STATE OF MAINE

HOME AND COMMUNITY SUPPORT SERVICE AGENCIES LICENSING RULE

10-144 CODE OF MAINE RULES

Chapter 108

Department of Health and Human Services
Division of Licensing and Certification
11 State House Station
Augusta, Maine 04333-0011

Effective date: December 3, 2025

HOME AND COMMUNITY SUPPORT S ERVICES AGENCY LICENSING RULE

TABLE OF CONTENTS

SECTION 1. PURPOSE AND SCOPE

A. Purpose. The purpose of this Rule is to establish qualifications and procedures to implement 34-B M.R.S. § 1203-B, which requires that an agency "that provides a service, if the service provided is funded in whole or in part by the department, to an adult with an intellectual disability, autism spectrum disorder, a related condition or an acquired brain injury, including a service provided under Title 22, § 3089," obtain a license issued by the Department of Health and Human Services.

B. Scope. This Rule establishes qualifications for agency licensure, including qualifications related to general requirements, personnel, services, and record keeping. An agency that provides any of the services listed in Subsection(1) below must obtain a license in accordance with this Rule if the service is funded in whole or in part by the Department and is provided to an adult with an intellectual disability, autism spectrum disorder, a related condition or an acquired brain injury, including a service provided under 22 M.R.S. § 3089.

1. Services that require agency licensure under this Rule include:
   a. Case Management, which includes case management and care coordination services;
   b. Residential Services, which includes adult Private Non-Medical Institutions (PNMIs), home support, personal care, self care/home management reintegration, respite care, crisis intervention services, and residential habilitation:
   c. Day and Community Services, which includes community support services, day habilitation and work ordered day club house;
   d. Employment Services, which includes career planning, employment specialist services, supported employment, and work support; and/or
   e. Shared Living Services.

2. Shared Living Providers are not directly under the scope of this Rule and are not considered to be residential settings for the purposes of this Rule. Agencies that serve as Administrative Oversight Agencies for Shared Living as defined by this Rule must comply with the provisions of this Rule, to include ensuring compliance with Section 19 of this Rule. Shared Living Providers' residences are not subject to inspection by the Department or by the State Fire Marshal's Office.

3. Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) and Nursing Facilities (NF) are governed under separate Department rules specific to those provider types and are not required to obtain licensure in accordance with this Rule.

4. See Appendix A for a listing, which includes information regarding Office of MaineCare Services terminology, for services that require licensure under this Rule.

C. Effective Date. This Rule will take effect upon the expiration of the emergency rule that was adopted on September 3, 2025. Therefore, the effective date of this Rule will be December 2, 2025.

SECTION 2. DEFINITIONS

A. The definitions in this Rule are in addition to the definitions in applicable statutes. The definitions in statute may not be repeated in this Rule. The definitions in this Rule and the statutes govern this program. Terms defined herein may be further defined for specific services, which definitions shall apply to such services.

1. **Abuse** means the infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm or pain or mental anguish; sexual abuse or exploitation; or the willful deprivation of essential needs.
2. **Administrative Oversight Agency (AOA)** means an agency that is approved by the Office of Aging and Disability Services (OADS) and Office of MaineCare Services (OMS) to enter into contractual agreements with Shared Living Providers for the oversight and monitoring of Shared Living services. An AOA:
   a. Bills and receives MaineCare reimbursement; and
   b. Satisfies the provider qualifications and requirements set forth in this Rule.
3. **Adequate lighting** means illumination providing sufficient light levels to ensure that objects and surroundings are clearly visible to allow for safe movement by residents and staff, and for tasks and activities to be completed without causing strain on the eyes.
4. **Administrator** means an individual charged with responsibility for the general oversight of an agency.
5. **Agency-owned or controlled residential setting** means a specific, physical place in which an individual resides that is owned, co-owned, rented, leased, and/or operated by a home and community support services licensee.
6. **Biological drug** means a substance made from living organisms, or its products, used in the prevention, diagnosis, or treatment of cancer and other diseases. Biological drugs include vaccines, interleukins, serums, and antigens. Biological drugs may be referred to as biologicals.
7. **Case management services** (also known as care coordination) means those services provided by an agency to identify the medical, social, educational and other needs of the person, identify the services necessary to meet those needs, and facilitate access to those services. Case management consists of Person-Centered Plan development, monitoring, and evaluation; coordination of services; and advocacy.
8. **Coercion** means the use of force or threats, including the threat of diminishment of any right or privilege, to cause a person to do something against the person's will.
9. **Cohorting** means the practice of grouping residents infected with the same infectious agent together, to confine their care to one area, and prevent contact with susceptible residents.
10. **Competitive integrated employment** has the same meaning as defined in 10-144 CMR Ch. 101, MaineCare Benefits Manual, ch. II § 29.02-9.
11. **Complaint investigation** means the Department's review of information and records and Department-conducted interviews, including of individuals and employees, to determine the validity of an allegation of non-compliance with this Rule or applicable statute against an agency.
12. **Community inclusion** means participation in the mainstream of community life and maintaining social relationships with family individuals, peers, and others in the community who do not have intellectual/developmental disabilities. Inclusion also means that individuals have equal access to, and full participation in, community resources and activities available to the general public at the maximum amount of safety and independence as possible.
13. **Community mapping** means a discovery-based approach in which a provider learns with the individual about their community and the places, activities, events, businesses, associations, and clubs that are in it. The provider uses information gathered during community mapping to find opportunities for the individual to share interests, personal gifts, join a group, or learn something new.
14. **Day and community support** means services designed to foster the acquisition of skills, build positive social behavior and interpersonal competence resulting in greater independence and personal choice, in order to increase or maintain an individual's ability to successfully engage in inclusive social and community relationships and to maintain and develop skills that support health and well-being. Day and community supports focus on community inclusion, personal development, and support in areas of daily living skills if necessary, such as assistance with acquisition, retention, or improvement in self-help,

socialization and adaptive skills that enhance social development, and develop skills in performing activities of daily living and community living. Day and community supports consist of regularly scheduled services that assist to access community and build skills in a non-residential setting, separate from the individual's private residence or other residential living arrangement.

15. **Department** means the Maine Department of Health and Human Services.
16. **Deficiency** means noncompliance with this State licensing rule or applicable State statute.
17. **Direct access worker** means an individual who by virtue of employment has direct access to an individual served by an agency subject to this Rule.
18. **Direct supports** means a range of services that contribute to the health and well-being of an individual and enhance their ability to live in or be a part of the community.
19. **Direct Support Professional** means an individual who provides services to support people with intellectual disabilities or other related conditions, autism, or acquired brain injuries to assist in personal development, personal well-being, and the enhancement of community living. A direct support professional is a type of direct access worker under 22 M.R.S. Ch. 1691.
20. **Directed plan of correction** means a Plan of Correction issued by the Department which directs the organization on how and when to correct cited deficiencies, identifies the responsible party, and gives a deadline by which those actions must be completed.
21. **Discharge** means cessation of the delivery of services by the discharging provider.
22. **Discovery** means a range of interactive exercises, open-ended questions, and Person-Centered Planning tools that are used to deeply understand an individual's strengths, desires, values, and life goals meant to ensure that the person's perspective is at the center of the planning process.
23. **Emergency medical care** means inpatient or outpatient hospital services that are necessary to prevent death or serious impairment of health and, because of the danger to life or health, immediate care is needed to avoid placing the health of the individual in serious jeopardy or to avoid serious impairment or dysfunction.
24. **Emergency situation** means an urgent, sudden, and serious event or an unforeseen change in circumstances that necessitates immediate action to remedy harm or avert imminent danger to life, health, or property.
25. **Employment support** means ongoing supports to participants who, because of their disabilities, need intensive on-going support to obtain and maintain an individual job in competitive or customized employment, or self-employment, in an integrated work setting in the general workforce. Employment supports include prevocational and supported employment services to develop strengths and skills that contribute to employability in paid employment in integrated community settings.
26. **Exploitation** means the illegal or improper use of an incapacitated or dependent individual or that individual's resources for another's profit or advantage, as defined in 22 M.R.S. § 3472(9).
27. **Exposure** means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
28. **Facility** means a building, or location within a building, where services are offered.
29. **Governing body** means an individual or association of persons (i.e., board of directors) with ultimate managerial control and legal responsibility for the operation of an agency.
30. **Habilitation** means services that are provided to assist an individual to acquire a variety of skills including self help, socialization, and adaptive skills.
31. **High severity** means an act of abuse, neglect, or exploitation that resulted in serious harm, as defined by 10-149 C.M.R. Ch. 2, Sec. 1, Adult Protective Services System.
32. **Home and Community Support Services (HCSS)**, for the purposes of this Rule, means services provided that are funded in whole or in part by the Department, to an adult with an intellectual disability, autism spectrum disorder, a related condition or an acquired brain injury, including a service provided under 22 M.R.S. § 3089.
33. **Individual** means a person receiving services from an agency licensed under this Rule.
34. **Infectious disease** (also known as "contagious disease" or "communicable disease") means a disease transmissible by direct contact with an affected individual (e.g., from person-to-person) or the individual's body fluids, or by indirect means (e.g., contaminated object).

35. **In-service training** means ongoing education and training provided to employees to ensure they maintain their skills and knowledge.
36. **Legal representative** means a person, such as a guardian, conservator, or attorney-in-fact under authority of a valid power of attorney, who is authorized by law to assist or exercise power on behalf of the individual in the circumstances presented.
37. **License** means the whole or any part of any agency permit, certificate, approval, registration, charter, or similar form of permission required by law which represents an exercise of the state's regulatory or police powers.
38. **Licensed practitioner** means an individual currently licensed in the State of Maine to provide health care or medical assistance within the scope of and in conformance with such license.
39. **Licensee** means an agency issued a license by the Department under this chapter.
40. **Neglect** means a threat to an individual's health or welfare by physical or mental injury or impairment, deprivation of essential needs or lack of protection from these threats. Neglect may result from action or inaction by the licensee, its employees or its contractors.
41. **Notifiable disease** means a disease listed in 10-144 CMR Ch. 258, Control of Notifiable Diseases and Conditions Rule.
42. **Novel virus** means a virus that has not previously been recorded.
43. **Nurse** means an individual who is currently licensed by the Maine State Board of Nursing as a Registered Nurse (RN) or a Licensed Practical Nurse (LPN).
44. **Other Potentially Infectious Material (OPIM)** means the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
45. **Outbreak** means the diagnosis of a notifiable disease in any individual or any employee who has direct care of individuals.
46. **Person-Centered Plan (PCP)** means a plan developed at least annually that identifies the services required for an individual to reach identified goals.
47. **Person-Centered Planning** means the collaborative process that results in a service plan based on an individual's goals, preferences, and values.
48. **Personal protective equipment (PPE)** means protective items or garments worn to protect the body or clothing from hazards that can cause injury and to protect residents from cross-transmission.
49. **Physician** means an individual licensed to practice medicine by the Maine Board of Licensure in Medicine or the Maine Board of Osteopathic Licensure.
50. **Plan of Correction (POC)** means a section of a Statement of Deficiencies completed by the agency detailing the corrective actions to cited deficiencies, the personnel responsible for implementing the corrective action, and the timeline for completion of those actions that the agency will take to come into compliance with this Rule.
51. **Positive personal profile** means a collection of information about a person's attributes that will be relevant to their services and/or job search.
52. **Prescriber** means a licensed health care provider with authority to prescribe, including a licensed physician, certified nurse practitioner or licensed physician assistant who has training or experience in psychopharmacology.
53. **Prohibited Practices** means behavioral interventions that violate applicable law and/or that could not be approved and must not be implemented at any level of intervention under 14-197 CMR Ch. 5, Regulations Governing Behavioral Support, Modification and Management for People with an Intellectual Disability or Autism Spectrum Disorder in Maine.
54. **Program** means a set of coordinated methods undertaken by a licensee to benefit a specific population of need. A licensee may offer different programs to address specific needs of a population within a service type.
55. **Program manager** means the person responsible for oversight of a specific licensed setting.
56. **Provider** means any person, partnership, group, association, corporation, institution, or entity, and the officers, directors, owners, managing employees, or agents of any partnership, group, association,

corporation, institution, or entity that is authorized to provide services funded in whole or in part by the Department to one or more individuals.

57. **Record** means all documentary material, regardless of media or characteristics, including, but not limited to, individual records, administrative, financial, health and personnel records made or received and maintained in accordance with law or regulation or in the transaction of business. It also means all electronic records, including, without limitation, electronic health records, email and text messages. "Record" includes admissions and discharges indicating individual names and dates of admission and discharge and daily census records.
58. **Repeated deficiency** means a subsequent deficiency with comparable circumstances or rule provisions as a previously cited deficiency, unless the Department determines that the circumstances of the previous deficiency are so dissimilar that it would not be proper to consider the deficiency to be a repeat.
59. **Resident** means an individual receiving residential services, as defined below.
60. **Residential services** means ongoing supports provided by an agency to an individual in a home provided by the agency or in some cases to individuals who live independently. These supports include individually tailored direct supports that assist individuals with acquiring, retaining, and/or improving skills related to living in the community or in their own home within the community, and may be 24/7 or intermittent in nature. For the purpose of this Rule, Shared Living is not a residential service.
61. **Respiratory hygiene/cough etiquette** means measures to contain respiratory secretions that are recommended for all individuals with signs/symptoms of a respiratory infection.
62. **Restraint** means a mechanism or action that limits or controls an individual's voluntary movement against his or her will. Restraint includes:
    a. Depriving a person of the use of all or part of the person's body, or maintaining an individual in an area through physical presence, physical limitation or coercion;
    b. Coercive movement of an individual to a place where the person does not wish to go;
    c. Any inaction that limits or controls a person's voluntary movement, such as refusing to give support to meet a person's mobility needs; and
    d. Other devices or acts may be considered a restraint if they violate 34-B M.R.S. § 5605 and/or are prohibited practices under 14-197 CMR Ch. 5, Regulations Governing Behavioral Support, Modification and Management for People with an Intellectual Disability or Autism Spectrum Disorder in Maine.
63. **Service** means a specific programmatic intervention to address the needs of an individual. For the purposes of this Rule, service types are case management or care coordination, day and community supports, employment support, Shared Living, and residential services for individuals with an intellectual disability, autism spectrum disorder, a related condition, or acquired brain injury.
64. **Service location** means a place, other than a site, where services may be delivered.
65. **Setting** means a home and community support service space that is integrated into the community and supports access to the greater community in which an individual with an intellectual disability or other related condition, autism, or acquired brain injury receives Department-funded services.
66. **Shared Living** is a model in which services are provided to an individual by a person who meets all of the requirements of a Direct Support Professional with whom that individual shares a home and provides medication oversight to the extent permitted under 32 M.R.S. § 2102.
67. **Shared Living Provider** means a person trained as a Direct Support Professional who has a contract with an Administrative Oversight Agency to deliver Shared Living. A Shared Living Provider shares a home with one or two individuals who are authorized to receive Shared Living Services. A Shared Living Provider is not an employee of the agency.
68. **Site** means the agency-owned and/or operated physical location(s) where services are coordinated and managed. A site may consist of one or more facilities. A site is where administrative activities are conducted. Services may be delivered at the site.
69. **Social services field** means a discipline that focuses on the provision of assistance to individuals and families to help them improve their lives, and to support communities as a whole. Social services fields include, but are not limited to, social work, public health, human services, and public policy.
70. **Standard precautions** means infection prevention practices that apply to all residents, regardless of suspected or confirmed diagnosis or presumed infection status, including but not limited to hand hygiene;

use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; safe injection practices; respiratory hygiene/cough etiquette; and the cleaning or disposal of equipment or items in the patient environment likely to have been contaminated with infectious body fluids.

