investigations in collaboration with or on behalf of other State Departments. Children's Licensing and Investigation Services is charged with ensuring that Maine children are safe, stable, happy and healthy in all out of home settings.

2.3 Office of Family Independence (OFI)

The Office for Family Independence (OFI) administers multiple state and federal public assistance programs to help Maine residents meet their basic necessities. There are 16 offices located across the State to assist Maine residents in applying for help. OFI is comprised of the following offices:

The Division of Support Enforcement & Recovery (DSEER) is responsible for the development and implementation of rules, regulations, policies and procedures necessary to assure that all non-custodial parents are contributing to the economic support of their children.

Maine Disability Determination Services is comprised of Maine State workers who make disability decisions for the Social Security Administration.

Emergency Assistance provides benefits to families with children in specified emergency situations when the family is threatened by destitution or homelessness. These situations include fire, other natural disasters, termination of utility service, evictions or lack of adequate shelter. Payments can only be authorized once annually and must be made directly to the vendor.

The Food Supplement Program provides benefits that help low-income households buy the food they need for good health, including Food Supplement Employment and Training (FSET), and Maine SNAP-Ed.

The Fraud Investigation and Recovery Unit (FIRU) investigates all allegations of misuse of public benefits administered by the Department of Health and Human Services to include, but not limited to: SNAP, WIC, TANF and MaineCare programs. The Unit pursues violations using both administrative and criminal court remedies.

General Assistance is a program administered through municipalities which purchases basic necessities for individuals who are without means to pay for such services.

Medical Assistance, including the MaineCare, Cub Care and Medically Needy programs, provides payment to health care providers. Eligibility is determined by the Office for Family Independence. Bill payment and other activity are done by the Office of MaineCare Services.

TANF: Temporary help for children and their parents while the family works toward becoming self-supporting, including Alternative Aid Assistance, ASPIRE/TANF, and Higher Opportunity for Pathways (HOPE).

2.4 Division of Licensing and Certification (DLC)

The mission of the Division of Licensing and Certification is to support access to quality and effective health care and social services for Maine people by developing and applying regulatory standards that help people have safe and appropriate outcomes.

The Division is responsible for licensing medical and long-term care facilities, assisted living, residential care, Private Non-Medical Institutions, mental health service providers, substance abuse agencies, and programs and services to children. The Division is also responsible for regulation of health care facilities and providers under the Certificate of Need Act, the Hospital Cooperation Act and laws pertaining to Continuing Care Retirement Communities.

2.5 Office of MaineCare Services (OMS)

MaineCare's vision is to assure the highest quality outcomes for MaineCare members through measurement and an efficient, sustainable, and integrated health delivery system.

MaineCare's mission statement is to attain the highest quality health outcomes for MaineCare members through a well-informed workforce and an efficient use of resources.

2.6 Maine Center for Disease Control and Prevention (Maine CDC)

The Maine CDC is comprised of the Division of Environmental Health, Division of Disease Surveillance, Division of Disease Prevention, Division of Public Health Nursing, Division of Public Health Systems, and the Office of Health Equity.

Maine CDC's vision is a strong, safe and healthy Maine.

Maine CDC's mission is to provide the leadership, expertise, information and tools to assure conditions in which all Maine people can be healthy.

2.7 Office of Behavioral Health (OBH), formerly known as Substance Abuse and Mental Health Services (SAMHS)

OBH oversees a behavioral health continuum of care that serves the whole person and the whole community. We promote a population health approach that includes a full spectrum of services from prevention, to early intervention, treatment, crisis care, and recovery. Our role is to support Maine people with mental health, substance use, and co-occurring disorders in living not only symptom-free, but with dignity, hope, and meaning. The Office partners with providers, communities, and individuals to offer support, resources, education, training, technical assistance, and services.

2.8 Dorothea Dix Psychiatric Center (DDPC)

DDPC, formerly known as Bangor Mental Health Institute, located in Bangor, Maine, is one of two State of Maine operated psychiatric hospitals under the Department of Health and Human Services (DHHS). DDPC is a 51-bed psychiatric hospital that provides services for people with severe mental illness. The hospital is governed under laws established by the Maine Legislature to provide care and treatment for inpatients, both voluntary and court committed inpatients, as well as outpatients. DDPC is part of a comprehensive mental health system of services in Maine, which includes community mental health centers, private psychiatric, and community hospitals and private providers.

2.9 Riverview Psychiatric Center (Riverview or RPC)

The Riverview Psychiatric Center, in collaboration with the community, is a center for best practice, treatment, education and research, for individuals with serious, persistent mental illness, and co-occurring substance use disorders.

RPC provides compassionate and effective care that recognizes the individual wants and needs of those served. The focus on therapeutic relationships and alliance as the primary tool to support and assist the patient is maintained through a tangible, patient-centered service delivery model. Fidelity to goals of coercive-free interventions while maximizing safety is strictly maintained. Patient comfort, patient self-determination, and recovery are themes consistently expressed.

Riverview is a resource for education and expertise and is easily accessible to community providers. As a service collaborator, Riverview values integration of multiple service views and works diligently with community partners to achieve a continuous care spanning the service system.

Riverview Psychiatric Center provides effective and efficient care to citizens of Maine. As an organization it is highly accountable and a responsible steward of public trust and funding. Riverview enhances the community as a significant employer, and as a resource to help persons to recover and enjoy all aspects of citizenship.

3.0 Concept of Operations

DHHS will be able to respond to a disaster or emergency by planning effectively and carrying out that plan as the disaster or emergency situation unfolds. DHHS's readiness can be divided into two areas: 1) Organization readiness and preparedness, and 2) staff readiness and preparedness.

Organizational readiness will depend on the situation on hand, and could involve increased virtual communications, mandatory work from home, certain declarations of emergency, and activation of mission-essential functions.

DHHS personnel should prepare for a continuity event. Personnel should plan in advance what to do in an emergency and should develop an individual and/or a family emergency response plan to increase personal and family preparedness. To develop the preparedness plan staff are

encouraged to go to www.ready.gov and should monitor news media for current updates to the situation at hand. See the Prevention Strategies section below for more information.

3.1 National Incident Management System (NIMS) & Incident Command System (ICS)

The Departmental COOP team has adopted the National Incident Management System (NIMS) in creating this plan. Through Homeland Security Presidential Directive 5, states must be compliant with this system when preparing for and responding to domestic incidents.

“NIMS guides all levels of government, nongovernmental organizations (NGO), and the private sector to work together to prevent, protect against, mitigate, respond to, and recover from incidents. NIMS provides stakeholders across the whole community with the shared vocabulary, systems, and processes to successfully deliver the capabilities described in the National Preparedness System. The National Incident Management System (NIMS) provides a common, nationwide approach to enable the whole community to work together to manage all threats and hazards. NIMS applies to all incidents, regardless of cause, size, location, or complexity.”

