

# **DHHS-OADS COVID-19 Event Form**

All reports must be filed within 24 hours from  
notification of event

**Date of Notification:**

\_\_\_\_\_

\_\_\_\_\_  
**Filer Name (staff person submitting report)**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Email**

\_\_\_\_\_  
**What is the client's first name?**

\_\_\_\_\_  
**What is the client's last name?**

\_\_\_\_\_  
**Enter the client's town of residence**

\_\_\_\_\_  
**What is the client's Social Security Number AND MaineCare ID?**

\_\_\_\_\_  
**Program Type: (Check all that apply)**

- Homeward Bound
- Home Based Care Section 63
- HCBS Elder and Disabled Adults Waiver Section 19
- HCBS ORC Waiver Section 20
- Private Duty Nursing Section 96
- Consumer Directed Attended Services Section 12
- Consumer Directed Assistance Program- Chapter 11
- Independent Support Services- Section 69
- Adult Day Programs- Section 61
- OADS Assisted Housing- State Funded ALF/IHSP

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**1. Member or or direct care workers has been tested for COVID-19**

- Member has tested positive
- Members has tested negative
- Members results are unknown
- Provider has tested positive
- Provider has tested negative
- Provider results are unknown

**Provider Agency & Worker Name:**

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**1a. Current Treatment of Member**

- Member Self Isolating at Home
- Member Hospitalized

**1b. Have services been placed on hold**

- Member placed services on hold
- Provider placed services on hold
- Services are **NOT** on hold

**1c. Member lacks critical support impacting the individuals health and safety due to COVID-19 related staff shortage**

- Yes
- No

**1d. Other COVID-19 Event (including Death)**

**2. Action Steps (select all that apply)**

- Additional Follow Up with Individual
- Additional Following Up with Provider
- Doctor Contacted
- Other Advocate
- Referred to APS
- Referred to OADS-LTC
- Referred to OADS-DS
- Mental Health
- Referred to Crisis Intervention
- Referred to Emergency Services
- Ambulance/Rescue/Paramedics
- Other Emergency Service Involved
- Referred to Internal Supervisor
- Referred to Internal Management
- Self-terminated
- Staffing Search
- Referred to CDC
- Other (please specify in notes)