71. **Statement of Deficiencies (SOD)** means a document issued by the Department that describes areas of non-compliance with this Rule or applicable statute that require action on the part of the agency to return the agency to compliance with this Rule.
72. **Substantial compliance** means no violations that would threaten the health or safety of individuals within the preceding two years, and:
    a. Compliance with the laws and rules of the State of Maine pertaining to or governing Home and Community Based Services;
    b. The applicant, licensee and administrator cooperate with Department personnel in gaining admission to a program or in conducting an investigation or inspection;
    c. The applicant, licensee, and administrator adhere to the approved program description;
    d. The applicant, licensee, and administrator complete all approved Plans of Correction and/or Directed Plans of Correction within the timeframes indicated;
    e. The applicant, licensee, or executive director has not falsified any information in order to obtain a license; and
    f. The applicant, licensee, and administrator has furnished the Department with files, reports, or records as required by this Rule.
73. **Substantiated finding** means an administrative determination made by the Department, after investigation of a report of suspected abuse, neglect, or exploitation, that a preponderance of the evidence gathered in the investigation supports the determination that abuse, neglect, or exploitation did occur and was of high severity.
74. **Supported decision making** means assistance, from one or more persons of an individual's choosing, that enables the individual to make decisions, including:
    a. Understanding the nature and potential personal and financial consequences of decisions; and
    b. Communicating a decision once it is made, consistent with the individual's wishes.
75. **Transfer** means a planned transition of service delivery from one licensee to another or from one level of service to another provided by the same licensee.
76. **Transmission-based precautions** means contact precautions, droplet precautions, and airborne precautions, based on the likely routes of transmission of specific infectious agents, which may be combined for infectious agents that have more than one route of transmission.
77. **Trending analysis** means the use of quantitative methods to identify patterns in historical data.
78. **Urgent medical care** means services furnished within 12 hours in order to avoid the likely onset of an emergency medical condition when Emergency Medical Care is not needed to avoid placing the health of the individual in serious jeopardy or to avoid serious impairment or dysfunction.
79. **Valued Social Roles** mean the positions or functions within a community that a person can occupy that are widely considered important and meaningful, providing individuals with a sense of belonging, purpose, and positive social standing, such as being a small business owner, volunteer, employee, athlete, neighbor, club member, or community leader; essentially, roles that are respected and contribute positively to society, depending on cultural norms and individual experiences.

PART ONE

LICENSING

Provisions in Part One of this Rule fall under the oversight of the Division of Licensing and Certification and allegations of non-compliance must be directed to that Office.

SECTION 3. LICENSE REQUIREMENTS

A. License required. No agency may provide any service listed below that is funded in whole or in part by the Department to an adult with an intellectual disability, autism spectrum disorder, a related condition or an acquired brain injury without a license issued by the Department as provided in this Rule. Agencies must be approved as providers by the Office of Aging and Disability Services (OADS) as described in Section 4(A)(8) of this Rule prior to the application for a license. This Rule applies to providers of services regarding:

1. Case management or care coordination;
2. Residential services;
3. Day and community support;
4. Employment support; and
5. Shared living services.

These services include, but are not necessarily limited to, those listed in Appendix A.

B. Responsibility for compliance. Agencies licensed under this Rule must:

1. Comply with all provisions of this Rule, excluding those provisions formally waived by the Department under Section 23(B) of this Rule;
2. Comply with all other applicable rules, State and federal statutes, and federal regulations; and
3. Ensure that all staff are trained to act in accordance with the standards contained in this Rule.

C. License is non-transferable. A license is non-transferable and non-assignable. When ownership of the agency changes by 50% or greater control of the agency, a new license is required prior to operation. The new license must be obtained by the new owner(s) or anticipated new owner(s).

D. License posted. A copy of the current valid license, with the accompanying letter from the Department listing licensed sites of the agency and the services provided at each site, must be posted in an agency's central office, agency-owned and operated homes, and facilities in which facility-based day services are provided. Otherwise, it must be in the location and available upon request.

E. Develop and comply with policies. Prior to submitting an application for licensure, an agency must develop all policies required by this Rule.

1. It is a violation of this Rule for a licensee to operate without policies required by this Rule or to operate with policies that do not meet the requirements of this Rule.
2. It is a violation of this Rule for a licensee to fail to implement and comply with any provision of a policy that is required by this Rule.

SECTION 4. INITIAL AND RENEWAL APPLICATIONS FOR LICENSES

A. Initial license application. An initial license application must be made on the Department-approved form or online system. A complete initial application shall include the application fee and:

1. The following documentation:
   a. An organizational chart that delineates lines of accountability and authority;
   b. Staff roster;
   c. A list of all service types and programs the applicant intends to provide, complete with program descriptions;
   d. A list of all sites and service locations;
   e. Requested capacity for each Residential and Day and Community Program;
   f. Articles of Incorporation and other forms as required by the Secretary of State dependent upon the type of business entity;
   g. Agreements with partnership providers; and
   h. Proof that the agency has obtained a continuing policy of general liability insurance in the amount of at least one million dollars;
2. An annual budget showing anticipated expenses and revenues and the source of those revenues;
3. A written emergency disaster, hazard, and evacuation plan for the agency and each site that is based on a risk assessment and which addresses the criteria identified in Section 13(D);
4. A written close of business plan governing all agency components, including record storage and access and evidence of the bond or other financial instrument that covers the costs associated with the close of business, as described in Section 7(E) of this Rule;
5. Documentation from the appropriate municipal official indicating compliance with all local laws or codes for each site relative to the type of services provided and license sought;
6. A description of the location and a sketch of the floor plan for each day program and residential program;
7. Additional documents necessary to determine whether an applicant meets the criteria for licensure, at the discretion of the Department; and
8. Written approval to provide services, or documentation of case management certification, from OADS.

B. Renewal application. At least 30 days prior to the expiration of the current license, an agency must submit a completed renewal application on the Department approved form or online system and the application fee.

1. Whenever an agency has made a timely and complete application for renewal of a license, the existing license will not expire until the status of the application has been finally determined by the Department.
2. Prior to acting on the application for renewal, the Department may:
   a. Verify any information in the renewal application and conduct an inspection of the facility, site, or program; and
   b. Issue a Statement of Deficiencies as appropriate. If cited deficiencies are not corrected within the established timeframe, the Department may deny the renewal application, issue a Directed Plan of Correction, impose a Conditional License, or take other licensing action.
3. An agency with an expired license must complete a license application and be issued a license prior to resuming operations. A license may be reinstated after the expiration date, at the discretion of the Department of Health and Human Services, or a new license may be required.

C. Incomplete applications. Initial or renewal applications that do not contain all required information, documentation, and the appropriate licensing fee are incomplete. Applications that remain incomplete 60 days after receipt of the application by the Department will be considered void. Application fees are nonrefundable.

D. Approval for occupancy. Prior to the issuance of a license and prior to license renewal, each agency-owned and/or operated site must be certified by the State Fire Marshal's Office (SFMO) to be in compliance with the National Fire Protection Association (NFPA) Life Safety Code and other fire and safety laws and regulations that are applicable to the facility. The Department will determine whether a setting is agency-owned or controlled prior to issuing a license to an agency.

E. Service locations. Certain service locations, including but not limited to individually-owned and/or leased settings, schools, employment locations, and other community settings, are not subject to inspection by the State Fire Marshal's Office (SFMO) under this Rule, but may be inspected by the Department to assure compliance with this Rule.

F. Code compliance. The licensee must comply with all applicable laws and regulations relating to fire safety, plumbing, water supply, sewage disposal and maintenance of sanitary conditions and comply with all other applicable laws and regulations pertaining to licensing.

G. Safe drinking water. Each residential and day and community support services site must provide a supply of safe drinking water.

1. Applicants serving drinking water from their own well must demonstrate satisfactory water quality by testing for the following contaminants by a Maine-certified laboratory:
   a. Fluoride,
   b. Uranium,
   c. Arsenic,
   d. Lead (first-draw sample),
   e. Total coliform bacteria, and
   f. Nitrates.
2. Licensees serving water from their own well must test their water annually for coliform bacteria and nitrates. Samples must be analyzed, and the results reported by a Maine-certified laboratory. Licensees must maintain water quality reports for Department inspection.
3. In addition to the annual testing required by Section 4(G)(2) above, licensees serving water from their own wells must test their water every five years for at least the following contaminants: fluoride, uranium, lead (first-draw, 250 ml. sample) and arsenic.
4. If the licensee chooses to use and serve bottled water for all food preparation and drinking purposes, then the licensee may operate under a written bottled water agreement with the Department. Under this agreement the licensee must:
   a. Use bottled water for all consumption and food preparation;
   b. Conspicuously post the agreement where it can be seen by building occupants; and
   c. Continue to conduct annual water testing in accordance with Section 4(G)(2) of this Rule.
5. During all hours of operation, drinking water and wastewater disposal must meet the standards of the Department to accommodate the licensed capacity of the licensee.
6. If a facility meets the definition of a public water system in 22 M.R.S. § 2601(8), it must comply with the requirements in 22 M.R.S. Ch. 601 and 10-144 CMR Ch. 231, Rules Relating to Drinking Water.

SECTION 5. TYPE AND TERM OF LICENSE AND FEES

A. Provisional license. The Department may issue a provisional license for a term of no less than three months and no more than 12 months to an applicant who:

1. Did not previously operate as an agency serving an individual with an intellectual disability, autism spectrum disorder, a related condition or an acquired brain injury, or is licensed but has not operated during the term of that license;
2. Complies with all applicable laws and rules, except those which can only be complied with once individuals are served by the applicant; and
3. Demonstrates the ability to comply with all applicable laws and rules by the end of the provisional license term.
4. For applications submitted on or after September 24, 2025, the application fee for a provisional license is $125.

B. Full license. The Department may issue a full license for the term of two years to an applicant that demonstrates substantial compliance with this Rule and applicable statutes. For applications submitted on or after September 24, 2025, the application fee for a full license is $250 and the biennial renewal fee is $170.

C. Conditional license. The Department may issue a conditional license to an applicant when the agency fails to comply with applicable laws and rules, and in the judgment of the Department, the best interest of the public would be served by issuing a conditional license.

1. The conditional license will be issued for a period sufficient to achieve compliance, not to exceed 12 months.
2. The Department will specify what corrections must be made or conditions complied with, and the deadline for compliance, during the term of the conditional license.
3. The Department may issue a conditional license to a person applying for a provisional license when that provider has held or currently holds another agency license with a prior pattern of non-compliance with Department rules.
4. For applications submitted on or after September 24, 2025, the application fee for a conditional license is $125.

D. Issued license extends to identified physical sites. The license issued by the Department extends to the physical sites that are owned and/or operated by the agency and are identified on the letter accompanying the license**.**

E. Specifications of a license. The Department will issue a single license, and as necessary pursuant to Section 5(D), a letter accompanying the license, to a provider that includes the following information:

1. The legal name of the individual or entity that holds the license and the 'doing business as' name, as applicable;
2. The service types allowed under the license;
3. The name of the administrator;
4. The location of the physical sites covered under the license;
5. Licensed capacity for each residential, day, and community program; and
6. The effective date and term of the license.

F. Amended license required when changes occur. A licensed agency must notify the Department prior to the implementation of any proposed change or modification listed below and request an updated license by filing a change request, with the appropriate fee. Upon completion of its review, the Department may issue an amended license. The term of the amended license remains the same as the original license but the effective date for the approved change may be different.

1. The agency must notify the Department at least 30 calendar days prior to the addition or deletion of a service type, program, facility, or site, or as soon as possible in the case of an unforeseen need or emergency.

2. No new service type, program, facility, or site may be commenced without Department approval, and the licensee must demonstrate appropriate transfer of care for individuals prior to the termination or deletion of a service type, program, facility, or site.
3. The agency must notify the Department at least 90 calendar days prior to a change in location or name.
4. The agency may not increase residential capacity or begin new construction, additions, or alterations to a licensed program or site without the Department's prior approval in consultation with the SFMO.
5. The agency must notify the Department at least 30 calendar days prior to a planned change or within ten calendar days after an unplanned change in the agency's administrator.
6. Beginning September 24, 2025, the following fees apply:
   a. The fee to add a service site to an issued license is $50
   b. The fee to add a service type to an issued license is $70.
   c. The fee to reissue a license for any other purpose is $10.

G. Approved service categories. Licenses will be issued for the following categories:
1. Case Management;
2. Residential Services,
3. Day and Community Services;
4. Employment Services; and/or
5. Shared Living Services.

SECTION 6. GOVERNING AUTHORITY

A. Responsibility. The governing body has ultimate managerial control and legal responsibility for the agency's operation.

B. Legal authority to operate. The agency must maintain documentary evidence of its legal authority to operate in the State of Maine, including by-laws, articles of incorporation, charter, partnership agreement, constitution, articles of association or similar documents as applicable. This information must be made available to the Department upon request.

1. An agency operating as a corporation, partnership, or association, whether for-profit or not-for-profit, must maintain records of the names and current addresses of officers and directors.
2. An agency operating as a for-profit entity must maintain a current list of the names and addresses of its principal owners.

C. Valid license. The governing body must ensure that the agency has a current valid license.

D. Governance. The governing body of an agency may be an individual or a board of directors. The composition and structure of the governing body must be adequate to discharge its responsibilities. All agencies must minimally have either a board of directors or an advisory board.

1. An advisory board must:
   a. Have a mechanism for obtaining feedback from individuals that includes a procedure for direct input to the advisory board;
   b. Include people who live in the area where services are provided and local public officials who reflect diverse perspectives, including at least one member with lived experience as either a person receiving services, or a family member of someone who receives services; and
   c. Provide advice to the governing authority.
2. A board of directors or an advisory board must:
   a. Meet, at a minimum, on a quarterly basis;
   b. Maintain a current record of its membership including the name, address, contact information, position, and term of office of each member;
   c. Maintain a record of meetings that includes the dates, attendance and topics discussed; and
   d. Include people who live in the area where services are provided and who reflect diverse perspectives, but an advisory board is subject to Section 6(D)(1)(b).
3. The records of meetings of the board of directors or advisory board must be maintained and made available to the Department upon request.

E. Prohibited.

1. The following persons are prohibited from serving on the board of directors or advisory board:
   a. An employee of the State or federal government that has regulatory oversight of the organization; or
   b. For an advisory board, any individual with a proprietary interest in the organization.
2. The organization may allow the following persons to serve on a board of directors or advisory board only when any conflict of interest is disclosed, and must require such persons to recuse themselves from any matters involving a conflict of interest:
   a. An employee of the organization, or a member of the immediate family of an employee; and
   b. Any employee of an entity holding a contractual relationship with the organization.

F. Responsibilities. The governing body is responsible for providing strategic guidance to the agency regarding the policies and operations of the agency related to Home and Community Support Services. The governing body's responsibilities include, but are not limited to, the following:

1. Supporting the agency's continual compliance and conformity with all relevant laws and regulations, whether federal, State, or local, governing the operation of the agency including, but not limited to, those set out in this Rule;

2. Approving written policies and procedures required by this Rule and, in consultation with the administrator, developing and implementing a process to review and update the agency's policies and procedures at least annually;
3. Providing financial oversight of the agency;
4. Reviewing and approving the agency's annual budget;
5. Reviewing and accepting the agency's annual audit and annual financial report; and
6. Reviewing the agency's licensing survey results and any associated accepted plan of correction.

SECTION 7. AGENCY ADMINISTRATION

A. Line of authority.
1. The agency must have written, up-to-date policies governing the line of authority, communication, staff responsibility by position, and staff assignment.
2. An agency remains responsible at all times for the health and safety of individuals served and for ensuring that the requirements of applicable statutes and rules are met.