<https://www.fema.gov/national-incident-management-system>

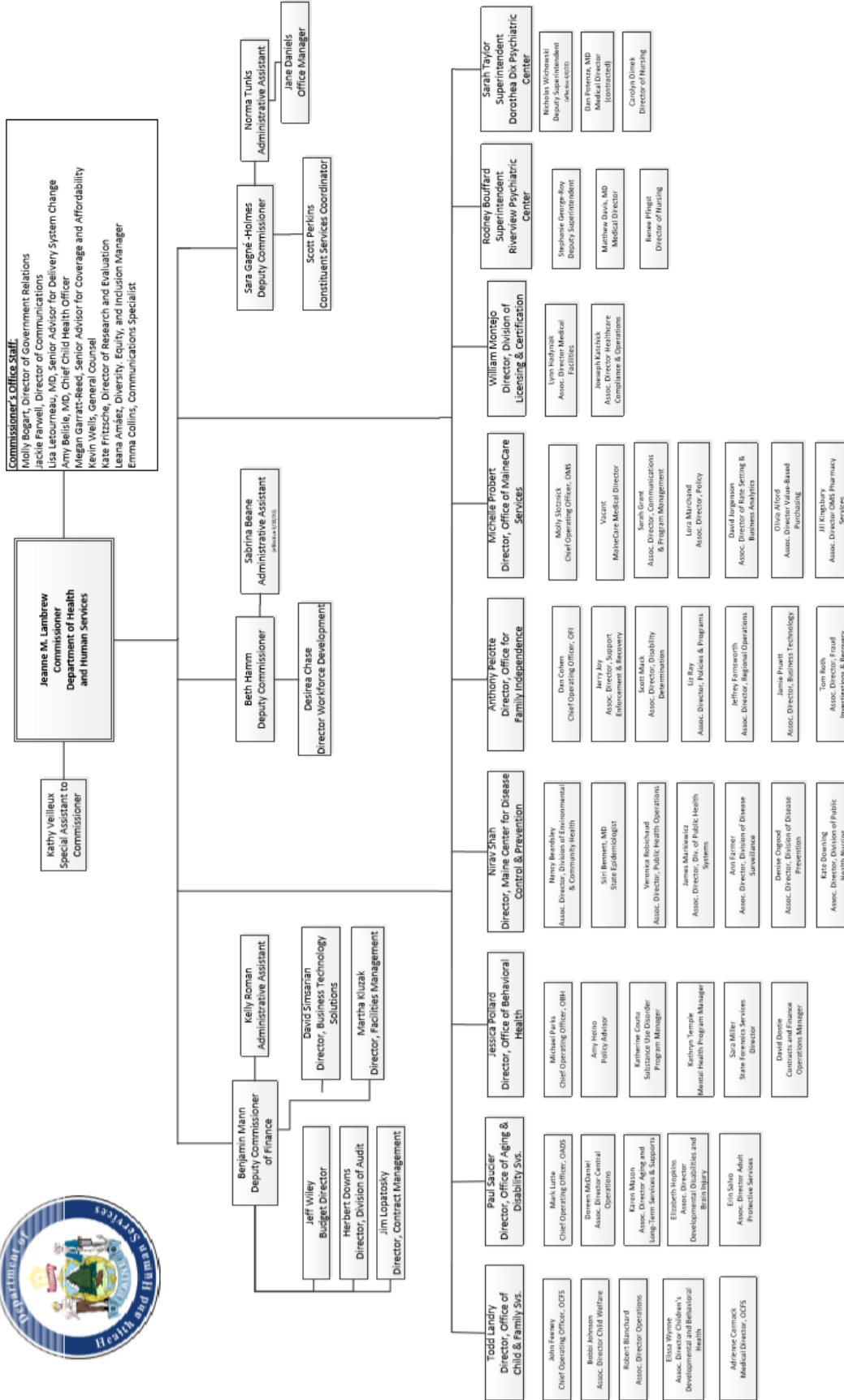
The following components have been considered in this planning:

- Command and Management (such as the Incident Command Structure- ICS)
- Preparedness
- Resource Management
- Communications and Information Management
- Supporting Technologies
- NIMS Management and Maintenance

3.2 Command Structure During a Pandemic

Existing DHHS Leadership Serves as Command Team: During a declared emergency, the Commissioner, or her designee, is the Incident Commander of the department. The current leadership of DHHS will work under the Commissioner’s command to lead the response. The Departmental COOP team is responsible for the day to day operations of the implementing and carrying out the COOP. All questions or concerns regarding the operation of the department during a declared emergency must be directed to the Commissioner or her leadership team. The final authority for decisions regarding operations in an emergency rest with the Commissioner, or her designee(s).

Please see the organization chart for the Department on the following page.



3.3 Prevention Strategies

The most effective strategy for protecting oneself from viral borne illnesses (including colds and influenza) in the workplace is the practice of good personal hygiene and vaccination against seasonal flu. In addition to these simple precautions, routine cleaning and disinfecting of workspace and items such as telephones, computer keyboards, etc. are also particularly effective in reducing exposure.

Where possible, existing technologies will be expanded to minimize person to person contact. Each staff member is responsible for their own personal hygiene as a matter of routine. Some positions, particularly those which require personal contact with the public and clients, will require additional precautions, based upon public health recommendations.

Remember the following strategies to prevent illness:

1. Social Distancing – keeping a distance of 6 feet from people is recommended.
2. Frequent Hand washing.
3. Cover your cough – cough into your sleeve link:
https://www.cdc.gov/healthywater/hygiene/etiquette/coughing_sneezing.html
4. If you are sick, stay home.
5. To personally prepare, please review the following link:
<https://www.maine.gov/dhhs/mecdc/>

3.4 COOP Alert and Notification

DHHS will communicate and coordinate activities with personnel before, during, and after a continuity event. Prior to an event, designated staff will monitor advisory information. In the event that normal operations are interrupted or if an incident appears imminent, the DHHS will inform DHHS staff through an all-staff email to communicate the organization's current operating status and to give direction and instructions. In the event that email communication is down and/or not all employees would necessarily have access to it, communications will be posted on the DHHS website.

3.5 COOP implementation

Any emergency situation naturally unfolds in uncertain ways with numerous unknown possibilities and countless situations for which to prepare. The Department will continue regular operations for as long as it is deemed safe and in the best interest for Departmental employees, clients, providers, and other stakeholders. Regular operations may involve modified business practices, such as more virtual and remote communication, social distancing, etc.

Departmental operations may move to a voluntary telework, or remote work situation, depending on the circumstances. A voluntary remote work situation will be indicated by the Commissioner or her designee and employees may choose, on a voluntary basis to work from

home or an alternate location. Employees who choose to pursue this option must do so with supervisor acknowledgement and must have the ability to remotely conduct their job.

As the situation evolves, the Commissioner may institute mandatory remote work or direct work take place in an alternate location. In this situation, supervisors and employees must establish regular communication and feedback channels to ensure safety and continuity of work. Again, employees need to have the technological capability to work remotely to continue working under in this situation. If an employee does not have the technological capability, or if other situations arise, they should abide by the appropriate Human Resources guidance for the given situation.

The emergency may mandate that the Department scale back operations to strictly Mission Essential Functions. In this case, the Commissioner will communicate to the Departmental COOP team and Executive Leadership. Resources, such as technology and/or staff and/or contracts, may be redeployed to ensure continued continuity of operations. The activation of Mission Essential Functions will be given by the Commissioner or her designee.

When the emergency has concluded, the Commissioner will inform the Executive Leadership team and Departmental COOP team. Reconstitution will begin, which involves assessing impact to operations and service delivery and resuming normal business operations. Special attention should be paid to returning employees and making them feel welcome and comfortable in the aftermath of the emergency. Outreach and engagement with providers and stakeholders will also take place as operations resume and services come back online in full capacity.

3.6 Coordination with the Office of Information Technology

Communication will be critical during the lead up and implementation of the COOP. OIT plays a crucial role in provisioning and maintain remote and network resources so that DHHS employees can carry out their responsibilities. In the event of an emergency, OIT would look to take immediate precautions such as freezing existing applications, limiting enhancements and new development to only “critical” items, to allow redeployment of staff to ensure continued operation of critical systems. OIT will provide and communicate the status of remote access ability across the state and specifically for DHHS.

OIT will also work with DHHS leadership to develop an inventory of laptops and secure ID tokens which can be redeployed to critical staff for telework and will work with OIT Client Technologies Services if additional laptops or Secure ID tokens are needed. Similarly, OIT will review the technology solution in-place for allowing large numbers of State employees (and contracted staff) to connect remotely.

3.7 Communication Plan

The Communications Plan is designed to meet the following critical communications functions:

1. Provide a direct link to the leadership of the Maine Department of Health and Human Services, who will command communication content and strategy
2. Enable the Departmental COOP team to carry out and coordinate planning and operations efforts in a real time fashion
3. Keep staff up-to-date with current information on a timely basis
4. Communicate with clients, consumers and stakeholders regarding how the pandemic may affect the services available to them
5. Communicate with service providers about how the pandemic may affect their organization and the consumers they serve

The Department will establish regular channels of communication with Departmental employees, providers and other stakeholders. Depending on the situation, communication may vary and may require public reporting on the DHHS website. Employees, providers, and stakeholders may, at various times, have inconsistent ways to access information, and the Department will attempt to make sure information flow is maintained. In general, the Commissioner, or her designee, will be responsible for communication to employees, and others as needed. Departmental Program Offices will be responsible for communication and guidance directly to clients, providers and stakeholders. It is likely that the Department will publish guidance and FAQs on the DHHS website to keep the public, stakeholders, DHHS providers, and employees up to date with the latest information.

The Communication Plan in the planning and implement phases of an emergency will be guided by the Commissioner in close communication with the Communications Director. A regular briefing schedule for Departmental Leadership will be established, as well as a regular cadence for the Departmental COOP team. Often press releases and press conferences will contain the latest information for an evolving situation, but this information should be summarized and reiterated to relevant parties after the fact to ensure consistent guidance is provided across the organization.

