

Abuse, Neglect or Exploitation **MUST** be reported to Adult Protective Services (APS) immediately. **APS Intake: 1-800-624-8404.**

Reportable Event Form Directions

This form will be used by all LTSS OADS contracted providers (SCAs, FIs, ASA, ISS provider) to report events. (This form is separate from and does not replace the quarterly HBC event reporting form submitted by SCAs.)

Date of Notification: This is the date that the Filer was made aware of the event.

Event Start Date: This is the date that the Event started. If not known, write Unknown.

Event End Date: This is the date that the Event ended. If it has not ended, then write Ongoing.

Filer Name: This is the staff person completing the Event Form.

Phone Number and Email: This is the phone number and email of the person who is completing the Event Form (Filer).

Personal Information

What is the Client's First Name: Enter Client's legal first name.

What is the Client's Last Name: Enter the Client's legal last name.

Enter the Client's Town of Residence: Enter the town in which the client lives.

What is the Client's Social Security Number and MaineCare ID: Enter number that is on Client's Social Security card and MaineCare ID (if member has a MaineCare ID number).

Program Type: Check all Program Types that the Client is currently receiving. Specify whether Client Self Directs.

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Event Information

Reporter's Name, Phone number and Email: Name and contact information of person reporting the Event. If the Reporter wishes to remain anonymous, please indicate "anonymous" in the space provided for the Reporter's name. Include an email address when appropriate.

Reporter Title: If applicable.

Reporter ID: Check the box that most closely demonstrates the relationship of the Individual to the Client.

Reporter Role: Check the box on how the Reporter was initially involved in and/or informed of the Event.

Method of Reporting: Check the box on how the Filer was made aware of the Event from the Reporter.

Location of the Event: Check the box that identifies where the Event took place.

Was Worker(s) involved in the Event: Specify Yes/No if a Worker was involved in the Event. Worker involved may **include a Worker supervising staff who are providing services to the Client at the time of the Event**, a Worker who witnesses the Event, or a Worker who was directly involved in harming or endangering the Individual who is the subject of the Event.

Agency Name and Staff Name(s): If there were Workers present during the Event, list their first and last name, agency they are associated with if there is one, and the type of service that they were providing at the time of the Event.

Worker Type: If applicable. Check "Direct Service" if, at the time of the Event, the involved Worker was providing direct services to the Individual who is the subject of the Event. Check "Management/Supervisor" if, at the time of the Event, the involved Worker was managing or supervising Workers who were serving the

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Individual who is subject to the Event. If neither of these options apply, check "Other".

Role: This section is to be used if the Worker was involved in the Event.

Was there another person(s)involved in the Event: Mark the box to identify if there were others involved in the Event.

Names(s): If there were others involved, list complete names, and the relationship to the Client or Worker.

Role: If there was another Individual involved in the Event, check the box that identifies their role.

Client's Family Notified: Check the appropriate box as to whether Family were notified or not.

Guardian Notified: Check the appropriate box as to whether the Guardian was notified or not. If no Guardian, check "No Guardian".

If "yes" who notified the Guardian: If Guardian was notified, give complete name and relationship to the client. (examples: Worker: Family member, Client, Filer)

Guardian's Name, phone number, and address: List Guardian's Full name, phone number including area code, and address. If no Guardian, write "n/a".

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Event Type Definitions

Event Type: Check the **one** box that best applies. Below are the definitions to help determine Event Type.

1. **Death-** Includes, but is not limited to, an unexpected death not attributed to a current medical diagnosis or chronic condition, or age. Event Form must be submitted within 24 hours of notification. (Transmittals are separate and will continue to be sent for all deaths.)
2. **Suicidal Acts or Attempts:** Client intentionally did something with the intent to end his or her life. Serious suicidal acts, or attempts. Event Form must be submitted within 24 hours of notification and APS referral made. **Suicidal Threats:** Indicates both a present intention and a plan to end his or her life. Serious suicidal threats. Event Form must be submitted within 24 hours of notification and APS referral made.
3. **Abuse:** Includes actions which result in bodily harm, pain or mental distress to the consumer. Examples that are not inclusive are pushing, hitting, shaking, pulling hair, giving the wrong medication or too much medicine on purpose, tying to a bed or chair, or locking in a room, denying visits with friends or family, name calling, harassment and verbal threats. Event Form must be submitted within 24 hours of notification and APS referral made immediately.
4. **Sexual Abuse or Exploitation:** Contact or interaction of a sexual nature, including exposure to pornographic materials, involving a consumer who either does not have the capacity to consent; or if capable of consent, did not consent. Sexual interactions between **Individual receiving the service and a paid provider agency of service**, whether consensual or not, constitutes sexual abuse. Event Form must be submitted within 24 hours of notification and APS referral made immediately.