B. Administrator. Every individually licensed agency must have an identified administrator.
1. The administrator must be at least 21 years of age and demonstrate the ability to manage the affairs of the agency.
2. The agency must ensure the administrator carries out duties that include, but are not limited to, the following:
   a. Ensuring written notification to the Department within 24 hours after receiving notice, or learning of, an arrest or indictment of agency personnel related to criminal activity that is alleged to have occurred on the grounds of the agency or any location where services are provided;
   b. Ensuring written notification to the Department within one calendar day after receiving notice or learning of actual or alleged criminal activities occurring on the grounds of the agency or any location where services are provided; and
   c. Ensuring written notification to the Department within two (2) business days after the agency receives notice of any legal proceedings related to the provision of services or the continued operation of the agency, whether brought against the agency or against the agency's personnel. Legal proceedings include, but are not limited to, bankruptcy, civil rights complaints, professional licensing body adjudications or sanctions, lawsuits, and alleged criminal activities by personnel that have implications for the programmatic or fiscal integrity of the agency or the safety of its individuals.
3. The Administrator must be available to Department representatives during business hours.
4. The Administrator must be aware of and respond to emerging areas of non-compliance with this Rule within the agency, and respond in a timely fashion.
5. The Administrator may designate a program manager to oversee licensed sites. The Administrator may not designate the responsibility of rule compliance to the program manager.
6. The administrator must ensure that all direct access workers receive an orientation and ongoing training to include all safety/risks needs identified by the person-centered planning team and other service providers for all individuals for whom they are providing services, and assure that all identified needs are addressed.
7. The Administrator must ensure that staff providing direct support are able to understand and communicate information and needs of individuals receiving services to appropriate personnel, including but not limited to public safety officials and healthcare providers.

C. Reportable events. The agency must have a policy regarding reportable events that meets the requirements of 14-197 CMR Ch. 12, Reportable Events System. Reports alleging abuse, neglect, and/or exploitation must be reported to the Division of Licensing and Certification in addition to being reported as required by 14-197 C.M.R. Ch. 12 and 10-149 C.M.R. Ch. 2, Sec. 1 Adult Protective Services System.

D. Closure. The agency must notify the Department, in writing, of its intent to close no later than five business days after the governing body has made the determination to close and provide a copy of all policies and procedures listed in Section 7(E) below.

E. Closure policy. The governing body must develop policies and procedures related to closure of the agency, its programs, or service locations and sites where individuals receive services. The closure policy must include, at a minimum:
1. A requirement that the agency must provide individuals with a written notice of closure at least 30 calendar days prior to the closure date, unless an emergency situation exists. In residential settings, any

discharge must comply with state and local tenancy laws, which may require earlier notice. The written notice of closure must include, at a minimum:
   a. The reason for the closure;
   b. The effective date of the closure; and
   c. The name and address of administrative staff responsible for the oversight of the closure.
2. The roles and responsibilities of the agency's owners, administrator or temporary management, and staff during the closure process;
3. The sources of funding that will be required to maintain the agency's daily operations until all individuals are safely transferred or discharged, and funding necessary for record storage after closure;
4. A process that assures that there is person-centered planning for a safe transition with informed choice of providers and locations;
5. A process for individual accounting of an individual's money and personal items;
6. The ongoing support of individuals, including provision of medications, if applicable during the closure;
7. The provision of individual information that will be sent to the receiving agency to ensure continuity of care; and
8. A specific plan for the secure storage and accessibility of the agency's records.

F. Risk prevention and management practices. The agency must identify individuals who are responsible for risk prevention and management functions. The agency may include this as part of their Quality Improvement program.
1. At least annually, the agency's management personnel and governing body must conduct an internal assessment of overall risk, including but not limited to those risks identified in Sections 7(F)(3), 13(A)(4), 13(D)(1), and 14(A)(2)(a).
2. The agency must draft and complete a plan of corrective action to address immediate and ongoing risks identified in the annual risk assessment.
3. The agency must complete a written quarterly review of immediate and ongoing risks identified in the internal assessment related to the following:
   a. Service modalities or other agency practices that involve risk or limit freedom of choice;
   b. The use of restrictive behavior management interventions;
   c. Cases where it was determined that an individual was a danger to themself or others;
   d. Physical plants and grounds;
   e. Grievances, incidents, or accidents involving individuals; and
   f. Administering, dispensing, or prescribing medications.

G. Agency owned or operated vehicles used to transport persons served. All vehicles used by the agency to transport individuals served must comply with all applicable safety and licensing rules established by the Maine Bureau of Motor Vehicles.
1. The agency licensee must maintain valid liability insurance on all agency-owned vehicles used to transport individuals.
2. The agency must ensure that each vehicle used to transport an individual:
   a. Is maintained in safe, working order;
   b. Meets the needs of the individual; and
   c. Is adapted to provide safe access and use for an individual with mobility needs, as applicable; and
3. The agency must ensure that:
   a. Each individual is provided with an escort, when needed;
   b. That staff is trained on use of the vehicle safety restraints and any specific safety needs of the individual being transported; and
   c. The individual's safety and dignity be maintained when being transported, as described in the individual's PCP.
4. The agency must develop a policy on vehicles used and owned by the agency that includes provisions to implement the requirements of subsections (G)(2) and (3).

5. When staff personal vehicles are used to transport individuals served, the agency must ensure that the vehicle meets safety and legal requirements, including but not limited to valid liability insurance, state registration and inspection requirements.

H. Policy manual. The agency must create and have available to staff at all times a complete policy manual, containing all of the policies required by this Rule for the services provided.

SECTION 8. RECORDS MANAGEMENT AND RETENTION

A. Record management policy. The agency must have a written records management policy. The policy must:
1. Address retention, archiving and destruction of records consistent with 10-144 CMR Ch.101, MaineCare Benefits Manual, Ch. I, Sec. 1;
2. Ensure that records are legible and comprehensible;
3. Ensure that the integrity of entries to records are maintained, which, at a minimum, will include the following:
   a. The appropriate manner to make corrections to records and prohibit the deletion of prior record entries;
   b. The prohibition of back-dating entries;
   c. A requirement for an easily recognizable date for every record entry, including but not limited to date and time stamps for electronic records; and
4. Comply with this Section.

B. Record maintenance. Agencies must maintain records in an accessible format.
1. Records must be maintained in a secure and private space.
2. Records must be made available to the Department upon request.

C. Individual record.
1. Individual record entries must be made only by authorized personnel and must be:
   a. Specific, factual, relevant, and legible;
   b. Updated from intake through discharge;
   c. Completed, signed with identifying credentials, and dated by the person who provided the service; and
   d. Periodically reviewed by supervisors, in accordance with the agency's policy.
2. Records must be legible, comprehensible, and the integrity of entries to records must be maintained, which includes, but is not limited to, the following:
   a. Corrections to records must be made according to the agency's record management policy;
   b. Prior record entries must not be deleted;
   c. No record entry may be back-dated;
   d. Late entries must include a statement identifying the entry as late and comply with the agency's record management policy; and
   e. Every record entry must include an easily recognizable date, including but not limited to date and time stamps for electronic records.
3. The agency must maintain documentation in the individual's record in chronological order. The individual's record must minimally include the following information:
   a. Identification data, including: name; address; telephone number; date of birth; Medicaid identification number; gender; name and telephone number of emergency contact person; and licensed practitioner's name, address and contact information, which includes a telephone number;
   b. Documents related to the provision of services, including but not limited to assessments, service plans, progress notes, incident and reportable event reports, discharge summaries, Person-Centered Plans (including health and dietary protocols and HCBS addendums), service implementation plans, staffing plans, and back-up plans;
   c. Behavioral intervention plans, including required assessment; data collection, as applicable for the person; and daily documentation;
   d. Essential legal information, including the following:
      i. Court records relevant to the individual's care or safety;
      ii. Documents of guardianship, legal custody, powers of attorney, advanced directives, supported decision making, and similar documents; and
      iii. Medical or psychiatric care directives;
   e. Copies of all signed and dated releases and authorizations, including, but not limited to, the following:

i. Forms documenting consent to treatment;
ii. Forms authorizing release of the individual's information; and
iii. Forms acknowledging receipt of written notification of individual rights and responsibilities; information about fees, if applicable; the agency's privacy practices; and other notifications required by this Rule and applicable law; and

f. If the agency is the representative payee for the individual, the agency must maintain records as required by 20 C.F.R. § 416.625.
g. Intermittent employment services that are offered at frequencies equal to or less than 10 hours per month are not subject to the requirements listed in Section 8 (C)(3)(a)-(f) above. Case managers must include these services in the Person-Centered Plan and service providers must adhere to the service implementation plan and daily documentation requirements.

4. Individuals may add written statements to their individual record.
   a. With the individual's knowledge, agency personnel may add a written follow-up response to the individual's statement in the individual's record; and
   b. The individual must be given the opportunity to review and comment on the agency's follow-up response.
5. The agency must place a written explanation in the individual's record when required information cannot be obtained from a third party. The Department will consider the written explanation when evaluating the agency's compliance with record requirements.
6. An individual, or the individual's legal representative, or another person authorized by the individual may access the individual's records, but access must comply with applicable federal and state statutes and rules. For agencies subject to the Health Insurance Portability and Accountability Act ("HIPAA"), the agency may deny or otherwise limit access if it is reasonably likely to endanger life or physical safety or to cause substantial harm as described in 45 C.F.R. § 164.524(a)(3).
7. The current individual record must be available to direct care staff who are supporting the individual.
8. All individuals receiving residential and day and community supports must have a completed person-centered service plan that meets the requirements as outlined in 10-144 CMR Ch. 101, MaineCare Benefits Manual Ch. I, Section 6: Global HCBS Waiver Person-Centered Planning and Settings Rule.

D. Service delivery documentation standards. Agencies must maintain legible, signed individual records and progress notes in accordance with the provisions of 10-144 CMR Ch.101, MaineCare Benefits Manual, Ch. II applicable to the service being provided, including but not limited to documentation of each service provided, the date of each service, the type of service, the activity, need or goal to which the service relates, the length of time of the service, and the signature of the individual performing the service.

SECTION 9. FINANCIAL MANAGEMENT

A. Financial accountability and viability. The agency must apply Generally Accepted Accounting Principles that are consistent with legal and regulatory requirements.

B. Management systems. The agency must maintain a business management system, including written policies and procedures, to assure maintenance of complete and accurate accounts, ledgers, and records.

1. The agency must identify individuals responsible for financial matters, including management of purchasing and inventory, accounts receivable, accounts payable, and setting of fees or charges for services.
2. The governing body is responsible for ensuring the separation of those duties listed in Section 9(B)(1) in an adequate manner to prevent error and fraud.

C. Budget. The agency must develop a formal, annualized line-item budget approved by the governing body, indicating revenues and expenses for the current fiscal year.

1. Revisions to the budget must be clearly documented; and
2. The agency must document budget reviews and the date of approval of the budget by the governing body.

D. Annual financial review. The agency must obtain an annual financial review for the agency.

1. The review must be conducted by an independent certified public accountant who does not have a conflict of interest with the agency; and
2. Financial review reports and financial records are subject to Department review upon request.
3. Agencies with annual revenues under $500,000 may provide a statement by an independent certified public accountant attesting that the agency follows Generally Accepted Accounting Principles in lieu of a financial review.

SECTION 10. INDIVIDUAL RIGHTS

A. Rights. Agencies must assure that individuals are treated with consideration, respect, and full recognition of their dignity and individuality.

1. Agencies must protect individuals from neglect, mistreatment from physical, verbal, and emotional abuse (including corporal punishment), and from misappropriation and/or exploitation, in accordance with 22 M.R.S. § 3089, 34-B M.R.S. § 5605, and 14-197 C.M.R. Ch. 1, Rights and Basic Protection of Persons with an Intellectual Disability, Autism Spectrum Disorder or Acquired Brain Injury.
2. Agencies must comply with 14-197 C.M.R. Ch 5, Regulations Governing Behavioral Support, Modification and Management for People with an Intellectual Disability or Autism Spectrum Disorder in Maine.
3. Agencies must comply with 14-197 C.M.R. Ch 8, Grievance Process for Persons with an Intellectual Disability, Autism Spectrum Disorder or Acquired Brain Injury.
4. Failure to comply with any provision of 14-197 CMR Chs. 1, 5, or 8 is a violation of this Rule and subject to the sanctions outlined in Section 23 of this Rule.

B. Exceptions, restrictions, and limitations. An agency may not make an exception to any statute or rule listed in Section 10(A) above regarding individual rights or impose restrictions or limitations on the exercise of an individual's rights unless the exception, restriction, or limitation is permitted by and made in accordance with state laws and regulations. Any exception, restriction, or limitation of individual rights must be documented in accordance with state laws and regulations, and, if applicable, signed by the individual's licensed practitioner.

C. Notification of individual rights. The agency must inform each individual and their legal representative of the individual's rights prior to or at the time of admission to the agency and must provide a copy of these rights and discharge policy required in Section 16 (E) of this Rule to each individual on admission, and at least annually thereafter.

1. The agency must inform each individual and legal representative within 30 calendar days of any changes to the agency's policy and must provide them with a copy of the change.
2. The agency must document in each individual's record their receipt of the policy when it is provided in accordance with this Section.
3. The agency must provide accommodation for any communication barriers that exist to ensure that each individual is fully informed of his/her rights.

D. Rights violations policy and reporting. The agency must draft and implement a policy to address:

1. Right to visitors and accessibility, which must outline how and when individuals will be informed of their right to visitors and an accessible space, and how the provider will establish these rights within the settings they operate;
2. Individual rights, which must outline how the agency will protect individual rights as guaranteed by federal and state rule and law; and
3. Reporting of rights violations. The policy may not conflict with 22 M.R.S. § 3477 or 22 M.R.S. § 4011-A, as applicable.
    a. The agency policy must require that any employee who provides services to individuals under this Rule who has reasonable cause to suspect that an individual's rights have been violated must immediately report the alleged violation to the Division of Licensing and Certification using the electronic reporting system, in addition to other reporting requirements in rule or statute.
    b. If the suspected rights violation pertains to an adult individual with intellectual disability, autism, or acquired brain injury and the individual's rights set forth at 34-B M.R.S. § 5605, the person or professional must additionally report the alleged violation to the Department's reportable events system in accordance with 14-197 CMR Ch. 12, Reportable Events System.
    c. In all cases, the agency must maintain documentation that a report(s) of a rights violation was made.
4. The policy must include reporting and grievance procedures to follow in the event that a rights violation is alleged and must align with 22 M.R.S. § 3089, 34-B M.R.S. §§ 5604-A and 5606, and 14-197 CMR Ch. 1, 14-197 C.M.R. Ch 5, and 14-197 C.M.R. Ch 8.

E. Behavioral rules and regulations policy. The agency must draft and implement a policy which must outline agency procedures involving the approval, use, staffing related to, and documentation of restrictive measures, restraints, and HCBS modifications. This policy must align with 34-B M.R.S.§§ 5601-5610 and 14-197 CMR Ch. 5, Regulations Governing Behavioral Support, Modification and Management for People with an Intellectual Disability or Autism Spectrum Disorder in Maine.

SECTION 11. PERSONNEL

A. General requirements. Minimum staffing must be adequate to meet individuals' needs, implement service plans, and provide a safe setting.

1. The Department may require additional personnel or modify the requirements of this Section due to the level of supervision and care required by the individuals, the size of the program, and distinct parts or distribution of individuals throughout the physical plant, in accordance with Section 23 (G);
2. The program must have up-to-date information including, but not limited to: the name, address, and telephone number of all employees of the program available to the Department; and
3. For all direct access workers, licensees must conduct criminal history checks completed by the Maine Background Check Center in accordance with 22 M.R.S. Ch. 1691 and a record search for substantiated findings by Adult Protective Services and Child Protective Services, and retain a record of the results of each check in their personnel file.

B. Minimum support requirements.

1. Licensees must ensure that there are qualified direct access workers on duty to meet the needs of individuals served by the licensee and provide a safe setting, consistent with applicable rules and regulations and the individual's needs, as prior authorized by the Department or otherwise required of the licensee.
2. Licensees must share schedules upon request that state for each scheduled shift for the care of each individual, the direct access worker's name, job function/title, the amount and frequency of delivered services, and the days and hours they are required to provide direct supports to the individual. These schedules must align with the relevant Medicaid prior authorization.