3.8 Areas of Responsibility and Leadership Redundancy

Program Areas of Responsibility and Leadership		
Current Scope of Decision-Making Authority	Leadership Redundancy	Name
Office Leadership and Public and Employee Communications Strategy and Implementation	Lead	Jeanne M. Lambrew
	Primary Backup	Sara Gagné-Holmes
	Primary Backup	Bethany Hamm
	Primary Backup	Benjamin Mann
	CDC	Nirav Shah
	DDPC	Sarah Taylor
	DLC	William Montejo
	OADS	Paul Saucier
	OBH	Jessica Pollard

	OCFS	Todd Landry
	OFI	Anthony Pelotte
	OMS	Michelle Probert
	RPC	Rodney Bouffard

3.9 Proclamation of State of Emergency

In the event the Governor declares a state of emergency, the Governor will issue a Proclamation of Emergency, which will invoke emergency powers expressly delegated to the Governor under Maine law that can provide greater access to and coordination of federal, state, regional and local resources to help respond to and protect against the spread of COVID-19 here in Maine. The Proclamation may also enable DHHS to exercise its departmental emergency powers, which provides DHHS with a greater ability to address public health emergencies.

4.0 DHHS Office Mission Essential Functions

As explained in Section 1.3, Mission Essential Functions (MEFs) are the limited set of department and agency level government functions that must be continued throughout, or resumed rapidly after, a disruption of normal operations. Here are the DHHS MEFs:

Commissioner’s Office – MEFs

Mission Essential Functions (MEFs) are the limited set of department and agency level government functions that must be continued throughout, or resumed rapidly after, a disruption of normal operations. MEFs are functions that cannot be deferred during an emergency or disaster.			
Office:	Commissioner’s Office		
Please name the individual MEFs below and include the corresponding Division/Section within the Office that is responsible for the MEF and the number of staff needed to complete the MEF. Staff may complete more than one MEF, therefor actual staffing numbers required may be less than outlined below.			
Priority Order	Division/Section	Mission Essential Functions & Statement	# Staff need to complete MEF
MEF #1	Commissioner’s Office (Incident Command)	Provide overall leadership and guidance for the Department	19
MEF #2	Finance/Budget	Provide budget and finance analysis, reporting, and financial data and ongoing financial operations	18
MEF #3	Contract Management	Provide administration and oversight of all Departmental contractual agreements	Up to 25
MEF #4	District Operations	Provide coordination and facilities management services across the Department including Central Office and District Office	6
MEF #5	Administrative Hearings	Conducting time-sensitive administrative hearing	Up to 10
MEF #6	Audit	Provide administration and oversight for audit related activities, including cost-settlements, internal controls, and engagement will certain providers	Up to 5

Center for Disease Control and Prevention (CDC) – MEFs

Mission Essential Functions (MEFs) are the limited set of department and agency level government functions that must be continued throughout, or resumed rapidly after, a disruption of normal operations. MEFs are functions that cannot be deferred during an emergency or disaster.			
Office:	CDC - Community Health Inspection Program		
Please name the individual MEFs below and include the corresponding Division/Section within the Office that is responsible for the MEF and the number of staff needed to complete the MEF. Staff may complete more than one MEF, therefor actual staffing numbers required may be less than outlined below.			
Priority Order	Division/Section	Mission Essential Functions & Staff Skills Needed	# Staff need to complete MEF
MEF #1	Health Inspection Program Emergency Response	Communication, Assess Situation, Review Emergency SOP's, Provide Guidance and Direction to Inspection Staff for Emergency Response. Knowledge of Maine Laws, program rules and policies	2
MEF #2	Field Inspection Team	Communication, Conduct Emergency Response, Complaint, Special Investigation, Imminent Health Hazard, Food/Water borne Illness Inspections/Investigations. Knowledge of Maine laws and Rules Governing the Licensing and Inspection Requirements.	6
MEF #3	Compliance and Enforcement	Communication, Enforce Rules. Knowledge of Administrative Rules Relating to Health Inspection Program Licensed Establishments.	1
MEF #4	Licensing Team	Communication, Knowledge of Billing Procedures, Database, Follow SOPs, Data Entry of Applications and Renewals.	1

Office:	CDC - Division of Disease Surveillance Infectious Disease Epidemiology (IDE) and Infectious Disease Prevention (IDP)		
Priority Order	Mission Essential Functions & Staff Skills Needed		# Staff need to complete MEF
MEF #1	Epi-On-Call work: receive notifiable disease reports, assign investigations, and distribute consults, etc. Knowledge of the epidemiology of infectious diseases and their control and prevention. Knowledge of surveillance systems.		2
MEF #2	Perform investigations, respond to infectious disease consults, respond to outbreaks, and recommend public health control measures. Knowledge of the		4

	epidemiology of infectious diseases and their control and prevention. Knowledge of surveillance systems.	
MEF #3	Answer Disease Reporting and Consultation Line. Answer Disease Reporting and Consultation Line	2
MEF #4	Supervise ID Epi operations. Supervisor capabilities and knowledge of ID Epi operations	1

Office:	CDC - Division/WIC	
Priority Order	Mission Essential Functions & Staff Skills Needed	# Staff need to complete MEF
MEF #1	Formula distribution to infants. Nutritionist	1
MEF #2	Draws and wires to banking intermediary to pay checks for food and formula and payment of local agency services and grocer invoices. Finance Management	1

Office:	CDC - Drinking Water Program	
Priority Order	Mission Essential Functions & Staff Skills Needed	# Staff need to complete MEF
MEF #1	Provide emergency support to public water systems including assisting with public notifications and drafting Boil Water, Do-Not-Drink, and Do-Not-Use Orders. Knowledge of Safe Drinking Water Act (SDWA), State of Maine Rules Relating to Drinking Water & notification processes.	1 Needed - 15 Able
MEF #2	Answer telephone calls from public and water systems, handle mail and file administrative paperwork. Administrative.	1 Needed - 9 Able
MEF #3	Provide technical assistance to water systems in correcting deficiencies from inspections and checking operator presence at water systems. Knowledge of PWS Infrastructure.	3 Needed – 15 Able
MEF #4	Enforce Acute Rules. Knowledge of SDWA, State of Maine Rules Relating to Drinking Water, Subsurface Wastewater Disposal Rules & Maine Plumbing Code.	2 Needed – 5 Able
MEF #5	Perform recheck of positive water samples at water system. Knowledge of water sampling procedures.	2 Needed – 10 Able
MEF #6	Coordination of sampling with laboratories. SDWIS database experience & laboratory capability.	1 Needed – 7 Able

MEF #7	License water operators. SWOCS & SDWIS database experience, knowledge Rules Relating to the Licensure of Water System Operators.	1 Needed – 2 Able
Office:	CDC - Medical Epidemiology - Healthcare Epidemiology	
Priority Order	Mission Essential Functions & Staff Skills Needed	# Staff need to complete MEF
MEF #1	Respond to IMMEDIATE potential for admissions of Ebola cases to an Ebola Assessment Hospital. Knowledge of CDC Ebola guidance for healthcare facilities – the 11 domains of preparedness	1
MEF #2	Respond to ANY healthcare/antibiotic resistant cluster, outbreak, or unusual illness report. Knowledge of outbreak investigation and control measures.	1
MEF #3	Respond to ANY novel or targeted AR threat. Knowledge of emerging pathogen containment activities, infection control and prevention	1
MEF #4	Respond to URGENT consults related to infectious disease prevention and control. Knowledge of infectious disease, healthcare associated infections, antibiotic resistance, and infection prevention and control.	1

Office:	CDC - Medical Epidemiology	
Priority Order	Mission Essential Functions & Staff Skills Needed	# Staff need to complete MEF
MEF #1	Issue URGENT public health notifications through the Health Alert Network. State Epidemiologist.	1
MEF #2	Respond to URGENT public health inquiries from the public and media. State Epidemiologist.	1

Office:	CDC - Environmental Health, Radiation Control Program	
Priority Order	Mission Essential Functions & Staff Skills Needed	# Staff need to complete MEF
MEF #1	Radiological Emergency Response (EOC). Dose assessment, plume plotting and projecting, protective action recommendations.	2
MEF #2	Field Team Coordinator. Procedure review, directions, communication, risk assessment	1
MEF #3	Radiological environmental monitoring (field teams). Procedure review, driver's license, environmental sampling, radiation instrument use	1

MEF #4	Radioactive materials inspection. Procedure review, driver's license, radiation instrument use, regulations, inspection training, risk evaluation	1
MEF #5	Radioactive materials licensing. Procedure review, licensing training, regulations, plan review.	1