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5. Neglect*: A failure to provide care and services when a consumer is unable to care for himself or herself. Neglect may be at the hands of someone else, or it may be self-neglect. Neglect includes failure to provide: adequate shelter, clothes, food, personal care, medical attention or necessary medication, and necessities such as glasses, dentures, hearing aids, and walkers. Event Form must be submitted within 24 hours of notification and APS referral made immediately.

* If a consumer has no electricity because their POA did not pay their bills, this is neglect and would be reported to APS as well. If a consumer has no money to pay the electric bill because they have limited funds, this is a potential health and welfare concern, but not neglect. Further training may be viewed here:

<https://www.maine.gov/dhhs/oads/aps-guardianship/documents/APS-Mandated-Reporter-Training-2142019.pptx>

6. Exploitation: The illegal or improper use of a consumer's money or property for another person's profit or advantage. Examples that are not inclusive are forcing an adult to change a will or sign over control of assets, forcing an adult to sell or give away property or possessions, keeping the adult's pension or social security check, using a person to do work for you without paying a fair wage, manipulating an aggressive Individual into hurting someone, or offering to give a person who cannot understand the value of money. Event Form must be submitted within 24 hours of notification and APS referral made immediately.

7. Medical Treatment Beyond First Aid: An event that required medical assistance.

8. Medication Error: Not taking medication the way that it is prescribed that leads to a health or safety concern of a serious and immediate nature.

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- 9. Lost or Missing Individual:** A “lost person” means lost in the woods, requiring immediate notification of the game warden service, while a “missing” person means missing from the home or program, but not requiring a woods search.
- 10. Physical Plant Disaster:** Fire, natural disaster, or other event causing displacement due to the condition of the Physical Plant.
- 11. Law Enforcement Intervention:** An Individual receiving services is charged with a crime or is the subject of a police investigation, or is a victim of a crime and law enforcement has been contacted regarding the crime, or law enforcement personnel have been contacted as a result of a planned strategy or unplanned crisis situation.
- 12. Physical Assault or Altercation:** A situation where a client is either being physically assaulted by another Individual receiving services or initiates a physical altercation.
- 13. Use of Emergency Restraint:** A physical or chemical restraint that is not part of an approved Behavior Management Plan pursuant to [14-197 C.M.R. Ch. 5](#). Behavior Management Plans are only for Individuals with an intellectual disability or autism.
- 14. Rights Violation described in [34-B M.R.S. 5605](#):** An action or inaction that deprives an individual receiving services with an intellectual disability or autism of any rights or basic protections.
- 15. Dangerous Situation:** An event that poses an imminent risk of harm to self or others that is not included in this form.
- 16. Theft or Damage to Property:** Deliberate misplacement or wrongful temporary or permanent use of individuals belongings or money without the individual’s consent. Also includes missing medications.

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Custom Fields

The purpose of the Custom Fields section is to collect additional information on the event. Please complete the Custom Fields associated with the Event Type(s) selected. For example, if the Event was categorized as Neglect, complete only 5a-5d on the form. Once the appropriate fields have been completed for each event type selected, proceed to the follow up Section.

Next Steps/Follow Up

Systems Change: All incidents should be reviewed to determine whether the Event may require additional system-level follow up. Please review any suggested systems changes internally with a supervisor prior to submission. Check all that apply.

Event Closed: Most event forms will not be closed at initial submission and “No” will be checked. Once all action steps and follow up have been completed and necessary referrals have been made, the event form is resubmitted as closed. Use the checkbox to indicate the Event has been closed, changing from “No” to “Yes”. Provide the Event closure date and the name of the staff person determining that the event is closed.

Reason for Closure/Resolution: Use the Closure/Resolution text box to communicate the rationale for closing the event at this time. Reasons for closure may include one or more of the following: APS is investigating, client’s Plan of Care was increased/staff hours added, guardianship granted, client terminated from program, etc.

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Action Steps: Check all Action Steps that apply to address the Event.

The action step “Mandated Referral to APS” is to be used for all events related to abuse, neglect or exploitation.

“Referred to APS” is a general catch-all for any other referrals, including concerns regarding competency and guardianship needs.

Notes

Notes: Narrative should be specific to event reported. Pertinent information, and action steps taken or planned should be in the note. APS referral should be noted in narrative if made. Ensure full names and relationships are noted.

Naming Conventions

Initial: (First initial)(Last initial)_mm.dd.yyyy_EventForm

Ex: SCA is alerted on Jan 3rd 2020 that John Smith had event.

File name will be **JS_01.03.2020_EventForm**

Closed: Event will be resubmitted with same file name, with addition of “Closed”

(First initial)(Last initial)_mm.dd.yyyy_EventFormClosed

Ex: John Smith’s event above is closed on Feb 14th 2020.

File name will be **JS_01.03.2020_EventFormClosed**

Date never changes from initial submission

When submitted the initial event form if there is no further action needed beyond initial event form, please send file named as a Closed event, so we are not waiting for follow-up