C. Employee records. Agencies must maintain individual records on all employees. Records may be computerized. Individual records must contain:

1. The initial date of employment, date of birth, home address and telephone number, experience and qualifications, social security number, and copy of current occupational license (if applicable);
2. Background check information in accordance with 10-144 CMR Ch. 60, Maine Background Check Center Rule;
    a. If the results of the criminal history check include non-disqualifying convictions and/or arrest(s) for potentially disqualifying convictions, the record must include assessment of any potential risk to individuals receiving home and community support services resulting from hire, such as the nature and seriousness of the offense, the amount of time that has passed, how it relates to the responsibilities of the job, and mitigation planning if necessary;
3. Results of checks of Adult Protective Services and Child Protective Services records for substantiated findings of abuse, neglect, or exploitation;
4. Department of Motor Vehicles driving record, when the operation of a motor vehicle to transport individuals is reasonably expected as part of an employee's job duties;
5. Reference checks from prior employers including start and end dates and documentation of prior employer's position regarding eligibility for rehire;
6. Job description;
7. Record of participation in in-service, orientation, or other training programs, including date, content area, and trainer, including training conducted under Section 11(D) of this Rule;
8. Results of annual personnel evaluations;
9. Disciplinary actions;
10. Illness and injury records; and
11. Date of and reason for termination, as applicable.

D. Staff training and qualifications. The agency must ensure that, within 180 days of hiring, all Direct Support Professional staff, other than CNAs and licensed professional staff, whose job responsibilities include direct care, successfully complete the certification course(s) approved by the Department.

1. Prior to providing unsupervised direct care, the agency must provide each direct care employee with site-specific orientation training, to include:
   a. Fire safety;
   b. Cardiopulmonary Resuscitation (CPR);
   c. Mandatory reporting;
   d. Confidentiality and individuals' rights;
   e. Typical support needs for the population served and the services provided;
   f. Social Role Valorization;
   g. Person-centered practices, including person-specific training on the services being provided, in accordance with agency and Department policy;
   h. Training in the use of adaptive equipment or durable medical supplies, as applicable;
   i. Communication skills; and
   j. Physical intervention training, as needed.
2. The agency must provide all staff with in-service training at least annually and in response to individuals' emergent needs, in areas related to the specific needs of the individuals served and any duties performed by the employee.
3. All employees must demonstrate the following:
   a. Conduct which demonstrates an understanding of, and compliance with, individuals' rights;
   b. The ability and willingness to comply with this Rule; and
   c. Eligibility for hire in accordance with 10-144 CMR Ch. 60, Maine Background Check Center Rule.
4. All direct access workers must receive training at orientation and annually thereafter, developed by a licensed nurse to recognize the signs and symptoms of potentially preventable causes of death, to include at a minimum:
   a. Choking;
   b. Aspiration;
   c. Constipation/bowel obstruction;
   d. Seizures;
   e. Dehydration; and
   f. Sepsis.

E. Registered nurse services. If an agency is responsible for medication administration, then the agency must retain a registered nurse, either on staff or on a contractual basis, to assure compliance with this Rule. The nurse must also perform and document the following, on a minimum of a quarterly basis:

1. Observation of individuals' signs and symptoms;
2. Review of individuals' medication and/or health-related records for completeness and accuracy;
3. Review of Medication Administration Records and written orders for each prescribed medication;
4. Review of medication administration practices and procedures, including:
   a. Observation of medication administration to individuals; and
   b. Disposal of discontinued medications;
5. Review of therapeutic diets;
6. Review and recommend staff training related to medication administration and/or healthcare treatments; and
7. Other reviews or other recommendations to improve individual care practices.
8. The administrator may not also serve as the registered nurse.

G. Pharmacist consultant services. The agency must use the services of a pharmacist consultant, at the agency's expense, when directed by the Department as a result of serious or multiple deficiencies in medication administration.

H. Qualified consultant dietitian. The agency must use the services of a qualified consultant dietitian, at the agency's expense, when directed by the Department as a result of serious or multiple deficiencies in dietary service.

I. Volunteers. If permitted consistent with other applicable laws, the agency may use volunteers only after completion of a background check with no disqualifying offenses.

1. Volunteers must have designated responsibilities, which may not include direct care.
2. Volunteers must have a file which includes but is not limited to documentation of the requirements of this subsection.
3. The orientation program for those volunteers may be limited to those items that are consistent with the responsibilities of the volunteer. Under all circumstances, the licensee will be responsible for the actions of the volunteer.

SECTION 12. MEDICATION ADMINISTRATION

A. Medication policies and procedures. When the agency offers medication administration services or individuals self-administer their medication, the agency must have medication policies and procedures that are in conformity with the Maine Department of Health and Human Services' Certified Residential Medication Administration Curriculum, March 2010, or its successor. The policies must include:

1. Ordering, receiving, storing, administering, documenting, transporting, packaging, discontinuing, and destruction or disposal of medications and biologicals;
2. A requirement that all employees must practice proper hand washing and aseptic techniques;
3. A requirement that a hand-washing sink must be available for staff administering medications;
4. A description how the agency will provide appropriate sanitation methods (e.g., hand sanitizer or portable handwashing kits) that meet infection control standards if a hand-washing sink is not available or accessible, and
5. A requirement that the agency support individuals in the self-administration of medications. This support must include documentation of:
   a. How staff support individuals to self-administer medications and follow the prescriber's and dispenser's instructions on the safe storage of the medications; and
   b. How staff support individuals to ensure that self-administered Schedule II medications are stored in such a way that roommates or guests do not have free access to these substances.

B. Use of safe and acceptable procedures. The agency must ensure that all persons administering medications use safe and acceptable methods and procedures consistent with the Department of Health and Human Services' Certified Residential Medication Administration Curriculum, March 2010, or its successor.

C. Administration of medication. The agency must ensure that:

1. All staff administering medications are trained and legally authorized to administer medications according to state requirements, and must maintain documentation to demonstrate compliance with this provision;
2. Staff responsible for medication administration are oriented to the program's procedures and have access to current information regarding medications being used within the program, including but not limited to side effects of medications, contraindications, and doses; and
3. Each individual receives only the medications ordered by the individual's authorized licensed practitioner in the correct dose, at the correct time, and by the correct route of administration, consistent with recognized standards of practice.

D. Individual transfer. When an individual discontinues service provision with one agency and begins services with another agency to provide the same service type, the transferring agency is responsible for coordinating care with the accepting agency to include medication needs and continuity of care.

1. The existing orders and information about the individual's medication administration at the transferring agency must be transmitted to the accepting agency, within the boundaries of existing confidentiality rules and statutes.
2. Non-expired medication orders that were signed and dated by a licensed practitioner at the transferring agency are acceptable orders during the first 72-hour period at the receiving agency.
3. The receiving agency must ensure that a licensed practitioner has provided new medication orders for the individual within 72 hours of admission.
4. The transferring agency must ensure the transferred individual's medications are removed from service and the medications are inventoried and recorded at the time of transfer. The receiving agency must then verify the inventoried and recorded medications.
5. Upon transfer, all orders must be reviewed and approved by the individual's duly authorized licensed practitioner within 72 hours.
   a. During that timeframe, orders that are signed and dated by the discharging duly authorized licensed practitioner are the current acceptable orders.
   b. Prior to admission to another provider, all medications must be removed from service and placed in a locked area in accordance with applicable storage requirements.

E. Self-administered medications. Self-administration of medication is assumed unless the Person-Centered Plan notes otherwise. The agency must, to the extent possible, allow each individual the opportunity to personally take medications according to their prescription.

1. Upon intake, the agency must review the individual's Person-Centered Plan for information regarding the individual's ability to self-administer medication.
2. Provider agency and staff must notify the individual's case manager whenever there is a relevant change in the individual's capacity to self-administer medications or other factors that may affect the individual's ability to safely self-administer medications become known to the provider.
3. The individual or the individual's legal representative must consent in writing in the Person-Centered Plan to have the agency administer the individual's medications.
4. The agency must maintain evidence that the licensed practitioner who prescribed the medications has acknowledged that the individual self-administers their medication(s).

F. Injectable medications. Injectable medications must be administered by employees who are legally authorized to administer injectable medications, unless self-administered.

1. Epinephrine injections and insulin may be administered by a direct access worker who has been trained by a registered professional nurse regarding the safe and proper use of an epinephrine injection and insulin.
2. The agency must maintain current documentation of the direct access worker's successful completion of the injectable medication training in the employee record.

G. Medication containers. Medications must be maintained in their original, labeled packaging and containers.

1. Medications must be measured and prepared for administration in accordance with Department of Health and Human Services' Certified Residential Medication Administration Curriculum, March 2010, or its successor.
2. Personnel may not reuse disposable medicine containers. Re-useable medication measurement and preparation devices must be cleaned and sanitized consistent with manufacturer's guidelines and acceptable healthcare standards of practice.

H. Medications at admission. The agency must comply with the following provisions when individuals are admitted to the program and bring currently prescribed medications with them for existing disorders:

1. The medication and dose must be prescribed by a licensed practitioner;
2. The medication in the container must be confirmed as the prescribed medication by use of a guide such as The Physician's Desk Reference or equivalent drug reference manual, which must be available on site at the time of admission;
3. The medication must be stored in compliance with this Rule and applicable statutes;
4. The medication must be available to individuals who self-administer medication, and
5. There must be a written order, as required by Section 12 (K) of this Rule.

I. Violation of law. Nothing in this Rule may be construed as authorizing or permitting a person to violate applicable federal or State laws regarding the administration of medication.

J. Licensed practitioner's order required. Agencies must not administer or discontinue a medication without a written order signed and dated by a practitioner licensed to prescribe medications.

K. Written orders. Orders for medications and treatments must be in writing, signed, and dated by a licensed practitioner.

1. Written orders are in effect for the time specified by the licensed practitioner, except in no case may the time specified exceed 6 months.
2. A new written order is required to continue medication beyond a 6-month period.
3. Written orders for psychotropic medications must be reissued every three months, unless otherwise indicated by the authorized licensed practitioner.

4. Standing written orders for individuals are acceptable when signed and dated by the authorized licensed practitioner.
5. A nurse may take a verbal order from a licensed prescriber as long as the nurse later obtains the prescriber's signature on a written order as transcribed by the nurse.

L. Pro Re Nata (PRN) orders for psychotropic medications. The agency is prohibited from administering PRN ("as needed") psychotropic medication unless there is an order signed and dated by an authorized licensed practitioner that includes detailed behavior-specific written instructions.

1. Written orders for PRN psychotropic medications must include symptoms that might require use of such medication, exact dosage, exact time frames between dosages, and the maximum dosage to be given in a 24-hour period.
2. The agency must notify the authorized licensed practitioner within 24 hours when a PRN psychotropic medication has been administered, unless otherwise instructed in writing by the licensed practitioner.
3. Only staff qualified to administer medications may administer psychotropic medications prescribed PRN, if the PRN medication is not self-administered.

M. Faxed or telephoned orders for medication. The following provisions apply to faxed or telephoned orders for medication:

1. Only a nurse or a pharmacist may accept a telephone order for medication;
2. The telephone order must be written, dated and signed by the authorized licensed practitioner within ten working days; and
3. Prescription orders faxed to the agency by the licensed practitioner are acceptable. The fax must be placed in the individual's record.

N. Medication administration record. The agency must maintain a written Medication Administration Record (MAR) for each individual.

1. Prior to entering information into the MAR, the provider must verify the medication, the dosage, and the availability of required supplies.
2. The individual's MAR must include, but is not limited to, the following information:
   a. The written order for each medication or treatment prescription;
   b. The name of the prescribing licensed practitioner;
   c. The name of each medication, dosage, route, and time to be administered, as well as the clinical indication for the medication;
   d. Medications or treatments started, given, refused or discontinued, including those ordered to be administered PRN;
   e. Evidence of notification of the licensed practitioner for refused medications;
   f. The type and frequency of monitoring for effects of the medication or treatment;
   g. Medications or treatments ordered PRN, including date and time administered, medication and dosage, route, reason given, monitored results or response, and initials or signature of administering individual;
   h. Any stop order, signed and dated by the authorized licensed practitioner; and
   i. At least the following information for each individual:
      i. Date and time the medication or treatment is administered;
      ii. Type of medication or treatment;
      iii. Name of each medication or treatment, dosage, and route;
      iv. Frequency of use; and
      v. At the time of administration, the initials of the individual administering the medication or treatment as long as the individual's full signature is written legibly somewhere on the document.

O. Medication errors and reactions; incident reports. Medication errors and adverse reactions must be recorded in an incident report in the individual's agency record and maintained onsite:

1. Medication errors include errors of omission, as well as errors of commission; and
2. Errors in documentation or charting are errors of omission.

3. Agencies may utilize submitted Reportable Events to meet this requirement.

P. Storage of medication administered by the agency. For medication administered by the agency, the agency must maintain medications in their original containers in a locked storage cabinet.

1. The cabinet must be locked when not in use and:
   a. The key to the cabinet must be carried by the person on duty in charge of medication administration; and
   b. The cabinet must be equipped with separate cubicles, plainly labeled, or with other physical separation for the storage of each individual's medications.
2. The agency must keep medications and treatments administered by the agency that are for external use separate from medication taken internally.
3. Medications administered by the agency that require refrigeration must be safely stored in a locked manner that is separated from food that may also be in the refrigerator.
   a. The refrigerator's temperature must not exceed 41 degrees Fahrenheit;
   b. A thermometer must be located in the refrigerator to ensure proper temperature control; and
   c. The agency must have a policy and procedure for the monthly monitoring and recording of refrigerator temperatures.
4. Expired and discontinued medication must be taken out of service and locked in a separate cabinet away from other medications until disposed of or destroyed.
5. Individuals who self-administer medications in a residential setting and who handle their own medical regimen may keep medications with their own belongings.
6. Individuals who self-administer medications in a day program may keep medications in secure storage with their own belongings.

Q. Medication labeling requirements. For medications administered by the provider, each prescription dispensed by a pharmacy must be clearly labeled in compliance with applicable labeling laws and rules.

1. Agencies that administer the individual's medications must return all pharmaceutical containers having soiled, damaged, incomplete, incorrect, illegible, or makeshift labels to the original dispensing pharmacy for re-labeling within two business days of receipt of the improperly labeled medication or dispose of the medication as allowed by law.

R. Schedule II controlled substances. Agencies that administer the individual's Schedule II controlled substances medication are subject to the following standards:

1. In addition to compliance with federal and State laws, the agency must document and maintain records regarding Schedule II controlled substances in accordance with the following:
   a. The agency must maintain a record of the name of the individual, prescription number, the date, drug name, dosage, frequency and method of administration, the signature of the person administering it, and verification of the balance on hand;
   b. The agency must maintain a record and signed count of all Schedule II controlled substances at least once a day, if such substances have been used that day; and
   c. The agency must count all Schedule II controlled substances on hand at least weekly and keep records of the inventory in a bound book with numbered pages, from which no pages may be removed.
2. The agency must store all Schedule II controlled substances under double lock in a separate locked box or cabinet within the medication cabinet, or in an approved double-locked cabinet attached to the wall.

S. Disposal and destruction of medications. Agencies that administer the individual's medications must have written policies regarding the disposal and destruction of discontinued, expired, or unused medications, including non-controlled and controlled substances.

1. The agency's policies must comply with federal and State law, including Drug Enforcement Agency rules and regulations for medications disposal.
2. The agency may have a written agreement with a dispensing pharmacy that outlines policies, procedures, and responsibilities for both parties regarding the return and disposal of discontinued and unused medication.

T. Bulk supplies. Agencies may, but are not required to, stock bulk supplies of those items regularly available without prescription. Bulk supply medications must be dated when opened and discarded consistent with the manufacturer's guidelines.

U. Availability of medicine during emergencies. The agency must have a policy and a written backup plan for ensuring the provision of medications to the individuals during an emergency, such as a natural or man-made disaster.

1. There must be a written backup plan for ensuring the provision of medications to the individuals in the event that the agency ceases to exist. This plan must include supporting individuals that self-administer medications to review their medical supplies.
2. These policies and plans must be reviewed and updated annually.