Office:	CDC - Division of Infectious Disease Maine Immunization Program	
Priority Order	Mission Essential Functions & Staff Skills Needed	# Staff need to complete MEF
MEF #1	Track and monitor operational budget. Excel, AdvantageME, FORTIS, Image It.	2
MEF #2	Process operational invoices. Excel, AdvantageME, FORTIS, Image It.	2
MEF #2	Process vaccine purchase invoices. Excel, AdvantageME, FORTIS, Image It.	1
MEF #3	Provider and consumer technical support and education regarding vaccination practices, storage and handling, and other vaccination related issues. Provider and consumer technical support and education regarding vaccination practices, storage and handling, and other vaccination related issues.	1
MEF #3	Ensure vaccine quality and safety. Knowledge of CDC requirements, immunization practices, internal policies & procedures, exceptional customer service skills.	1
MEF #3	Emergency vaccine transport. Knowledge of cold chain maintenance practices, license to drive.	1
MEF #4	Provider support to assist with vaccine orders and manage online inventory. Knowledge of vaccine ordering and inventory processes, understanding of the VTrcks system, exceptional customer service skills.	2
MEF #5	Provider support to maintain and support Immunization Information System (IIS)/ImmPact for the network of state-wide immunization providers. Knowledge of CDC requirements, immunization practices, internal policies & procedures as well as a throughout understanding of the ImmPact system, exceptional customer service skills.	2
MEF N/A	Staff available for reassignments. Ability to meet the needs of a given task.	3

Dorothea Dix Psychiatric Center (DDPC) - MEFs

Mission Essential Functions (MEFs) are the limited set of department and agency level government functions that must be continued throughout, or resumed rapidly after, a disruption of normal operations. MEFs are functions that cannot be deferred during an emergency or disaster.			
Office:	Dorothea Dix Psychiatric Center		
Please name the individual MEFs below and include the corresponding Division/Section within the Office that is responsible for the MEF and the number of staff needed to complete the MEF. Staff may complete more than one MEF, therefor actual staffing numbers required may be less than outlined below.			
Priority Order	Division/Section	Mission Essential Functions & Statement	# Staff need to complete MEF
MEF #1	Administration	Initiate Hospital Incident Command – utilize HICS as a structure to management COVID pandemic. Surveillance plan checklist.	6
MEF #2	Administration, Infection Control, Emergency Preparedness	Communication – Provide accurate, timely communications to staff. Mechanism is dependent upon the phase of the outbreak and its impact on the hospital, the community and other healthcare facilities	11
MEF #3	Infection Control and Nursing Administration	Education – provide staff with information that will aid in recognizing and identifying COVID 19 and provide direct care staff with information to identify potential signs and symptoms. Provide education to staff on how to prevent infections as per CDC guidelines. Place posters on units and in departments.	2
MEF #4	Infection Control and Nursing Administration	Track employee absenteeism due to illness and implement Management of Infectious Outbreaks procedure	2
MEF #5	Administration, Infection Control, Emergency Management	Participate in CDC conference calls, review federal CDC website daily, and disseminate new guidelines	4-6
MEF #6	Infection Control, Nursing Leadership	Infection Control on nursing units – cohort infected patients on D1, ensure that PPE is available in the sally port outside D1, educate staff re: donning/doffing of PPE	5
MEF #7	Leadership, Emergency	FIT test direct care staff who will be in direct contact with COVID patients – D1 unit	50

	Preparedness, Medical Office		
MEF #8	Infection Control, Leadership, Nursing	Screen staff on a daily basis prior to start of shift for symptoms and fever. Assessment of staff to see if they need to be masked or sent home.	200+
MEF #9	Clinical Director, Admissions, Nursing Units	Develop screening process for new admissions. Work with referral sources to ensure that any admission is pre-screened. Those with COVID 19 symptoms or positive tests will be admitted directly to D1	15
MEF #10	Administration, Security and Switchboard	Restrict visitors and volunteers. Develop alternative ways for patients to communicate with family, friends, guardians, legal representatives, etc. Notify Patient Advocate	10
MEF #11	Administration, Nursing Units	Cease all social outings for patients – notify patients about the need to do this.	
MEF #12	Administration	Identify essential personnel who are needed to work on site at DDPC.	8
MEF #13	Administration and Hospital Leadership	Develop work-at-home protocols for staff who are able to continue to do work at home. Identify tasks that can be deferred or delayed for the period of the pandemic	30
MEF #14	Superintendent and Clinical Director	Communicate regularly with RPC regarding census, admissions, staffing and acuity. Share resources as appropriate.	2
MEF #15	Superintendent	Submit 1135 waiver to CMS if needed.	1
MEF #16	Director of Facilities and his staff	Consumable and durable supplies – keep close inventory of supplies and place orders to keep enough supplies available. Rotate stock.	5
MEF #17	Chaplain, Director of Social Services, Director of Therapeutic Services, Clinical Director	Provide support to staff and patients to help alleviate stress/anxiety related to the pandemic	10

MEF #18	Pharmacy, Clinical Director, Medical Director	Medications – coordinate with pharmacy and pharmaceutical providers to keep an adequate supply of medications in stock	3
MEF #19	Nursing, Social Services, Therapeutic Services, Clinical Director, Nursing Director	Continue to provide active treatment to all patients. Continue to provide active discharge planning and post-acute stay supports. This includes documentation of care in the medical record and Meditech	All direct care staff
MEF #20	Superintendent, Clinical Director	Coordinate with State Forensic Service, DOC, jails regarding ability to admit non-civil patients. Coordinate with Acadia Hospital and acute/CAH hospitals regarding ability to meet civil patients.	2
MEF #21	Medical Director, Clinical Director, Nursing	Provide medical care for COVID infected patients, and transfer patients to acute hospitals when DDPC is not able to meet the medical needs of the patients.	2 + all nursing staff
MEF #22	Director of Nursing, Director of Facilities, Clinical Director, Superintendent	Deceased patients – assess current capacity for refrigeration of remains, communicate with Bangor Public Health, CDC and medical examiners to establish a system of storing remains – identify temporary morgue sites.	4

Division of Licensing and Certification (DLC) - MEFs

Office:	Division of Licensing & Certification		
Please name the individual MEFs below and include the corresponding Division/Section within the Office that is responsible for the MEF and the number of staff needed to complete the MEF. Staff may complete more than one MEF, therefor actual staffing numbers required may be less than outlined below.			
Priority Order	Division/Section	Mission Essential Functions & Statement	# Staff need to complete MEF
MEF #1	Medical Facilities Unit (MFU)	Complaint intake processing & triaging	5
MEF #2	MFU	Provision of prompt responses to complaints in all licensed facilities regarding patients/residents who are in immediate jeopardy	24-34

MEF #3	MFU	Provision of monitoring and enforcement of health care providers. Even in widespread or significant disasters where reduced S&C activities may occur, key activities (such as High-level complaint investigations Abuse, Neglect and infection control allegations) will still need to occur in order to ensure the health and safety of patients and residents.	24-34 depending on volume (Note- this is the same staff who conduct complaint investigations)
MEF #4	Workforce Development	Registering and renewing C.N.A. applications consistent with federal requirements and approval C.N.A. courses to ensure a steady flow of workers.	2-4
MEF #5	Maine Background Check	Processing comprehensive background checks and "RAPBACKS" to allow facilities to expeditiously hire qualified staff who do not pose a criminal history risk.	2-3 depending on volume
MEF #6	Admin Staff	Perform logistical and support functions for work including processing, sending and monitoring for responses from providers on Statements of Deficiencies, handling complainant calls, calls for supplies/assistance from field staff	4
MEF #7	Finance/CON	Monitor and track finances/expenditures, develop systems for new/unforeseen expenditures that can be pursued for supplemental funding under federal grants. Reviews CON program and Free-care applications and hearings process.	3
MEF #8	Sentinel Events	Reviews all statutorily required reports of Sentinel Events and helps reporting facility focus the attention of their review on understanding the causes that underlie the event and on changing systems and processes to reduce the probability of future events.	2
MEF #9	MFU	Conducting timely licensure/re-licensure surveys consistent with statutory requirements, during and in the aftermath of a disaster	12
MEF #10	MFU	Conducting timely certifications, or re-certifications and other survey work consistent with CMS priorities during and in the aftermath of a disaster	12
MEF #11	Clerical	Process AH/BH information (2); Process LTC / Acute Care (2); Complaint Intake Coord (1)	5

Office of Aging and Disability Services (OADS) - MEFs

Mission Essential Functions (MEFs) are the limited set of department and agency level government functions that must be continued throughout, or resumed rapidly after, a disruption of normal operations. MEFs are functions that cannot be deferred during an emergency or disaster.			
Office:	Office of Aging and Disability Services – Director and Chief Operating Officer		
Please name the individual MEFs below and include the corresponding Division/Section within the Office that is responsible for the MEF and the number of staff needed to complete the MEF. Staff may complete more than one MEF, therefor actual staffing numbers required may be less than outlined below.			
Priority Order	Division/Section	Mission Essential Functions & Statement	# Staff need to complete MEF
MEF #1	DHHS – OADS – Mgt	Office Director: provides overall leadership and decision-making for the OADS organization.	1 Director; 1 Assistant to the Director
MEF #2	DHHS – OADS – Mgt	Chief Operating Officer: provides operational management for the OADS organization.	1 Chief Operating Officer

Office:	Office of Aging and Disability Services – Adult Protective Services		
Please name the individual MEFs below and include the corresponding Division/Section within the Office that is responsible for the MEF and the number of staff needed to complete the MEF. Staff may complete more than one MEF, therefor actual staffing numbers required may be less than outlined below.			
Priority Order	Division/Section	Mission Essential Functions & Statement	# Staff need to complete MEF
MEF #1	DHHS – OADS - APS	Associate Director of Adult Protective Services: overseeing all Adult Protective Services activities state-wide, including supervision of OADS District Office Program Administrators and the Public Guardianship Program Manager, addressing complex cases, and directing APS activities state-wide	1 Associate Director
MEF #2	DHHS – OADS – APS	OADS District Office Program Administrators: overseeing all district office operations, including APS investigation activities and public guardianship program activities, and serving as the on-call after-hours contacts for public guardianship decision-making and consents as needed.	4 Program Administrators (1 for Districts 1 and 2; 1 for Districts 3, 4, 5; 1 for Districts 6 and 7; 1 for District 8)

MEF #3	DHHS – OADS-APS	Adult Protective Services Investigations: responding to reports of abuse, neglect, and exploitation of incapacitated and dependent adults.	9 supervisors; 53 caseworkers
MEF #4	DHHS – OADS – APS	Public Guardianship/Conservatorship: maintaining contact with adults subject to public guardianship, including providing consents to treat, ensuring adequate supports and services, authorizing expenditures	1 Public Guardianship Program Manager; 7 supervisors; 49 caseworkers
MEF #5	DHHS – OADS – APS	Public Guardianship/Conservatorship – Estate Management: overseeing and managing assets of adults subject to public guardianship/conservatorship, including locating and securing properties and assets, monitoring inventories, and facilitating disposition of properties.	1 Estate Management Supervisor; 2 Estate Management Specialists
MEF #6	DHHS – OADS – APS	Adult Protective Services Intake: receiving reports of abuse, neglect and exploitation of incapacitated and dependent adults via telephone and online	1 supervisor; 8 caseworkers

Office:	Office of Aging and Disability Services – Long Term Supports and Services (LTSS)		
Please name the individual MEFs below and include the corresponding Division/Section within the Office that is responsible for the MEF and the number of staff needed to complete the MEF. Staff may complete more than one MEF, therefor actual staffing numbers required may be less than outlined below.			
Priority Order	Division/Section	Mission Essential Functions & Statement	# Staff need to complete MEF
MEF #1	DHHS – OADS – LTSS / Aging	Associate Director: responsible for oversight of all LTSS and Aging Services programs	1 Associate Director
MEF #2	DHHS – OADS - LTSS	Contingency plans for consumers remaining in their homes will need to be implemented. Care managers will have to ensure that a contingency plan has been developed for meeting consumer's needs if paid caregivers are not available. This will ensure both care managers and assessors have access to LTSS staff to provide guidance and are reactive to emergency situations should they occur.	1 LTSS Program Manager
MEF #3	DHHS – OADS - LTSS	Ensure cash flow to all contracted agencies (AAA's, EIM, Maximus, Alpha One, Catholic Charities and other services requiring automatic payment based on FY budget.) Continued payment for services	1 LTSS Community Program Manager

		<p>delivered by Maximus, EIM, Alpha One and Catholic Charities will need to occur to prevent disruption to service delivery. Current practice is to approve all invoices prior to sending to DCM for payment.</p> <p>Should providers be restricted to deliver services and unable to submit bills on a FFS schedule, will need to consider retainer payments to ensure continuity of service and for the resumption of service when services resume.</p>	
MEF #4	DHHS – OADS - LTSS	<p>Ensure cash flow to all LTSS providers (community PSS, Home Care, Res Care and NF providers) to ensure no disruption in service. Currently OADS LTSS Classification staff enter classification and authorizations necessary to prior authorization for claims to be paid in MIHMS. This function is interdependent with OMS. Currently, without classification, many LTSS services claims will be unable to be paid.</p>	1 Resource Coordinator

Office: Office of Aging and Disability Services – Aging Services Unit			
Please name the individual MEFs below and include the corresponding Division/Section within the Office that is responsible for the MEF and the number of staff needed to complete the MEF. Staff may complete more than one MEF, therefore actual staffing numbers required may be less than outlined below.			
Priority Order	Division/Section	Mission Essential Functions & Statement	# Staff need to complete MEF
MEF #1	DHHS - OADS -Aging Services	<p>Aging Services Manager: responsible for oversight of Aging Services programs; responsible for policy guidance on several services performed by AAAs, LSE, and LTCOP as new information becomes available from the federal government.</p>	1 Aging Services Manager
MEF #2	DHHS - OADS -Aging Services	<p>Contracts & Budgets; SHIP budgets start on 04/01 and there are a series of amendments to AAA contracts to shift funding from T III C1 to T III C2, especially in light of COVID-19.</p>	1SHIP/SMP/MIPPA State Director
MEF #3	DHHS - OADS -Aging Services	<p>Scam prevention; The SHIP Director at OADS is responsible for sharing alerts and information developed by ACL regarding scams. ACL does not share this information directly with AAAs.</p>	

MEF #4	DHHS - OADS -Aging Services	State Plan on Aging is required to be submitted by 07/01/20 to ACL or we will not receive continued funding as of 10/01/20.	1 Healthy Aging Manager
MEF #5	DHHS - OADS -Aging Services	Ensure cash flow to all contracted agencies (AAA's, LSE, Muskie, RSVP providers and other services requiring automatic payment based on FY budget.) Continued payment for services delivered by the AAAs and LSE will need to occur to prevent disruption to service delivery. Current practice is to approve all invoices prior to sending to DCM for payment.	

Office:	Office of Aging and Disability Services - Developmental Disability and Brain Injury (DDBI) Services		
Please name the individual MEFs below and include the corresponding Division/Section within the Office that is responsible for the MEF and the number of staff needed to complete the MEF. Staff may complete more than one MEF, therefor actual staffing numbers required may be less than outlined below.			
Priority Order	Division/Section	Mission Essential Functions & Statement	# Staff need to complete MEF
MEF #1	DHHS – OADS – DDBI	Associate Director of Developmental Disability and Brain Injury Services: responsible for oversight of all DDBI services	1 Associate Director
MEF #2	DHHS – OADS – DDBI	Developmental Disability and Brain Injury Central Office Management - responsible for oversight of all central operations both programmatic and financial for DDBI services	8 Waiver Administrator, CCM Program Manager, Crisis Team Program Administrator, Resource Coordinator Manager, Clinical Review Team Supervisor, Employment Manager, QA Manager, CO Crisis Team Case Manager

MEF #3	DHHS – OADS – DDBI	Crisis Team – A team specializing in the provision of assistance to individuals, families, guardians, and providers to maximize individuals' opportunities to remain in their homes and local communities during and after crisis incidents. These services include: Crisis Residential, whereby OADS operates four homes throughout the State for people in crisis who are need of housing promptly; and Mobile Onsite Response, whereby OADS provides support, assessment, and education to people and families dealing with crisis situations.	4 Crisis Team Leaders 9 Crisis Team Case Managers 47 Crisis Team Mental Health Workers
MEF #4	DHHS – OADS – DDBI	Waiver Program Operations A team managing the process for bringing eligible members onto MaineCare Waiver programs for comprehensive or support services relating to developmental disabilities (Sections 21 and 29).	3 Waiver Program Specialists
MEF #5	DHHS – OADS – DDBI	Resource Development - A team focused on the review and approval/denial of waiver services for members of Section 21 and Section 29, and who address development of provider resources in underserved areas of the State.	7 Resource Coordinators statewide
MEF #6	DHHS – OADS – DDBI	Clinical Review Team - A team that review services for the Section 21 and Section 29 waiver programs, in an effort to determine the appropriate level of service for each individual member being served.	5 CRT staff
MEF #7	DHHS – OADS – DDBI	Case Management Liaison Team - A team that reviews provider agencies and provides ongoing support to community staff in understanding DHHS/OADS policies and procedures for their caseload of adults with intellectual disabilities or autism.	8 Community Case Manger Liaisons statewide
MEF #8	DHHS – OADS – DDBI	Brain Injury Services - A team administering long term supports and services that address the complex medical and mental health needs of adults in Maine. This team is responsible for planning, developing, managing and providing services to promote independence, safety, and well-being for adults with brain injury and other related conditions.	1 ORC Care monitor 1 - Constituent Services
MEF #9	DHHS – OADS – DDBI	Quality Assurance Staff – Staff dedicated to following up with agencies on level 2 and 3 reportable events	4 QA Supervisors and 9 - caseworkers