V. Diabetes management. The agency must:

1. Ensure that a direct access worker providing care for an individual with diabetes receives in-service diabetes management training from a registered professional nurse;
   a. Before providing care;
   b. Annually thereafter; and
2. Maintain documentation of successful completion of the diabetes management training in the direct access worker's record. Diabetes management training must include at least the following topics:
   a. Dietary requirements;
   b. Diabetic oral medications, adverse reactions, including hyperglycemic and hypoglycemic reactions, and appropriate interventions;
   c. Insulin storage;
   d. Injection techniques and site rotation;
   e. Foot care;
   f. Laboratory testing, including urine testing and blood glucose monitoring; and
   g. Standard precautions.

SECTION 13. BUILDING STANDARDS

A. All buildings. All program facilities must be operated and maintained in accordance with the following:

1. The facility and surrounding premises must show evidence of routine maintenance, repair of wear and tear, and ongoing housekeeping, to include records of purchases and maintenance orders and receipts.
2. The agency must take immediate steps to correct any condition in the physical facility or on the premises which poses a danger to an individual's life, health, or safety.
3. The agency must ensure that all sites are physically accessible for the individuals receiving services under the provisions of this chapter, and in compliance with all applicable State and federal requirements,
4. The agency must conduct a risk assessment of its facilities and grounds as part of the agency's overall risk management plan and must ensure that it takes appropriate measures to mitigate those risks that have been identified as posing a serious risk to staff or individual safety. The risk assessment and plan of corrective actions will be reviewed and updated annually, or more often if necessary to ensure the safety of staff and individuals. The agency may include this as part of their Quality Improvement program.
5. Roads and driveways and parking lots must be regularly maintained and passable at all times of the year.
6. Agency locations where services are provided to individuals must have a central heating plant that can maintain an ambient temperature between 65 - 75° F.
    a. Underwriters Laboratories Inc. ("UL") listed heating appliances properly installed by an appropriately licensed professional are acceptable as an alternate heating system, or a supplement to a central heating system, conditional upon SFMO approval.
    b. Heating systems other than electric heating systems must be inspected annually by a qualified technician who is certified to work on the system. The agency must have written evidence that the heating system passed the inspection.
    c. Portable space heating devices are prohibited, unless authorized for usage by the SFMO.
7. Programs must have an adequate, safe and sanitary water supply.
    a. The agency must provide a supply of water safe for cooking and drinking.
    b. Each residential site must comply with the requirement of Section 4 (G) of this Rule regarding testing or the provision of bottled water.
8. The agency must ensure that all plumbing and sewage disposal is compliant with all local, State, and federal codes and requirements.
9. Exterior areas must have sufficient lighting to ensure the safety of individuals and staff. Rooms, corridors and stairways within the program must be sufficiently illuminated.
    a. Corridors and stairways within a program must be illuminated during the night or when activated by a motion detector.
    b. Open flame lighting is prohibited.
10. The agency must maintain an effective pest control program, so that the facility is free of insects and rodents.
11. Facilities must store poisonous, toxic, flammable, and other dangerous materials in locked compartments used for no other purpose when not in use. Such materials:
    a. Must not be stored with household cleaning solutions or other non-food supplies; and
    b. Must be stored in a location that is separate from food storage and preparation areas, cleaning equipment, utensil storage rooms, and medication storage areas.
12. If an on-site laundry room is utilized, it must be maintained in a sanitary manner and kept in good repair as follows:
    a. The agency must ensure that linens and clothing are regularly laundered and are handled using proper sanitary techniques as described in Section 14 of this Rule.
    b. The laundry room must not be in an area used to prepare or serve food.
    c. Soiled laundry must not be carried through food preparation areas, unless enclosed in containers.
13. Clothes dryers must be vented to the exterior of the building, unless designed by the manufacturer to operate without ventilation and approved for use in this type of facility by the SFMO.
14. Programs that employ a laundry service for individual's linens or clothing must collect, transport and store soiled and clean laundry separately.
15. Power-driven equipment must be maintained in safe and good repair.

a. Safety features must not be disabled, disconnected, or removed.
b. Safety features must be used during operation.
c. Use of power-driven equipment by individuals, when appropriate, must be monitored by staff in accordance with their assessed need, as documented in their Person-Centered Plan, and the provider policy.

16. Programs must comply with all applicable life safety codes and safety requirements, including fire drills and the use of smoke and carbon monoxide detectors.
    a. The program must conduct timed evacuation drills in accordance with SFMO requirements. Fire drills must be conducted and documented at least four times per year. In residential programs, one of the four drills must occur during overnight hours.
    b. Bedroom doors and exit doors must easily open from the inside without a key. Double cylinder dead bolt locks that require key operation from within are prohibited on exit doors.
    c. No extension cords may be used, unless UL approved for use.
17. A swimming pool that is maintained by the agency or its landlord and made available for individuals' use must be free from contamination and maintained in accordance with manufacturer guidelines and applicable laws and rules governing swimming pools.
    a. Access to the pool must be secured to ensure individual safety and prevent unsupervised use.
    b. When a site allows access to a swimming pool and the pool has a water depth of greater than 24 inches, the agency must have an employee on duty when individuals are using the pool that has completed a home pool safety course that includes how to perform reaching, throwing or wading assists.
    c. The agency must retain documentation of home pool safety course completion in the personnel file of each employee so trained.
    d. The agency must maintain emergency rescue equipment in the pool area, to include at a minimum a throw line and a ring buoy.
18. Pets may not present a danger to individual clients or guests.
    a. The agency must maintain documented proof of rabies vaccinations for pets and service animals.
    b. Residential programs must be free of pet odors and must dispose of pet waste daily.
    c. Use of service animals, including guide dogs, is governed by 5 M.R.S. § 4553, 17 M.R.S. § 1314-A, and 17 M.R.S. § 1312.
19. The agency must adopt and implement a policy regarding the possession of firearms and ammunition on the grounds or within the building of any structure under the agency's control that is used for the delivery of home and community support services.
    a. For any agency sites in which firearms are present, the agency must draft and implement a policy requiring the individual who owns a firearm to comply with Maine statute and applicable city ordinances regarding firearm storage and usage.
    b. In drafting the policy, the agency shall take into consideration other applicable laws, including but not limited to 26 M.R.S. § 600.
    c. Law enforcement personnel entering the premises in an official capacity may carry weapons, in accordance with applicable regulations.

B. Non-residential buildings. The following standards apply to facility-based day and community services and employment services settings.

1. An agency must be housed in a space that allows for record retention and confidential in-person individual contact.
    a. The building must be designed for the service needs of the type(s) of program provided.
    b. All services must be provided in accordance with applicable local, state or federal building codes.
    c. The building must contain private meeting space in which an individual may have private communications.
    d. Facilities in which day programs occur must have at least one bathroom accessible to individuals receiving services equipped with flush toilets, hand-washing facilities, and changing areas for every ten people present in the program at a time.

e. Facilities in which day programs occur must have at least 15 square feet per person present in the facility at the same time.
f. Facilities in which day programs occur must have an accessible, private space that allows for the completion of activities of daily living such as changing clothes.

2. The agency must ensure that all sites are physically accessible for the individuals receiving services under the provisions of this chapter, and in compliance with all applicable State and federal requirements.
   a. The agency must obtain documentation from the appropriate municipal official indicating compliance with all local laws or codes whenever a change occurs, which includes, but is not limited to, the following: building renovations, remodeling, repair or new construction.
   b. All construction work must comply with applicable federal, State and local laws.
   c. Plans for construction must be approved in advance by the SFMO, and the site must be approved prior to occupancy in compliance with Life Safety Code and any other fire and safety laws and regulations which are applicable to the facility.
3. The lease for any building or buildings not owned by the agency that are used in connection with the provision of individual services must clearly define which party to the agreement is responsible for the maintenance and upkeep of the property. The Department must be notified at least 72 hours in advance of any changes in the lease that may impact responsibilities for maintenance and upkeep and compliance with this Rule.
4. The agency must have written policies and procedures to protect the safety of its individuals, staff, and confidential information for each building and site used in the provision of services under its license.
5. In non-residential programs, staff are prohibited from possessing and using alcohol, and serving alcohol to individuals receiving services.

C. Residential buildings. The agency must provide individuals with safe and clean residences that are well maintained and kept in good repair. Residential programs must have doors on all closets, bedrooms, and bathrooms.

1. Windows and window coverings must be kept clean and in good repair and must ensure the safety and privacy of individuals.
2. Each individual's bedroom must have at least one exterior wall and one window.
   a. Each individual's bedroom must have direct access to a corridor without passing through a bathroom or another individual's bedroom. No individual's room may be used for access to other rooms or corridors.
   b. Individuals' bedrooms must have 100 square feet of usable floor space per individual in a single occupancy bedroom or 80 square feet of usable floor space per individual in multiple occupancy bedrooms. Only floor space that has a ceiling height of at least six feet may be included in the calculation of usable floor space.
   c. The agency must limit the occupancy of individuals per bedroom to no more than two adults.
3. Agencies must provide each individual a bed and mattress that is solidly constructed and in good repair. Rollaway beds, metal cots, inflatable mattresses, or folding beds are not acceptable.
   a. Beds must be easily accessible in the bedroom and must not be in a location that is subjected to extremes of heat or cold. No bed may be placed within three feet of a heating unit unless the unit is properly protected.
   b. Beds provided for adults must be at least 36 inches wide.
4. The agency must permit and encourage individuals to use their own furnishings and decorations in accordance with each individual's service plan and available space, to the extent that it does not prohibit the agency's ability to comply with this Rule.
5. Residential programs must have adequate supplies of towels, linens, and bedding to provide individuals with clean bed and bath linens. A complete linen change must be available at all times. Residential programs may only use water resistant bedding when necessary.
6. Residential programs must have at least one bathroom equipped with flush toilets, hand-washing facilities, and changing areas for every six people served by the program at a time; and:
   a. Water temperatures in areas used by individuals must not exceed 120° Fahrenheit;
   b. There must be an adequate supply of hot water to meet the needs of the residential program;

c. Knock-lights and visual alarms must be installed in bathrooms when there is a deaf or hard-of-hearing individual or staff;
d. There must be an adequate supply of hand-cleansing soap and paper towels, or an approved hand-drying device, conveniently located in each bathroom;
e. Common towels and drinking cups are prohibited, except in a private bathroom in an individual's bedroom;
f. Residential programs must have at least one bathtub or one shower, that may be one combined unit;
g. Bathing facilities must provide privacy and safety;
h. Bathtubs and showers must contain slip-proof surfaces;
i. Bathing facilities must be maintained in a sanitary condition; and
j. Bathing facilities must be equipped with grab bars for individuals with mobility needs, including fall prevention.

D. Disaster, hazard, and evacuation plans. The agency must have a written disaster, hazard and evacuation plan for each residential and day and community support services site.

1. The disaster, hazard and evacuation plan must be based on a program's risk assessment, and must assign specific tasks and responsibilities to agency personnel. At a minimum, the assessment must address:
   a. Natural disasters and man-made disasters, or other serious events, including but not limited to prolonged power outages;
   b. Security of medication and records;
   c. Safety of individuals and staff, including an evacuation plan;
   d. Notification of closure plan for staff and individuals;
   e. Responding to a public health emergency; and
   f. How medication will be dispensed in the case of an emergency.
2. At a minimum, the plan must address:
   a. Posting evacuation procedures in conspicuous locations throughout buildings;
   b. Training personnel and individuals to report fires and other emergencies, in accordance with written emergency procedures;
   c. Training individuals and personnel to evacuate the building, including specialized training for the evacuation of persons with disabilities or other conditions that may impair their ability to evacuate, as necessary, or their ability to understand the nature or purpose of the evacuation;
   d. Training personnel on all shifts to perform assigned tasks during emergencies, including the use and location of emergency equipment;
   e. Accounting for the whereabouts of individuals and personnel, without infringing on individuals' right to come and go as they please;
   f. Coordination with emergency responders;
   g. Plans for notifying the Department that individuals have been evacuated from a residential program for any reason other than a timed drill, after individuals are safely evacuated; and
   h. Plans for notifying the SFMO immediately after individuals are safely evacuated.
3. The agency must have an appropriate plan for each facility and program for the continuity of operation in the event of an emergency including:
   a. Risk assessment of the types of emergencies that the agency may encounter;
   b. Plans for ensuring sufficient personnel to respond in the event of an emergency;
   c. Plans for the management of ensuing medical and psychiatric emergencies;
   d. Plans for the management of medical records and medication;
   e. Options for relocating service recipients, to include transfer and continuity of care agreements; and
   f. Plans for notifying the Department, guardians, placement agencies, and the SFMO.

SECTION 14. INFECTION PREVENTION AND CONTROL

A. Infection Prevention and Control. The agency must establish, implement, and maintain an Infection Prevention and Control Plan (IPCP) to control the transmission of infectious diseases among individuals served, staff, and visitors at residential and day program sites.

1. The agency must employ or contract with a person with certification or training in IPC to oversee the development and implementation of the IPCP. The certification or training must include the following content areas, at a minimum:
   a. Standard precautions;
   b. Transmission-based precautions;
   c. Respiratory protection; and
   d. Use of PPE and source control measures.
2. The agency must develop a written IPCP. The development process must include:
   a. A risk assessment and overall program review. The risk assessment and program review must include:
      i. Identification of resources necessary to care for individuals during day-to-day operations and emergencies;
      ii. Identification of any policies/protocols that need to be developed; and
      iii. Review of current Maine Center for Disease Control and Prevention (MeCDC) standards and federal Center for Disease Control (CDC) guidelines. The program should keep a log noting specifically what guidelines were utilized, and identification of any changes needed to meet those standards.
   b. The agency must review and update the plan and all related policies/protocols annually, and whenever there is any change or plan for change that would require a substantial modification to any part of the current IPCP.
   c. The plan must be updated as needed to reflect current Maine Center for Disease Control and Prevention (MeCDC) standards and federal Center for Disease Control (CDC) guidelines. The program should keep a log noting specifically what guidelines were utilized and identifying any changes needed to meet those standards.
3. The IPCP must include policies and procedures for the prevention of the spread of any infectious disease, including:
   a. Requirements for staff to perform hand hygiene before and after each direct and indirect contact for which handwashing is indicated by nationally recognized professional practice;
   b. Use of PPE and source control measures;
   c. A respiratory protection program;
   d. Identification of the adequate amount of PPE to have on hand at all times, and measures to take when PPE is not readily available;
   e. The conduct of environmental cleaning and disinfection, specifying the cleaning agents and processes to be used;
   f. Documentation of random visual observations of staff use of PPE throughout an outbreak of an infectious disease;
   g. Notification of the MeCDC, all other individuals and their primary family contact, staff, and the Department in the event of an outbreak of a notifiable disease;
   h. Transmission-based precautions and isolation of the individual served, when the MeCDC determines that an individual needs isolation to prevent the spread of infection;
   i. Work-exclusion processes and steps to be taken in the event of a staff or individual served exposure, when the type of infectious disease requires instituting specific work restrictions;
   j. An exposure control plan to address potential hazards posed by blood and body fluids and other potentially infectious material (OPIM) or infectious diseases;
   k. A crisis staffing plan;
   l. A process for reporting notifiable diseases to the MeCDC; and
   m. A policy requiring consultation with the MeCDC in the management of any outbreak of a reportable infectious disease or novel virus.