Office:	Office of Aging and Disability Services – Central Operations		
Please name the individual MEFs below and include the corresponding Division/Section within the Office that is responsible for the MEF and the number of staff needed to complete the MEF. Staff may complete more than one MEF, therefor actual staffing numbers required may be less than outlined below.			
Priority Order	Division/Section	Mission Essential Functions & Statement	# Staff need to complete MEF
MEF #1	DHHS – OADS - Central Operations/Business Services	Associate Director of Central Operations: overseeing all contract management, payment processing, information services, data and compliance, and policy development needs	1 Associate Director
MEF #2	DHHS – OADS - Central Operations/Business Services	Contract management; invoice processing; business operations management	1 Business Services Manager; 1 Community Resource Specialist; 1 Business Specialist
MEF #3	DHHS – OADS - Central Operations/Information Services	Support for client data systems (EIS, MAPSIS, MeCare and Evergreen)	1 Information Services Manager; 1 Business Systems Administrator
MEF #4	DHHS – OADS - Central Operations/Data & Compliance	Support for data collection and analysis	1 Data & Compliance Manager; 1 Business Data Analytics Specialist
MEF #5	DHHS – OADS - Central Operations/Policy & Program Development	Responsible for new policy development; supervision of Public Allies program resources	1 Policy and Program Development Manager
MEF #6	DHHS – OADS - Central Operations/Information Services	Reportable Events (critical incidents) involving individuals with intellectual disability or autism	1 Data Information Manager; 4 IDS staff; 1 Data & Compliance Specialist

MEF #7	DHHS – OADS - Central Operations/Hearings	Representation of OADS at all client-specific administrative hearings, allowing for due process	1 Hearings Representative
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Office of Behavioral Health (OBH) - MEFs

Mission Essential Functions (MEFs) are the limited set of department and agency level government functions that must be continued throughout, or resumed rapidly after, a disruption of normal operations. MEFs are functions that cannot be deferred during an emergency or disaster.

Office: Office of Behavioral Health

Please name the individual MEFs below and include the corresponding Division/Section within the Office that is responsible for the MEF and the number of staff needed to complete the MEF. Staff may complete more than one MEF, therefore actual staffing numbers required may be less than outlined below.

Priority Order	Division/Section	Mission Essential Functions & Statement	# Staff need to complete MEF
MEF #1	SUD – Opioid Treatment Programs & Methadone Clinics	State Opioid Treatment Authority (SOTA) approval is required for granting exceptions for take-home doses outside standard protocols, waiving in person attendance and other requirements, and facility closings for programs providing methadone MAT	1 SOTA; 3 backups designated, may be needed w/volume of requests
MEF #2	SUD – Detox programs	Coordination of communication with Detox facilities and potentially relocating patients if closure. As of 3/16/20 Milestone (only medical detox) closed to new admissions, anticipating having staffing available to finish out detox of current 9 patients; will then transition space to use for isolation/separation of residents from their homeless shelter in same facility	1 to triage; unclear # if patients need to be relocated
MEF #3	SUD – Residential	Coordination of communication and potentially assisting relocating patients if closure	1 to triage; unclear # if patients need to be relocated
MEF #4	MH- ICMS	Intensive Case Management to Incarcerated Individuals 16 State employees in County Jails, IMHU (Intensive Mental Health Unit in Prison), one Augusta Police Department ride along position; provide de-escalation and problem solving, assist with discharge planning; sign as Commissioner’s Designee on White papers; assisting clients re-entering from jails and prisons. Awaiting guidance from each jail and DOC on	16 ICMS + 4 managers who supervise and deploy

		whether entry allowed. Volume may increase due to jails/DOC considering releasing inmates when possible.	
MEF #5	MH – PNMI	Nurses are responsible for reviewing and following up on critical incident reports, utilization review and providing recommendations for next level of care, reviewing ER/ blue paper holds, and review hard to place individuals in order to provide recommendations. Gatekeepers are responsible for reviewing referrals for the PNMI services, coordinate services/ discharges/ admissions, authorize services, review and approve termination of services. All admissions and discharges from a PNMI must go through the OBH PNMI team, per rule. Manager is responsible for reviewing all PNMI requests, and delegating and monitoring all tasks.	1 Manager, 2 Field Nurses, 3 Gatekeepers
MEF #6	Forensic Service	State Forensics Service State Forensic Service (SFS) is responsible for the coordination and completion of court ordered forensic mental health evaluations. Specific functions include processing and interpreting court orders, scheduling evaluations, technical assistance with telehealth, processing reports, transitioning to digital files, coordination with examiners and stakeholders, consultation with stakeholders, and conducting examinations.	4
MEF #7	DEEP	Depending on length of potential closures/shut down; making plans to scale up classes once social distancing recommendations lifted; staff assess for need for treatment, coordinate classes, determine if requirements have been fulfilled in order to get license back; barriers to work from home – paper based system and true “call center” set up not part of OBH VOIP; may need to suspend if State Offices close	6
MEF #8	MH & SUD Programs	Communication w/providers, de-escalate panic, discourage closure of services when appropriate/when service is essential, encourage continued service via telehealth/telephonic	

MEF #9	Admin & Program	Level 1 Critical Incident Reporting	2 Admin – triage to program heads
MEF #10	SUD	Insuring ongoing access to Naloxone through distribution network	2
MEF #11	Contracts	Insuring payments to providers processed & facilitating emergency COVID contracts	1 manager; 6 staff

Office of Child and Family Services (OCFS) - MEFs

Office:	Office of Child and Family Services		
Mission Essential Functions (MEFs) are the limited set of department and agency level government functions that must be continued throughout, or resumed rapidly after, a disruption of normal operations. MEFs are functions that cannot be deferred during an emergency or disaster.			
Priority Order	Division/Section	Mission Essential Functions & Statement	# Staff need to complete MEF
MEF #1	Child Welfare / Child Protective Intake	Ensuring reports of CAN are received and assigned.	10 Intake Caseworkers, 2- Intake Supervisors
MEF #2	Child Welfare / Assessment	Responding to reports of CAN. Includes assessing child(ren)'s safety and managing threats of harm. If child(ren) are not safe at home an alternative plan must be developed and/or court action initiated.	All districts; 76 Caseworker, 16 Caseworker Supervisors
MEF #3	Child Welfare /	Ensuring safety of children in state custody. Assessment of child safety as needed for children in DHHS custody or care. Determining that child(ren)'s and caregiver safety needs are met.	All districts; 76 Caseworker, 16 Caseworker Supervisors
MEF #4	Child Welfare /	Prompt family contact to share information on child/family situation related to the disaster.	All districts; 76 Caseworker, 16 Caseworker Supervisors
MEF #5	Child Welfare / ICPC	ICPC disaster related functions, i.e. coordination and information sharing when children and families cross state lines	3 ICPC Personnel