4. The agency must implement any recommendations of the MeCDC, including but not limited to:
   a. Universal testing and individual served cohorting, when applicable;
   b. Practices for safe visitation or alternatives to in-person visits, and practices to assure individuals safety during departures from the program;
   c. Reasonable methods and processes to allow individuals to communicate with family and friends in ways that maintain individuals' safety; and
   d. Conditions and protocols for screening all full and part-time staff, all essential healthcare individuals who enter the program (such as hospice staff, licensed practitioners, etc.), and any other individual entering the program.
5. The agency must provide education on IPC to all staff at hire.
   a. The training must include:
      i. Standard Precautions, including:
         1. Hand hygiene, which must include procedures to be followed by staff involved in direct patient care or food preparation;
         2. Bloodborne pathogens;
         3. The proper selection and use of Personal Protective Equipment (PPE); to include putting on (donning) and taking off (doffing); and
         4. Respiratory hygiene/cough etiquette;
      ii. Environmental cleaning and disinfection;
      iii. Transmission-based precautions; and
      iv. Sharps/injection safety, including immediate actions to take when exposure to blood or other potentially infectious material (OPIM) occurs.
   b. Documentation of staff training and observed competency in Infection Prevention and Control must be maintained in each employee's personnel file.
   c. In the event of an outbreak of an infectious disease, the agency must provide a refresher training to all employees.
   d. The agency must maintain a copy of the IPC training curriculum utilized to provide education to staff.

SECTION 15. FOOD PREPARATION AND DIETARY STANDARDS

A. Food service and safety. In programs where staff people are responsible for preparing food, agencies must ensure that food is prepared in a safe manner and in accordance with this Rule.

1. Residential programs must offer a nourishing, well-balanced diet that meets the daily nutritional and special dietary needs of each individual.
    a. The licensee must provide any therapeutic diets ordered in writing by a licensed practitioner and consented to by the individual.
    b. Residential programs must keep food available daily that aligns with individual needs and preferences, and maintain documentation to demonstrate compliance.
    c. Residential programs must ensure that individuals have access to least three meals in a 24-hour period. Additional food and beverages must be available 24 hours per day.
        i. Programs must allow flexible meal times to allow for individual preferences and routines.
        ii. Individuals may choose to decline food at any time. If an individual's pattern of food refusal could be interpreted by a reasonable person to pose a health risk to the individual, the licensee must notify the individual's licensed practitioner.
    d. Residential programs must have and implement a policy regarding food storage and access.
    e. Nothing in this Rule prohibits an individual from accepting and consuming gifts of home canned goods and other foods from family members or others. The agency must ensure that these items are appropriately labeled and dated.
    f. Each residential program must have adequate appliances to prepare and cook food, including but not limited to a stove, oven, sink, and refrigerator.
2. Poultry, poultry stuffing, stuffed meats, and stuffing containing meat, must be cooked to heat all parts of the food to at least 165° Fahrenheit, with no interruption of the cooking process.
    a. Pork and any food containing pork must be cooked to heat all parts of the food to at least 150° Fahrenheit.
    b. Rare roast beef and beef must be cooked to an internal temperature of at least 130° Fahrenheit, unless otherwise ordered by the individual.
    c. Fin fish must be cooked to at least 145° Fahrenheit.
3. Only pasteurized milk and milk products may be used.
    a. No reconstituted powdered milk or evaporated milk may be served to drink.
    b. Powdered milk or evaporated milk may be used for cooking.
    c. Milk served for drinking must be served in the original container or poured directly from the original container into the individual's glass at mealtimes.
    d. Approved bulk dispensers may be used.
4. Foods requiring refrigeration must be stored at a temperature of 41° Fahrenheit or below.
5. Programs must provide and individuals must receive food that accommodates allergies.

SECTION 16. ELIGIBILITY, ADMISSION, AND DISCHARGE

A. Intake and admission.
1. Agencies must act in accordance with their intake policy.
2. Agencies must review information about the individual to determine that they are adequately prepared to deliver services in accordance with the person's needs, including, but not limited to, preparing to implement medication administration protocols and behavioral management procedures.

B. Access to services. Agencies must minimize barriers to an individual's ability to access services, including, but not limited to, the following:
1. The agency must accommodate the written and oral communication needs of individuals or applicants in accordance with, but not limited, to the following:
   a. The agency must provide or arrange for assistive listening devices, telephone amplification, sign language services, or other communication methods for deaf or hard-of-hearing persons.
   b. The agency must provide or arrange for communication assistance for individuals who have difficulty making their service needs known, including but not limited to, the following:
      i. Providing or arranging for visible or tactile alarms for safety and privacy; and
      ii. Providing or arranging for communication assistance consistent with the individual's literacy level.
2. The agency may restrict access to services based only on eligibility or admission requirements included in the agency admission policy described in Section 16 (D) below. The agency may not deny any person access to services based solely on a co-occurring condition or on the person's refusal of any other service.
3. Providers cannot impose conditions or restrictions on eligibility or access to services that do not exist in federal or state law.

C. Referral procedure. The agency must have a written policy for referral to other providers. The policy must describe the actions the agency will take whenever:
1. Services are denied;
2. An individual seeks a referral; and/or
3. The agency is unable to meet the individual's assessed needs.

D. Intake and admission policy. The agency must draft and implement a policy which must outline the agency's administrative procedures that govern how people begin and end services with the agency, including in crisis situations. The policy must align with relevant state rules and statutes, including tenancy laws, and include information about how members, families, and case managers will be notified of service transitions.

E. Discharge policy. An agency must have and implement a written discharge policy that must include, at a minimum, the following provisions:
1. A clear, planned, and orderly discharge process that assures that there is an approved Person-Centered Plan for a safe transition with informed choice of providers and locations, provision of individual information and, if related to the scope of services provided by the licensee, essential medical supplies, medication, money and personal items to ensure continuity of care;
2. Assignment of staff responsibility for the discharge process;
3. Involvement of the individual, the individual's guardian or legal representative, case manager, and others as appropriate in the discharge process; and
4. The requirement to obtain the individual's permission to notify collaborating service providers, the courts, and others as appropriate upon discharge.

F. Discharge summary. In all cases, a discharge summary must be completed within 30 days after the date of discharge, and
1. Describe the individual's status at the time of discharge;
2. Summarize the individual's progress toward meeting planned goals as listed in the individual's service plan;

3. Include referrals for service to other agencies as needed, including the reason for the referral;
4. Make recommendations for ongoing services and supports;
5. Be signed, credentialed, and dated by the individual completing the summary; and
6. Become part of the individual's record.

SECTION 17. CASE MANAGEMENT AND SERVICE PLANNING

A. Service plan. Agencies that offer case management must ensure the development and ongoing review of each individual's Person-Centered Plan including ongoing monitoring and annual updates. These activities must be completed, as required by 10-144 CMR Ch.101, MaineCare Benefits Manual, Ch. II, Sections 13, 18, and 20, dependent on the service population.

B. Service plan monitoring. The agency is responsible for monitoring that the individual is receiving the services and supports in the individual's Person-Centered Plan. To demonstrate that this responsibility has been met, the agency must develop and implement a Person-Centered Planning policy to include:

1. Requiring case managers to complete quarterly face-to-face site visits with the individual and document the focus and duration of the visit. This documentation must be made available to the Department upon request. These face-to-face visits must take place in a variety of settings in which the individual receives services;
2. Requiring case managers to complete monthly check-ins with the individual and document the focus and duration of the check-in. This documentation must be made available to the Department upon request. These check-ins must occur in a format based on the individual's preferences including but not limited to, options such as in-person, on a mobile phone, or via a video call;
3. Ensuring services and supports are effectively identified in the service plan and delivered in the appropriate scope, amount, and duration, in settings that meet the individual needs of the person, including accessibility; and
4. Ensuring services and supports are delivered in a setting and with a programmatic approach that meets the requirements of 10-144 CMR Ch. 101, MaineCare Benefits Manual, Ch. I, Section 6: Global HCBS Waiver Person-Centered Planning and Settings Rule.

SECTION 18. RESIDENTIAL SERVICES

A. General program requirements. An agency that provides residential services must adhere to the following:

1. All standards outlined in 10-144 CMR Ch. 101, MaineCare Benefits Manual, Ch. I, Section 6: Global HCBS Waiver Person-Centered Planning and Settings Rule applicable to residential settings, including but not limited to requirements related to tenant rights, privacy, roommate selection, lockable doors, freedom to decorate, freedom to control schedules and access food, and physical accessibility.
    a. Residential habilitation that takes place in agency-owned and operated settings must be leased in the names of the individuals who are being supported, unless it is not possible.
    b. If it is not possible to comply with Section 18 (A)(1)(a), then the provider must ensure that each person has a legally enforceable residency agreement or other written agreement that, at a minimum, provides the same responsibilities and protections from eviction that tenants have under the relevant landlord/tenant law for that jurisdiction. This includes a responsibility to ensure that each person knows their rights regarding housing, as explained by their lease or written residency agreement, including when they could be required to relocate, and understand the eviction process and appeal rights. This provision applies equally to leased and agency-owned properties.
    c. Regardless of lease holder, the provider agency is responsible for managing maintenance requests, including issues of sanitation, with the property owner.
2. Residential agencies that use recording or monitoring devices must have and implement a policy on the use of safety devices in accordance with 14-197 CMR Ch. 5, Regulations Governing Behavioral Support, Modification and Management for People with an Intellectual Disability or Autism Spectrum Disorder in Maine.
3. Residential providers must promote optimal health of the individual by:
    a. Arranging for coordinated routine, preventive, specialty, and professional clinical services;
    b. Making first-aid supplies available; and
    c. Assuring prompt and appropriate response by staff to emerging health care issues and ensuring access to emergency health care services when needed.
4. Residential providers must support each individual to obtain personal possessions, including but not limited to an adequate supply of supplies to support daily hygiene, seasonal clothing, and medical needs as necessary for the individual's health and comfort and consistent with the individual's choice and preferences.
5. Residential providers must support each individual to maximize their independence in performing activities of daily living and recreational, cultural and leisure activities, providing training when needed according to the Person-Centered Plan.

B. Room and board charges. The agency must draft and implement a policy which must outline how room and board charges will be applied in a way that does not exceed fair market value or result in disproportionate charges being applied. This subsection of the Rule is not applicable to State Plan PNMI Appendix F.

SECTION 19. SHARED LIVING

A. Shared Living Provider oversight. Administrative Oversight Agencies (AOA) that contract with Shared Living Providers must ensure that Shared Living Providers meet the requirements listed in 10-144 CMR Ch. 101, MaineCare Benefits Manual, Ch. II, Sec. 21 or 29, depending on the services provided. AOAs must develop and implement policies and procedures to ensure that Shared Living Providers:

1. Are certified as Direct Support Professionals;
2. Enter into a contractual relationship with the AOA;
3. Maintain a clean and healthy living environment addressing any individual's specific needs; and
4. Observe all other requirements as stated in 10-144 CMR Ch. 101, MaineCare Benefits Manual, Ch. II, Sec. 21 or 29, including but not limited to:
   a. Attending to the individual's needs;
   b. Planning with the individual;
   c. Community inclusion;
   d. Maintaining daily documentation;
   e. Reporting;
   f. Maintaining insurance;
   g. Providing transportation; and
   h. Attending required trainings.

B. Agency requirements. AOAs must meet the organizational requirements outlined in 10-144 CMR Ch. 101, MaineCare Benefits Manual, ch. II, Section 29.19 (3)(b)(iii). AOAs must conduct reviews of all contracted Shared Living Providers to ensure each Shared Living Provider has maintained the following documentation, and have documentation of these reviews available for inspection:

1. Professional daily documentation in accordance with MaineCare requirements;
2. Daily documentation of all medication administered to the individual;
3. Current homeowner's or renter's insurance;
4. A valid Maine driver's license; and
5. A properly registered, inspected, insured, and maintained vehicle.

C. Drinking water. AOAs must ensure that each contracted Shared Living Provider provides a supply of safe drinking water that complies with the standards of Section 4 (G) of this Rule.

SECTION 20. DAY AND COMMUNITY SUPPORT SERVICES

A. General program requirements for Day and Community Support Services. An agency providing Day and Community Support Services (also referred to as Day Habilitation) must adhere to the following provisions.

1. Individuals that receive services at a center-based program must have a secure place to store their belongings during the day. Secure places include but are not limited to individual lockers, closets, lockboxes, or secure cabinets.
2. Provider agencies must have documented individual schedules that show how individuals are engaged in personalized habilitative activities.
3. Provider agencies must have a system that ensures that adult community inclusion and skill acquisition options are available to individuals every day. This includes, but is not limited to, the following:
   a. Sharing information with staff and individuals about competitive integrated employment and/or integrated retirement opportunities;
   b. Training staff on identifying community resources and activities.

SECTION 21. EMPLOYMENT SERVICES

A. Employment services.

1. On the job employment services must be provided in a non-residential setting that meets competitive integrated employment standards as appropriate to the needs of an individual, and consistent with the choice of the individual regarding services, providers, and goals.
2. Employment services may not occur in settings where a provider, or other person who supports or directs an individual's plan to obtain or advance in competitive integrated employment, receives a financial or material benefit.
3. Employment services must be provided in accordance with 10-144 CMR Chapter 101, MaineCare Benefits Manual requirements for Ch. II, Section 18, 20, 21, or 29, dependent on the funding source for the services.
4. Services occur with specific outcomes to be achieved, as determined by the individual, the employer, and the service and supports planning team.
5. Supported employment services are individualized and may include any combination of the following services: vocational/job-related discovery or assessment, person-centered employment planning, job placement, job development, negotiation with prospective employers, job analysis, job carving, training and systematic instruction, job coaching, benefits and work-incentives planning and management, transportation, asset development and career advancement services.

B. Labor restrictions. The agency must have and implement a policy and have staff position descriptions that prohibit staff from completing the individual’s paid work functions.

SECTION 22. INSPECTIONS AND INVESTIGATIONS

A. Inspections required. A licensee must allow the Department to enter the premises of any licensed site to conduct inspection surveys and complaint investigations. Application for licensure constitutes permission for entry and inspection to verify compliance with applicable law and rules.

B. Agency cooperation. As a condition of receiving and maintaining its license, an agency must cooperate with the Department's conduct of surveys and investigations. An agency's failure to cooperate is a separate rule violation. Cooperation includes, but is not limited to, allowing the Department:

1. Immediate access to any documents and records required by this Rule to be available on-site, and producing documents and records stored off-site within one business day of the request;
2. Full access to electronic and electronically-stored records, either through a State-owned computer or device, through a computer or device provided by the agency, or with assistance from agency staff;
3. To copy any documents and records; and
4. To meet or speak in private with any person employed by or receiving services from the agency, except that a person receiving services has the right to refuse to meet or speak to the Department's authorized representative.

C. Complaints. Any licensing violations noted as a result of a complaint investigation will be provided to the agency in writing. The agency may not retaliate against any individual or complainant for filing a complaint.

D. Department's toll-free number posted. Facility-based programs must post the Department's toll-free telephone number and website URL for electronic complaint reporting in an area visible to all individuals to enable individuals or staff to contact the Department to make a complaint about the agency. Programs that are not facility-based must provide the toll-free number upon admission and maintain documentation in accordance with Section 8(C)(3)(e)(iii).

E. Department complaint investigation. On-site Department investigations are unannounced. The Department may investigate, or have investigated on its behalf:

1. Complaints;
2. Incidents of suspected abuse, neglect, exploitation, and inadequate care or supervision;
3. Allegations of the agency's failure to comply with this Rule;
4. Allegations of rights violations; or
5. Suspected violation of State or federal law or rules.

F. Report adult abuse, neglect, or exploitation. The agency must immediately report any suspected abuse, neglect, or exploitation of an incapacitated or dependent adult to Adult Protective Services at 1 (800) 624-8404 when a mandated reporter becomes aware of the incident or allegation, in accordance with 22 M.R.S. § 3477.

1. The agency must also immediately call or submit a report to the Division of Licensing and Certification.
2. The agency must draft and implement a policy regarding abuse, neglect, and exploitation which outlines reporting, reviewing, and investigating allegations. This policy must align with 14-197 CMR Ch. 12 Reportable Events System, 10-149 CMR Ch.2 Adult Protective Services System, and 34-B M.R.S. § 5605.
3. This policy must include a description of how the provider will support the provision of appropriate medical care to individuals.

G. Grievance procedures. The agency must make the Department's grievance process in 14-197 CMR Ch. 8, Grievance Process for Persons with an Intellectual Disability, Autism Spectrum Disorder or Acquired Brain Injury, available to individuals and staff.

1. The agency must distinguish for individuals and staff the Department's grievance process from the process for submitting licensing complaints.

2. Agencies must make the contact information for Disability Rights Maine available to individuals served, guardians, and family members.

SECTION 23. ENFORCEMENT

A. Operating without a license. The Department may impose a penalty on an agency required to be licensed under this Rule that is operating without the required license.
1. The minimum penalty for operating without a license is $500 per day but not more than $10,000 in total.
2. The Department may enter and inspect an agency that it believes is operating without a license only with the permission of the owner or person in charge, or with an administrative search warrant from the District Court authorizing entry and inspection.

B. Waiver of a licensing rule. An agency holding a full license may request, in writing, a waiver of a provision of this Rule, using a Department-approved form.
1. The Department may waive or modify a provision of this Rule under the following terms and conditions:
   a. The agency must provide clear and convincing evidence, including expert opinion at the request of the Department, which demonstrates to the satisfaction of the Department that the agency's alternative method will comply with the intent of the rule provision;
   b. The provision is not mandated by State or federal law or regulation; and
   c. The waiver may not violate the rights of individuals receiving services.
2. A waiver or modification granted by the Department is enforceable as rule and a violation is subject to the enforcement procedures in this Rule.
3. A waiver, when granted, must be for a specific period, not to exceed the term of the license.
4. A waiver may impact an agency's ability to receive payment for services. It is the agency's responsibility to research any potential conflicts before requesting a waiver.
5. An agency may submit a written request for the renewal of the waiver at the time it applies for license renewal.

C. Statement of Deficiencies. The Department may issue a Statement of Deficiencies (SOD) when it determines that a violation of this Rule or applicable statutes has occurred.
1. The agency must inform individuals and their legal representatives at the time of intake that survey results are public information and are available upon request.
2. Individuals and their legal representatives must be notified by the agency, in writing, of any actions proposed or taken against the license of the agency by the Department, including, but not limited to, decisions to: issue a Directed Plan of Correction; issue a conditional license; refuse to renew a license; appoint a receiver; or impose other sanctions as allowed by statute. This notification must take place within 15 days from receipt by the agency of notice of action by Department.

D. Plan of Correction. An agency is required to submit an acceptable Plan of Correction (POC) to the Department within ten business days of receipt of a SOD.
1. An acceptable POC must contain the following elements for each and every specific deficiency:
   a. How the agency will address processes and systems issues that led to the deficiency;
   b. An agency-wide plan to ensure full regulatory compliance throughout the licensed agency;
   c. The procedure for implementing the POC, and the date of implementation;
   d. The monitoring procedure to ensure that the POC is effective and the specific deficiency cited remains corrected and in compliance with the regulatory requirements, including the timeframe and processes for monitoring to ensure continued compliance after the date of completion; and
   e. The title of the person responsible for implementing the acceptable POC.
2. A POC may not contain any individual's name or protected health information.
3. Failure to correct any deficiency(ies), or to file an acceptable timely POC, may lead to the imposition of sanctions.

E. Informal conference. An agency may request a courtesy informal conference through the Department to contest any deficiency cited on an SOD.
1. An agency wishing to dispute the findings of an SOD must submit a written request for a courtesy informal conference to the Department within ten (10) business days of receipt of the SOD.

2. A Plan of Correction (POC) is required to be submitted to the Department within ten (10) business days of the agency's receipt of an SOD. The agency may not delay submitting a POC within the required timeframe because an informal conference has been requested. Failure to submit a POC within the required timeframe may result in the agency being issued intermediate sanctions.
3. The written request for a courtesy informal conference must specifically identify what deficiencies are being questioned, include a reason for the request, provide evidence sufficient to support the disputation of the deficiency, and explain why this evidence was not presented at the time of the survey or investigation that resulted in the SOD.
4. Informal conferences may not be used to present evidence that was required to be available at the time of a survey or investigation.
5. If the agency meets the requirements of Section 23 (E)(1)-(4) to the satisfaction of the Department in submitting the request, the Department will schedule an informal conference.
6. Only one informal conference will be permitted regarding an inspection that results in the issuance of a SOD. Failure to appear at the scheduled time of the informal conference or failure to provide at least 24 hours' notice of the need to reschedule the informal conference will result in forfeiture of the opportunity for an informal conference for that SOD.
7. If an agency chooses to be accompanied by counsel, then the agency must notify the Department of their intent in their request for a courtesy informal conference. The Department reserves the right to cancel a courtesy informal conference when an agency's counsel arrives without prior notice.
8. Informal conferences will be scheduled upon availability of the Department staff.
9. A courtesy informal conference may result in no change to the SOD or a revision to the SOD to accurately reflect the violations supported by the evidence.
10. An informal conference will not delay any subsequent enforcement action against an agency or any other aspect of the inspection and/or licensing process. The Department retains the authority to conduct subsequent inspections that may result in additional actions.
11. The decision to grant or deny a courtesy informal conference is not final agency action and may not be appealed. The outcomes of courtesy informal conferences are not subject to the right of appeal.

F. Grounds for sanctions. The following circumstances may be grounds for the imposition of sanctions:

1. Operation of a Residential or Day and Community services program of the agency over the licensed capacity;
2. Impeding, obstructing or interfering with a Department investigation, including but not limited to giving false information;
3. Failure to submit an acceptable POC within 10 working days after receipt of an SOD;
4. The agency has demonstrated repeated non-compliance with this Rule, including citations for repeat deficiencies and/or failure to implement or comply with a POC or DPOC; and
5. Failure to comply with applicable laws and/or rules, including but not limited to this Rule, sections of the MaineCare Benefits Manual and rules falling under the purview of the Office of Aging and Disability Services applicable to the services provided.

G. Sanctions. The Department is authorized to impose one or more of the following intermediate sanctions when any of the circumstances listed in Section 23(F) are present and the Department determines that a sanction is necessary and appropriate to ensure compliance with applicable statutes or rules or to protect individuals served by the agency.

1. The agency may be directed to stop all new admissions, regardless of payment source, or to admit only those individuals the Department approves until such time as the Department determines that corrective action has been taken; or
2. The Department may issue a directed POC specifying how a licensee must correct any deficiencies to come into and/or maintain compliance with this Rule and the timeframe for implementing the corrective action, including but not limited to staffing above the minimum requirements, additional training requirements, consultant or pharmacist services, and other measures determined by the Department.

H. Conditional licensure. The Department may issue a conditional license consistent with Section 5(C). The Department may also change a full license to a conditional license if, during the term of a full license, a licensee fails to comply with applicable laws and rules and, in the judgment of the Department, the best interest of the public would be served by the issuance of a conditional license.

I. Refusal to issue a license.

1. The Department may refuse to issue or renew a license when an applicant or licensee engages in misrepresentation or submits materially incorrect or insufficient information on the application; does not meet the requirements for licensure; or fails to comply with this Rule or applicable statutes.
2. The Department may issue a license but decline to include specific sites or services for which the agency has applied due to non-compliance with the standards set forth in this Rule.

J. Revocation or suspension of a license.

1. The Department may revoke, suspend, or refuse to renew a license without a hearing for a period not to exceed 30 days whenever, upon investigation, the Department finds conditions that, in the opinion of the Department, immediately jeopardize the health or physical safety of persons residing in a program or receiving services, and acting in accordance with the procedure set forth in subchapter 4 or 6 of the Administrative Procedure Act would fail to adequately respond to the known risk, in accordance with 5 M.R.S. § 10004 (3).
2. The Department may secure a court order to suspend or revoke a license in accordance with the following provisions:
    a. The Department may file a complaint with the District Court requesting an emergency suspension of the agency's license whenever, upon investigation, conditions are found that in the opinion of the Department pose an immediate threat to the health, safety, or welfare of persons residing in a program or receiving services, in accordance with 4 M.R.S. § 184(6).
    b. The Department may seek to suspend or revoke a license for violation of applicable law and rule; or for committing, permitting, aiding or abetting any illegal practices in the operation of the agency; or for conduct or practices detrimental to the welfare of persons residing in the program or receiving services from the agency, by filing a complaint with the District Court as provided in the Maine Administrative Procedure Act, 5 M.R.S. Ch. 375.

K. Receivership. The Department may petition the Superior Court to appoint a receiver to operate an agency in the same manner as for a long-term care facility under 22 M.R.S. Ch. 1666-A.

L. Appeal rights. Any agency aggrieved by the Department's decision to take any of the following actions, or to impose any of the following sanctions, may request an administrative hearing to refute the basis of the Department's decision, as provided by the Maine Administrative Procedure Act, 5 M.R.S. Chapter 375:

1. Issuing a conditional license;
2. Amending or modifying a license;
3. Refusing to issue or renew a full license;
4. Refusing to issue a provisional license; or
5. Imposing a sanction.

M. Request for hearing. A request for an administrative hearing must be made in writing to the Division of Licensing and Certification and must specify the reason for the appeal. Administrative hearings will be held in conformity with 10-144 CMR ch. 1, Administrative Hearings Regulations.

N. Applicable procedures. Citations or actions taken pursuant to this Rule are licensing actions subject to the discipline and proceedings described herein. Enforcement and appeal procedures set forth in 10-144 CMR ch. 101 MaineCare Benefits Manual, ch. I, Section 1, and in 10-144 CMR Ch. 101 MaineCare Benefits Manual, ch. II do not apply to licensing action taken under this Rule.

PART TWO

QUALITY STANDARDS

Provisions in Part B of this Rule fall under the oversight of the Office of Aging and Disability Services and allegations of non-compliance must be directed to that Office.

SECTION 24. QUALITY ASSURANCE

A. Quality Management Program. The agency must have a Quality Management Program and plan that meets requirements for quality management outlined in 10-144 CMR Ch.101, MaineCare Benefits Manual, Ch. II Section 29.19(B)(4).

1. This program must include:
   a. Trending analysis of serious injury and reportable events;
   b. Data collection and evaluation of the use of intrusive behavioral interventions, including restraint and seclusion;
   c. Identification of any underreporting trends that may be impacting their analysis of reportable events;
   d. Analysis of annual customer service/ satisfaction surveys of individuals served and guardians;
   e. Tracking, evaluation, and remediation of licensing deficiencies, grievances, and the findings of complaint investigations; and
   f. Additional analysis, including but not limited to, collection and analysis of individual length of stay and transition patterns.
2. The agency must identify any agency-wide issues, implement solutions to improve overall quality, and promote service delivery in compliance with this Rule and 10-144 CMR Ch.101, MaineCare Benefits Manual, Ch. II, Sections 13, 18, 20, 21, 29, and 97 as applicable to the services provided, and 10-144 CMR Ch.101, MaineCare Benefits Manual, Ch. I, Sections 1 and 6 at all sites. Quality Improvement must take into account all groups of individuals served by the agency.
3. The agency must make documentation about this program and related service delivery information available to the Office of Aging and Disability Services upon request.

B. Annual evaluation. Agencies must annually review the findings of their agency's quality management process, in accordance with sections of 10-144 CMR Ch.101, MaineCare Benefits Manual, Ch. II Sections 13, 18, 20, 21, 29, and 97 as applicable to the services provided, and 10-144 CMR Ch.101, MaineCare Benefits Manual, Ch. I, Sections 1 and 6 at all sites. This evaluation must be shared with the Office of Aging and Disabilities Service annually and be responsive to active guidance from the Centers for Medicare and Medicaid Services about quality improvement priorities.

C. Participation. Agencies must participate in Office of Aging and Disability Services quality management activities, including but not limited to episodic or periodic Office of Aging and Disability Services meetings to discuss incident management tracking and trending, data sharing, training participation, and on-site observations.

D. Periodic reports to personnel. The agency must make reports available to stakeholders at least annually, stating what the agency learned as a result of its quality measurement and improvement efforts.

E. Policy manual. The agency must create and have available to staff at all times a complete policy manual, containing all of the policies required by this Rule for the services provided:

1. Reportable events, as required by Section 7(C);
2. Closure policy, as required by Section 7(E);
3. Vehicles used and owned by the agency, as required by Section 7(G)(4);
4. Records management, as required by Section 8(A);
5. Reporting of rights violations, as required by Section 10(D);
6. Right to visitors and accessibility and individual rights, as required by Section 10(D);
7. Behavioral rules and regulations, as required by Section 10(E) and Section 25 (G);
8. Medication policy, as required by Section 12(A);
9. Monitoring of cold storage of meds, as required by Section 12(P)(3)(c);
10. Availability of medications during an emergency, as required by Section 12(U);
11. Individual use of power-driven equipment, as required by Section 13(A)(15);
12. Firearms, as required by Section 13(A)(19);

13. Consultation with the ME CDC in the event of an outbreak, as required by Section 14(A)(3)(m);
14. Food storage and access, as required by Section 15(A)(1)(d);
15. Intake, as required by Section 16(A)(1) and (D);
16. Referral to other agencies, as required by Section 16(C);
17. Discharge policy, as required by Section 16(E);
18. Person-Centered Planning Policy, as requited by Section 25(E)(2);
19. Coordination of services, as required by Section 26(A)(2)(a);
20. Ongoing training and supervision, as required by Section 25(C)(2);
21. Individual's privacy, respect, and dignity, as required by Section 25(F)(1);
22. Protection of individual's money, as required by Section 25(F)(1)(c)(v);
23. Conflict of interests, as required by Section 25 (F)(5)(c);
24. Drug and alcohol usage, as required by Section 25(F)(6)(b);
25. Availability and provision of interpretive services, as required by Section 25(F)(7);
26. Storage and use of personal resources, as required by Section 25(F)(8);
27. Transportation, as required by Section 25(H) and Section 26 (B)(1);
28. Use of safety devices, as required by Section 18 (A)(2);
29. Room and board charges, as required by Section 18 (B);
30. Labor restrictions, as required by Section 21 (B); and
32. Competitive integrated employment, as required by Section 26 (D)(3).

SECTION 25. GENERAL STANDARDS FOR ALL AGENCIES

A. MaineCare-funded services. Residential, day and community services, and employment agencies that receive Medicaid funding must comply with all applicable state and federal rules, regulations and statutes, and deliver services as described in and in compliance with the following regulations as applicable to the provider type and services provided:

1. 10-144 CMR Ch.101, MaineCare Benefits Manual, Ch. I, Section 1;
2. 10-144 CMR Ch.101, MaineCare Benefits Manual, Ch. I, Section 6;
3. 10-144 CMR Ch.101, MaineCare Benefits Manual, Ch. II, Section 13;
4. 10-144 CMR Ch.101, MaineCare Benefits Manual, Ch. II, Section 18;
5. 10-144 CMR Ch.101, MaineCare Benefits Manual, Ch. II, Section 20;
6. 10-144 CMR Ch.101, MaineCare Benefits Manual, Ch. II, Section 21;
7. 10-144 CMR Ch.101, MaineCare Benefits Manual, Ch. II Section 29;
8. 10-144 CMR Ch.101, MaineCare Benefits Manual, Ch. II Section 97 Appendix F;
9. 14-197 CMR Ch. 1;
10. 14-197 CMR Ch. 5;
11. 14-197 CMR Ch. 6;
12. 14-197 CMR Ch. 8;
13. 14-197 CMR Ch. 10; and
14. 14-197 CMR Ch. 12.

B. Administrator and supervisor qualifications. Agencies must ensure that administrators~~,~~ and supervisors meet the following qualifications:

1. Administrator(s) must have:
   a. A degree in the Social Services field or a related field and three years of experience working with people with intellectual and developmental disabilities, or equivalent experience (9 years of experience total with people with intellectual and developmental disabilities), or
   b. A degree in a non-Social Services field (or equivalent experience) with at least five years of experience working with people with intellectual and developmental disabilities.
   c. Existing OADS providers have three years from the date the rules are promulgated to come into compliance with this requirement.
2. Supervisors of residential services, employment specialist services, or community support services must meet all of the requirements of the Direct Support Professional position as described in Section 11(D) of this Rule.