MEF #6	Child Welfare / AAG	Court Hearings unless otherwise determined by the court.	TBD
MEF #7	Child Care / CCSP/CLIS	Determination of initial and pending eligibility requests for Child Care Subsidy Program	4 Financial Resource Specialist, 1 Supervisor
MEF #8	Child Care / CCSP/CLIS/BCU	Continue to process family child care providers	4 Financial Resource Specialist, 1 Supervisor
MEF #9	Out of Home Investigation, Child Care, Children's Residential	Receive, review, triage, and assign IAU reports documented by essential Child Protective Intake	MA-II; CLIS Manager
MEF #10	Out of Home Investigation	Respond to high risk allegations of child abuse/neglect in out of home settings	CLIS Manager; 2 OOH Investigators
MEF #11	Child Care Licensing	Respond to licensing complaints with alleged critical violations (health and safety)	2 Child Care Licensing Supervisors
MEF #12	Children's Residential Licensing	Respond to licensing complaints with alleged critical violations (health and safety)	2 Child Care Licensing Supervisors 2 Child Care Licensing Specialists
MEF #13	Child Care Licensing	Enforcement -Administrative or Emergency Suspension (imminent danger/jeopardy)	CLIS Manager 2 Children's Residential Licensing Specialists
MEF #14	Children's Residential Licensing	Enforcement-Administrative or Emergency Suspension (imminent danger/jeopardy)	MA-II; CLIS Manager 2 Child Care Licensing Supervisors
MEF #15	Out of Home Investigation, Child Care, Children's Residential	Safety plan required to mitigate risk	MA-II; CLIS Manager
MEF #16	Child Care	Emergency inspection, request to operate child care family and facility. High level - Background checks and walk through of physical plant	MA-II; CLIS Manager

			2 Child Care Licensing Supervisors
MEF #17	Child Care	Routine monitoring of high-risk providers and providers operating on a conditional license	2 Child Care Licensing Supervisors 2 Child Care Licensing Specialists
MEF #18	Out of Home Investigation, Child Care, Children's Residential Care, Children's Residential	Response to emergency phone calls and emails	MA-II; CLILS Manager 2 Child Care Licensing Supervisors

Office for Family Independence (OFI) - MEFs

Mission Essential Functions (MEFs) are the limited set of department and agency level government functions that must be continued throughout, or resumed rapidly after, a disruption of normal operations. MEFs are functions that cannot be deferred during an emergency or disaster.			
Office:	Office for Family Independence		
	<p>NOTES:</p> <ol style="list-style-type: none"> 1. All staffing estimates are approximated and assume normal levels of demand for the function. The nature and duration of the emergency giving rise to a disruption may increase or decrease the number of staff necessary to adequately perform any given MEF. 2. The longer the disruption, the more certain functions become mission essential. Specifically, OFI clients would be minimally impacted if the Office could not make regular eligibility determinations for a short period of days; but beyond that the risk of denying people services/benefits increases significantly. 3. Lean oversight and management of the functions below would be performed by senior management, regional program administrators, and central-office program managers, all of whom have remote access. Including lower-level management would be important to maintaining the effectiveness of the functions in a sustained disruption. 		
Please name the individual MEFs below and include the corresponding Division/Section within the Office that is responsible for the MEF and the number of staff needed to complete the MEF. Staff may complete more than one MEF, therefor actual staffing numbers required may be less than outlined below.			
Priority Order	Division/Section	Mission Essential Functions & Statement	# Staff need to complete MEF

MEF #1	Eligibility	Scanning/Indexing – Most eligibility work hits our system with a necessary first touch by the Farmington Scan team. This includes paper applications/recertifications/updates, as well as faxes and emails.	10, on site in Farmington
MEF #2	Eligibility	Expedited Food Supplement Benefit – expedited eligibility determination and issuance of food benefit for destitute applicants.	10-15, statewide
MEF #3	Eligibility	Emergency Assistance -- provides benefits to families with children in specified emergency situations when the family is threatened by destitution or homelessness. These situations include fire, other natural disasters, termination of utility service, evictions or lack of adequate shelter.	3-5, statewide
MEF #4	DSER/DFAS/OIT	Processing child support payments. All child support payments must be receipted and disbursed in 2 business days	8 on-site, Augusta Central Office
MEF #4	Eligibility	Eligibility Determination/Benefit Issuance – for MaineCare (including LTC and waivers), Food Supplement (<u>including DSNAP, as applicable</u>), and TANF.	275, statewide (estimate assumes a sustained duration of plan activation, rather than a few days)
MEF #5	Eligibility	OFI Bus. Tech. Helpdesk – lean helpdesk staff to perform data fixes and otherwise monitor for/trouble-shoot problems with systems.	2, Central Office
MEF #6	Eligibility	Support Service Payments – Payments to support travel, childcare, or other work-related expenses for current or former TANF recipients who are working.	8, in Augusta regional office

Office of MaineCare Services (OMS) - MEFs

Mission Essential Functions (MEFs) are the limited set of department and agency level government functions that must be continued throughout, or resumed rapidly after, a disruption of normal operations. MEFs are functions that cannot be deferred during an emergency or disaster.	
Office:	Office of MaineCare Services

Please name the individual MEFs below and include the corresponding Division/Section within the Office that is responsible for the MEF and the number of staff needed to complete the MEF. Staff may complete more than one MEF, therefore actual staffing numbers required may be less than outlined below.

Priority Order	Division/Section	Mission Essential Functions & Statement	# Staff need to complete MEF
MEF #1	Admin	General oversight and administration of the MaineCare Program Remote work ability: Mixed 2 have capability, 1 TBD	3
MEF #2	Admin - Communications	Drafts communications and relays information to MaineCare members and providers, including updates of changes to policies Remote work ability: Yes	1-2
MEF #3	Operations -Non-Emergency Medical Transportation	This unit oversees and coordinates the non-emergency transportation of MaineCare members to their medical appointments Remote work ability: Mixed. Two have ability, one is pending.	3
MEF #4	Pharmacy	The pharmacy help desk responds to telephonic call from members and provides members with assistance in obtaining their prescribed medications. The Pharmacy unit also is responsible for adding new drugs or otherwise changing the pharmacy benefit. Remote work ability: Only supervisors have ability to work from home	?
MEF #5	Prior Authorization	PA reviews request for medical services and either authorizes or denies the request based upon medical criteria and policy Remote work ability: Mixed. Only two staff currently have remote access.	6-7
MEF #6	MMIS Operations	The MMIS OPS unit ensure that the MaineCare claims system is functioning in alignment with business and compliance requirements. This includes current functionality and planned upgrades or enhancements. Remote work ability: Mixed. The only staff who do not have remote work ability is the User Acceptance Testing team, who are contract employees.	8

MEF #7	Compliance - Provider Enrollment	Oversees and manages the provider enrollment process, including updates to current providers – such as adding new service locations or a new rendering provider Remote work ability: Mixed. One can work remotely, one has remote access pending, the third does not have ability	3
MEF #8	Provider Relations	Serves as the primary point of contact for providers for policy and billing questions. Remote work ability: Yes.	4
MEF #9	Policy	Provides expertise regarding potential policy changes and implications. Drafts changes to MaineCare rules, prepares state plan amendments, drafts changes to waiver applications. Remote work ability: All	6
MEF #10	Care Coordination - CCU	Provides assistance in placing high-needs individuals with appropriate providers, including persons stuck in an Emergency Department Remote work ability: No	5
MEF #11	Data Analytics – Rate Setting	Establishes reimbursement rates for various providers Remote work ability: Yes	3
MEF #12	Data Analytics - Analytics	Provides analytic/data support for department initiatives and reporting to federal agencies Remote work ability: Yes	1
MEF #13	Contracts	Manages contracts with vendors and drafts contract amendments as needed Remote work ability: Yes	1
MEF #14	Value Based Purchasing	Interface with vendors (DXC, KEPRO) and the DHHS service center to approve changes to authorizations, member attribution, provider enrollment issues, and provider payment issues.	4

Riverview Psychiatric Center (RPC) - MEFs

Mission Essential Functions (MEFs) are the limited set of department and agency level government functions that must be continued throughout, or resumed rapidly after, a disruption of normal operations. MEFs are functions that cannot be deferred during an emergency or disaster.