C. Training. Agencies must have and implement a system to ensure that people providing direct supports to individuals are trained as required in this Rule and as required by 14-197 CMR Ch.10 and 10-144 CMR Ch.101, MaineCare Benefits Manual, Ch. II, Sections 18, 20, 21, 29, and 97, as applicable to the provider and service provided.

1. Administrative Oversight Agencies must ensure Shared Living DSPs meet all requirements, delivery of which is governed by the contract with the provider.
2. Agencies must have and implement a system to provide on-going supervision and training relevant to agency policy and procedure and the unique needs of the individuals receiving services.
3. Agencies must ensure that program managers for each setting complete the required training within 180 days of hire and thereafter every 36 months, unless a shorter time period is set forth in this Rule. Program managers employed on the effective date of this Rule have 90 days to come into compliance. The agency must have and implement a system to ensure this requirement is met. Required training is:
   a. All trainings required by this Rule;
   b. All trainings required by 10-144 CMR Ch.101, MaineCare Benefits Manual, Ch. II, Sections 18, 20, 21, 29, and 97 for applicable services;
   c. Person-centered thinking training;
   d. Social Role Valorization training; and
   e. Training in alternatives to guardianship, including supported decision making.

4. Agencies must draft and implement an orientation and training policy that addresses, at a minimum:
   a. Ongoing training and supervision, as required by Section 11 (D)(1) and (4)
   b. Training documents for staff that are comprehensive of training requirements described in Section 11 (D) of this Rule; and
   c. Orientation materials for new staff that include an introduction to the services and rights described in 34-B M.R.S. Chapter 5.

D. Service initiation requirements. Agency staff must participate in discovery and other Person-Centered Planning activities when an individual begins to receive services from the agency.
1. Agency staff must develop individualized service implementation plans that document how a delivered service aligns with what is important to and for an individual, assists the individual in meeting their needs and preferences, and achieving their goals.
2. These initial discovery activities must be initiated no later than two weeks from the date an individual begins services.

E. Person-Centered Planning. Agencies must promote Person-Centered Planning by ensuring that their staff use discovery, positive personal profiles, and, as applicable, community inclusion plans, career plans, job placement reports, and employment placement reports to ensure and document that delivered services align with individual preferences, support needs, and goals.
1. The positive personal profile must include information about a person's dreams and goals, interests, talents, skills, knowledge, learning styles, values, and positive personality traits.
2. The agency must draft and implement an initiative and independence in life choices policy which must outline how the agency will promote and protect individual choice, including practices meant to limit and mitigate conflicts of interest.

F. General program standards. Any provider of residential, day, or employment services must meet all applicable requirements of 10-144 CMR Ch.101, MaineCare Benefits Manual, Ch. II Sections 18, 21, 20, 29, and 97 as applicable to the provider and service provided, and adhere to the following:
1. Agencies must create an environment that ensures each individual's privacy, respect, and dignity is upheld, maintain a policy that promotes these protections, and must maintain documentation that all staff have been trained on the policy.
   a. Individuals must have free access to all common areas, including support or functional modifications to the environment which allow access, as needed.
   b. Agencies may not exploit individuals for the provider's financial, or other, benefit. Exploitation includes benefiting financially from the individual's program participation or labor with the exception of receiving fair and customary reimbursement from the State for the provision of services.
   c. The agency must adhere to the following standards when handling an individual's money, including individual's maintenance or allowance funds.
      i. The agency may not manage, hold, or deposit the personal funds of an individual unless the agency has received written permission to do so from the individual or, if within their power, from the individual's legal representative.
      ii. The responsibility for fiscal management on behalf of an individual must be documented in the individual's Person-Centered Plan.
      iii. If there is shared management of individual funds, the agency must maintain a record of each individual's funds.
      iv. The records are subject to Office of Aging and Disability Services review upon request and must be provided to the individual and/or his or her legal representative upon request.
      v. The provider must have and implement a policy that ensures protection of individual's money but does not limit access to it.
2. Agencies must ensure that all settings they operate in are integrated in and support full access of the individual receiving services to the greater community to the same degree of access as individuals not receiving services, including opportunities to:
   a. Seek employment and work in competitive, integrated settings;

b. Engage in community life
c. Develop relationships;
d. Control personal resources; and
e. Receive services in the community.

3. The agency and agency staff must support individuals to have access to food and the freedom to consume snacks and meals in alignment with both their individual preferences and medical needs.
4. Providers must interact with individuals in age-appropriate ways, including facilitating service delivery methods that are tailored to adult norms and adult social expectations.
5. The agency must create an environment which encourages, supports, and teaches self-advocacy. Methods to create this environment include, but are not limited to, offering trainings on self-advocacy and keeping logs of attendance, inviting self advocates to visit the program and keeping schedules of their involvement, or hosting movie nights of self-advocacy films.
   a. Individuals or their legal representatives must be informed by the provider agency of actions they may take if they believe they have been treated unfairly, have concerns, or are displeased with the services being provided.
   b. Agencies must keep documentation and records including, but not limited to, training agendas, informational brochures, training attendance records, orientation packet materials, and continuing educational plans to show the efforts made to encourage, support, and teach self-advocacy.
   c. Agencies must have and implement a policy that eliminates or manages any of the provider's personal or business conflict of interests that could influence how an individual chooses or receives services.
   d. Agencies must offer each individual opportunities for exercising choice and control in all aspects of his or her life by providing the education and supports to enable the individual to make informed decisions, and by promoting an environment and culture where the individual's opinions are listened to and treated seriously.
6. Agency staff are responsible for ensuring the safety of individuals receiving HCBS in their setting regarding alcohol and drug use.
   a. Agency staff may not be under the influence of alcohol or other impairing drugs while providing home and community-based services.
   b. Agencies must have a policy regarding alcohol and drug usage and presence that at a minimum includes the provisions outlined in this Rule.
7. The agency must have and implement specific policies and procedures governing the availability and provision of interpretive services, whether spoken language or sign.
8. The agency must draft and implement a storage and use of personal resources/financial policy which must outline how an agency will provide financial management assistance to members not fully independent in managing personal resources. This policy must also include processes meant to safeguard against financial exploitation of members.

G. Behavioral rules and regulations policy. The agency must draft and implement a policy which must outline agency procedures involving the approval, use, staffing related to, and documentation of restrictive measures, restraints, and HCBS modifications. This policy must align with 34-B M.R.S. §§ 5601-5610 and 14-197 CMR Ch. 5, Regulations Governing Behavioral Support, Modification and Management for People with an Intellectual Disability or Autism Spectrum Disorder in Maine.

H. Transportation policy. The agency must draft and implement a policy which must outline how transportation supports are provided and utilized within the parameters established in 10-144 Ch. 101, MaineCare Benefits Manual, Ch II Sections 18, 20, 21, 29, and 97 as applicable to the provider and service provided and in such a way that safety and dignity are ensured for members while being transported. The policy must align with expectations established in Sections 7(G) and 10(E) of this Rule.

SECTION 26. SERVICE-SPECIFIC QUALITY MEASURES

A. Case Management and Service Planning.

1. Agencies that offer case management must ensure that all staff providing case management services have completed training required by 10-144 CMR Ch.101, MaineCare Benefits Manual, Ch. II Section 18, 10-144 CMR Ch.101, MaineCare Benefits Manual, Ch. II, Section 20, 10-144 CMR Ch.101, MaineCare Benefits Manual, Ch. II, Section 13, and 14-197 CMR Ch.10 dependent on the service population. Additionally, beginning on January 1, 2026, staff must receive training on the following and complete the training within 6 months of that date, and within 6 months of their hire date thereafter:
   a. Person-centered practices. Trainings that would meet this requirement include trainings authorized through the Learning Community for Person-Centered Practice and the LifeCourse Nexus;
   b. Discovery;
   c. Employment First training, which must take place at least annually;
   d. Social role valorization; and
   e. Alternatives to guardianship, including supported decision making.
   f. The agency must retain documentation of all training necessary to meet the requirements of this Section in each employee's personnel file.
2. The case management agency must demonstrate that staff coordinate service planning with the individual's other service providers to minimize duplication of work and optimize coordination.
   a. Case Management agencies must support the person to engage in informed choice of willing providers in accordance with a coordination of services policy developed by the agency.
   b. All licensed service providers must cooperate with and support the service planning process and service coordination. Cooperation and support must include but are not limited to:
      i. Sharing information about the services offered by the provider agency as requested by prospective individuals and case managers.
      ii. Participating in the service planning process as requested by the individual to the maximum extent feasible.
      iii. Coordination between providers, regardless of payment source and including natural supports.
3. The agency must complete service plans consistent with assessed needs and within time frames set within 10-144 CMR Ch.101, MaineCare Benefits Manual, Ch. II Sections 18, 20, 21, 29, and 97 as applicable to the provider and service provided for the applicable services.

B. Residential Services.

1. In addition to the requirements of Section 7(G), residential agencies must have and implement provisions in their transportation policy describing how they provide transportation supports, including travel training as applicable, to support people to achieve their goals and do activities that meet their needs and preferences in their local community.
   a. In providing transportation supports, the residential agency may not levy a transportation fee on individuals or institute unreasonable transportation limits.
   b. Residential agencies must promote integration in, and support access to, the greater community. The program must develop strategies to optimize the involvement of individuals in community activities and optimize the use of community resources, as evidenced by people's use of community resources such as libraries, recreational centers, parks, and senior centers.
2. Residential agencies must ensure that:
   a. Room and board charges in agency-owned and operated settings do not exceed fair market value for comparable settings in that community and do not exceed actual costs incurred;
   b. Room and board rates are adjusted accordingly when other benefits an individual receives (Social Security, housing vouchers, food stamps, etc.) are accessed by the provider; and
   c. Room and board rates are fairly allocated among all individuals in the unit using objective and fair criteria (for example, who has a private room vs. shared bedroom; size of rooms; ensuite bathrooms, etc.)

3. Residential agencies must identify their religious orientation, if any, along with particular religious practices that are observed and program restrictions based on religion. Regardless of the agency's religious orientation, the agency must support individuals who would like to attend religious activities and services of their choosing in the community, by arranging transportation, for example.
4. Residential agencies must have and implement systems that optimize, but do not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to daily activities, physical environment, and deciding with whom to interact.

C. Day and Community Support Services. An agency providing Day and Community Support Services (also referred to as Day Habilitation) must adhere to the following provisions.

1. The services must promote informed choice, individual initiative, and support individual preferences as identified by the individual through discovery activities.
2. An individual's access to activities may not be limited based on behaviors or performance unless these restrictions align with a documented behavioral plan. Agencies providing Day and Community Support Services must provide the following supports:
   a. Assisting with the development of valued social roles for the person based on individual interests and preferences;
   b. Facilitating community inclusion and time in community that takes place in small groups (e.g., must be at or smaller than required staffing ratios as defined in 10-144 CMR Ch.101, MaineCare Benefits Manual, Ch. II, Sections 18, 20, 21, and 29, as applicable to the provider and service provided applicable to these services);
   c. Training staff on community mapping; and
   d. Sharing information with staff and individuals about the community, resources, and regularly scheduled events such as local clubs or public meetings.
   e. Day and Community Support Services may not be primarily recreational, transactional, or event-based.

D. Employment Services.

1. Employment services providers must provide quarterly Employment Data reporting to the Office of Aging and Disability Services.
2. Any agency that offers on-the-job employment services must ensure that agency staff do not complete an individual's paid work functions. Position descriptions for existing staff must be updated within one year from the date that this Rule has been promulgated.
3. The agency must draft and implement a policy which must outline how the agency will promote competitive integrated employment including strategies such as staff training, and employment-related discovery. This policy must align with 26 M.R.S. Chapter 41 and 10-144 CMR Ch 101 MaineCare Benefits Manual Ch 1, Section 6.

STATUTORY AUTHORITY

22 M.R.S. § 42, 34-B M.R.S. §§ 1203-B; 5605

RULEMAKING HISTORY

New Rule:

APPENDIX A. LICENSING REQUIREMENTS

The appendix lists the services to individuals with intellectual disabilities, autism, other related condition(s), and acquired brain injury the providers of which are subject to this Rule as of the effective date of this Rule.

1. An agency offering any of the following MaineCare services under the MaineCare Benefits Manual ("MBM"), 10-144 C.M.R. ch. 101 must hold a current, valid license under this chapter:

MBM CH. II, SECTION 13 – TARGETED CASE MANAGEMENT SERVICES, §§ 13.02 – COVERED SERVICES AND 13.03-2(A)(2)(a) – SPECIFIC ELIGIBILITY

DESCRIPTION
CASE MANAGEMENT SERVICES FOR ADULTS WITH DEVELOPMENTAL DISABILITIES

MBM CH. II, SECTION 18 – HOME AND COMMUNITY BASED SERVICES FOR ADULTS WITH BRAIN INJURY, § 18.05 – COVERED SERVICES

DESCRIPTION
CARE COORDINATION SERVICES
CAREER PLANNING SERVICES
EMPLOYMENT SPECIALIST SERVICES
HOME SUPPORT SERVICES
SELF CARE / HOME MANAGEMENT REINTEGRATION
WORK ORDERED DAY CLUB HOUSE
WORK SUPPORT SERVICES

MBM CH. II, SECTION 20 – HOME AND COMMUNITY-BASED SERVICES FOR ADULTS WITH OTHER RELATED CONDITIONS

DESCRIPTION
CARE COORDINATION SERVICES
CAREER PLANNING
COMMUNITY SUPPORT SERVICES
HOME SUPPORT SERVICES (EXCEPT REMOTE SUPPORT)
PERSONAL CARE SERVICES
WORK SUPPORT SERVICES

MBM CH. II, SECTION 21 – HOME AND COMMUNITY BENEFITS FOR ADULTS WITH INTELLECTUAL DISABILITIES OR AUTISM SPECTRUM DISORDER, § 21.05 – COVERED SERVICES

DESCRIPTION
CAREER PLANNING
COMMUNITY SUPPORT
CRISIS INTERVENTION SERVICES
EMPLOYMENT SPECIALIST SERVICES

HOME SUPPORT -AGENCY PER DIEM
HOME SUPPORT - FAMILY-CENTERED SUPPORT
HOME SUPPORT - QUARTER HOUR
SHARED LIVING (FOSTER CARE, ADULT)
WORK SUPPORT - GROUP
WORK SUPPORT - INDIVIDUAL

MBM CH. II, SECTION 29 – SUPPORT SERVICES FOR ADULTS WITH INTELLECTUAL DISABILITIES OR AUTISM SPECTRUM DISORDER, § 29.05 – COVERED SERVICES

DESCRIPTION
CAREER PLANNING
COMMUNITY SUPPORT
EMPLOYMENT SPECIALIST SERVICES
HOME SUPPORT - QUARTER HOUR (WHETHER AGENCY- OR SELF-DIRECTED)
HOME SUPPORT - REMOTE SUPPORT
SHARED LIVING
RESPITE SERVICES
WORK SUPPORT - GROUP
WORK SUPPORT - INDIVIDUAL

MBM CH. III, SECTION 97 – AS PRIVATE NON-MEDICAL INSTITUTION SERVICES, APPENDIX F: NON-CASE MIXED MEDICAL AND REMEDIAL SERVICES FACILITIES

DESCRIPTION
§ 3050 – INTENSIVE REHABILITATION SERVICES FOR INDIVIDUALS WITH ACQUIRED BRAIN INJURY (ABI)
§ 3090 – FACILITIES FOR PERSONS WITH INTELLECTUAL DISABILITIES

2. An agency offering any of the following state-only funded and other services must hold a current, valid license under this chapter:

AGENCIES IMPLEMENTING POSITIVE SUPPORT PLANS OR BEHAVIOR MANAGEMENT PLANS AUTHORIZED PURSUANT TO 14-197 C.M.R. CH. 5 – REGULATIONS GOVERING BEHAVIORAL SUPPORT, MODIFICATION AND MANAGEMENT FOR PEOPLE WITH INTELLECTUAL DISABILITIES OR AUTISM IN MAINE