Office:	Riverview Psychiatric Center		
Please name the individual MEFs below and include the corresponding Division/Section within the Office that is responsible for the MEF and the number of staff needed to complete the MEF. Staff may complete more than one MEF, therefor actual staffing numbers required may be less than outlined below.			
Priority Order	Division/Section	Mission Essential Functions & Statement	# Staff need to complete MEF
MEF #1	Administration	Initiate Hospital Incident Command – utilize HICS as a structure to management COVID pandemic. Initiate hospital Pandemic Plan.	15
MEF #2	Administration, Infection Control, Emergency Preparedness	Communication – Provide accurate, timely communications to staff. Mechanism is dependent upon the phase of the outbreak and its impact on the hospital, the community and other healthcare facilities	5
MEF #3	Infection Control and Nursing Administration	Education – provide staff with information that will aid in recognizing and identifying COVID 19 and provide direct care staff with information to identify potential signs and symptoms. Provide education to staff on how to prevent infections as per CDC guidelines. Place posters on units and in departments.	4
MEF #4	Infection Control and Nursing Administration	Track employee absenteeism due to illness and implement Management of Infectious Outbreaks procedure	2
MEF #5	Administration, Infection Control, Emergency Management	Participate in CDC conference calls, review federal CDC website daily, and disseminate new guidelines	12
MEF #6	Infection Control, Nursing Leadership	Infection Control on nursing units – cohort infected patients, ensure that PPE is available, educate staff re: donning/doffing of PPE. Create clean PPE area in Treatment Mall Library and Decontamination zones/Clean zones in individual unit Sally Ports.	7
MEF #7	Nursing	FIT test all staff who will be in direct contact with COVID patients	7
MEF #8	Nursing	Screen staff daily prior to start of shift for symptoms and fever. Assessment of staff to see if they need to be masked or sent home.	12

MEF #9	Clinical Director, Superintendent, Deputy Superintendent, Admissions	Develop screening process for new admissions. Work with referral sources to ensure that any admission is pre-screened.	5
MEF #10	Administration, Security and Operations	Restrict visitors and vendors. Visitors limited to Guardians, Attorneys and Clergy per Rights of Recipients. Screen all visitors and Vendors at main entrance and loading dock for fever and symptoms. All visitors in Sebago Room or Rangeley room no access beyond inner lobby.	10
MEF #11	Administration and Medical Records	Manage civil court and ITV process, screen all participants at door 3 for access only to the Rangeley Room. Only RPC patients until further notice Togus and Maine General Offsite	
MEF #12	Administration and Staffing	Identify essential personnel who are needed to work on site at RPC.	6
MEF #13	Administration and Hospital Leadership	Develop work-at-home protocols for staff who are able to continue to do work at home. Identify tasks that can be deferred or delayed for the period of the pandemic	
MEF #14	Superintendent, Deputy Superintendent and Clinical Director	Communicate regularly with DDPC regarding census, admissions, staffing and acuity. Share resources as appropriate.	2
MEF #15	Superintendent	Submit 1135 waiver to CMS if needed.	1
MEF #16	Director of Facilities	Consumable and durable supplies – keep close inventory of supplies and place orders to keep enough supplies available. Rotate stock.	5
MEF #17	Director of Facilities	Ensure the facility is cleaned and maintained to negate the spread of Covid-19 and all other contagions	20
MEF #18	Pharmacy, Clinical Director, Medical Director	Medications – coordinate with pharmacy and pharmaceutical providers to keep an adequate supply of medications in stock	5
MEF #19	Administration Nursing, Social Work, Therapeutic	Continue to provide active treatment to all patients. Continue to provide active discharge planning and post-acute stay supports. This	All staff

	Recreation Services, Psychology	includes documentation of care in the medical record and Meditech	
MEF #20	Superintendent, Deputy Superintendent, Clinical Director,	Coordinate with State Forensic Service, DOC, jails regarding ability to admit non-civil patients.	2
MEF #21	Medical Director, Clinical Director, Nursing	Provide medical care for COVID infected patients, and transfer patients to acute hospitals when DDPC is not able to meet the medical needs of the patients.	2 + all nursing staff
MEF #22	Director of Nursing, Director of Facilities, Clinical Director, Superintendent	Deceased patients – assess current capacity for refrigeration of remains, communicate with Augusta Public Health, CDC and medical examiners to establish a system of storing remains – identify temporary morgue sites.	4
MEF#23	Clinical Director, Superintendent, Director of Dental Clinic	Close RPC Dental Clinic to all external patients, treat only emergency and essential internal patients as needed	3
MEF#24	Deputy Superintendent, OPS Director	Close RPC Outpatient Services Clinic to patients and conduct telemedicine on site, restrict staff from community visits and utilize telephonic procedures with Meditech documentation to maintain patient care.	17

DHHS Service Center - MEFs

Office:	DHHS Service Center – Financial and Human Resources DAFS Staffing		
Please name the individual MEFs below and include the corresponding Division/Section within the Office that is responsible for the MEF and the number of staff needed to complete the MEF. Staff may complete more than one MEF, therefor actual staffing numbers required may be less than outlined below.			
Priority Order	Division/Section	Mission Essential Functions & Statement	# Staff need to complete MEF
MEF FSS #1	Financial Service Center/ Accounts Payable	Child Support Processing – receive mail, scan money into Rapid, perform EOD, CRs, etc. Function is required at 109 Capitol Street	8

MEF FSS #2	Financial Service Center/ Accounts Payable	HETL Deposits, CRs	2-4
MEF FSS #3	Financial Service Center/ Accounts Payable	Housing Verifications for Assistance	2
MEF FSS #4	Financial Service Center/ Accounts Payable	OCFS-Review and approve MACWIS payments (BIE)	5
MEF FSS #5	Financial Service Center/ Accounts Payable	OADS-Receive check requests and budget, process these payments to OADS clients, receive their checks and deposit the money	6
MEF FSS #6	Financial Service Center/ Accounts Payable	Process invoices for payment – electronic and paper	13
MEF FSS #7	Financial Service Center/ Recovery Division	Deposit collections	4
MEF FSS #8	Financial Service Center/ Recovery Division	DDPC & RPC Medial billing of claims	2
MEF FSS #9	Financial Service Center/ Recovery Division	Processing MaineCare payables for facilities	1
MEF FSS #10	Financial Service Center/ MaineCare	Process cycle payments for MaineCare	4
MEF FSS #11	Financial Service Center/ Grant Accounting	Federal Draws for grant funds	3
MEF FSS #12	Financial Service Center/ Grant Accounting	Process interface payments for OCFS child welfare (CHW & MBL), OFI benefit payments (TNG, ASP, NWG & SSI), DSER Child Support (CSE)	1
MEF FSS #13	Financial Service Center/ Grant Accounting	OCFS Children’s Account Deposits	1
MEF FSS #14	Financial Service Center/ Grant Accounting & MaineCare	Grant Management, grant accounting (including journals, cash and allotment monitoring, reporting	21 & 4

MEF FSS #15	Financial Service Center/ Grant Accounting	Cost allocation processing	3
MEF FSS #16	Financial Service Center/ Budget Unit	Financial Orders and Budget Orders	3
MEF HR #1	Payroll techs	Processing Payroll	7
MEF HR #2	Payroll techs	Entering New Hires, Terminations, and Leaves	7
MEF HR #3	WC Designees	Processing WC claims & lost wages	3
MEF HE #4	HR managers & HR generalist	Approving leave	7
MEF HR #5	HR managers	Answering questions from supervisors	7



What you need to know about coronavirus disease 2019 (COVID-19)

What is coronavirus disease 2019 (COVID-19)?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

Can people in the U.S. get COVID-19?

Yes. COVID-19 is spreading from person to person in parts of the United States. Risk of infection with COVID-19 is higher for people who are close contacts of someone known to have COVID-19, for example healthcare workers, or household members. Other people at higher risk for infection are those who live in or have recently been in an area with ongoing spread of COVID-19. Learn more about places with ongoing spread at <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html#geographic>.

Have there been cases of COVID-19 in the U.S.?

Yes. The first case of COVID-19 in the United States was reported on January 21, 2020. The current count of cases of COVID-19 in the United States is available on CDC's webpage at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>.

How does COVID-19 spread?

The virus that causes COVID-19 probably emerged from an animal source, but is now spreading from person to person. The virus is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. Learn what is known about the spread of newly emerged coronaviruses at <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html>.

What are the symptoms of COVID-19?

Patients with COVID-19 have had mild to severe respiratory illness with symptoms of

- fever
- cough
- shortness of breath

What are severe complications from this virus?

Some patients have pneumonia in both lungs, multi-organ failure and in some cases death.

How can I help protect myself?

People can help protect themselves from respiratory illness with everyday preventive actions.

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

If you are sick, to keep from spreading respiratory illness to others, you should

- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

What should I do if I recently traveled from an area with ongoing spread of COVID-19?

If you have traveled from an affected area, there may be restrictions on your movements for up to 2 weeks. If you develop symptoms during that period (fever, cough, trouble breathing), seek medical advice. Call the office of your health care provider before you go, and tell them about your travel and your symptoms. They will give you instructions on how to get care without exposing other people to your illness. While sick, avoid contact with people, don't go out and delay any travel to reduce the possibility of spreading illness to others.

Is there a vaccine?

There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to take everyday preventive actions, like avoiding close contact with people who are sick and washing your hands often.

Is there a treatment?

There is no specific antiviral treatment for COVID-19. People with COVID-19 can seek medical care to help relieve symptoms.



This plan focuses solely on the operations that Maine DHHS must carry-out before, during, and after an emergency or disaster.

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