

APPENDIX K: Emergency Preparedness and Response

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.ⁱ This appendix may be completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:

A. State: Maine

B. Waiver Title:

Home and Community Based Services for Members with Brain Injury (ME 1082), the Elderly and for Adults with Disabilities (ME 0276), the Home and Community Based Services for Adults with Other Related Conditions (ME 0995), the Home and Community Based Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder (ME 0159), and the Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder (ME0467)

C. Control Number:

ME.1082.R01.09
ME.0276.R05.09
ME.0995.R01.11
ME.0159.R07.08
ME.0467.R03.02

D. Type of Emergency (The state may check more than one box):

<input checked="" type="checkbox"/>	Pandemic or Epidemic
<input type="checkbox"/>	Natural Disaster
<input type="checkbox"/>	National Security Emergency
<input type="checkbox"/>	Environmental
<input type="checkbox"/>	Other (specify):

E. **Brief Description of Emergency.** *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of members affected and the state's mechanism to identify members at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each

emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

In this additive submission Maine seeks to address the workforce crisis by implementing reimbursement rate adjustments for certain HCBS Home Support services under ME.1082 and ME.0995 retroactive to January 1, 2021 and to clarify the parameters for access to retainer payments for certain HCBS providers as previously approved by CMS within the Appendix K on June 7, 2021 under ME.1082, ME.0995, ME.0159, and ME.0467.

Retroactive to March 1, 2020, this amendment also seeks to amend the service assessment requirements for Home Support –Remote Support and retroactive to January 1, 2021, temporarily amend the provider qualifications for Certification in Cardiopulmonary Resuscitation (CPR).

Additionally, effective March 1, 2022, this amendment seeks to add opportunities for Self-Direction under ME.0467, including the provisions outlined within this additive submission, as well as the addition of Individual Supports Brokerage and Goods and Services.

Maine also seeks to delay 372 reporting and evidentiary package submission for ME.1082 & ME.0267 and may suspend data collection of performance measures due to the circumstances of the pandemic.

Finally, effective January 1, 2022, certain reimbursement rates under ME1082, ME.0995, ME.0275, ME.0467, and ME.0159 are increased to comply with emergency legislative directive *PL 2021 Ch 29*.

F. Proposed Effective Date: Start Date: March 1, 2020 with End Date: Six Months after the conclusion of the federal Public Health Emergency

G. Description of Transition Plan.

All transition activities will take place in response to the impact of COVID-19 as efficiently and effectively as possible based upon the complexity of the change.

H. Geographic Areas Affected:

These actions apply across the waivers to all individuals impacted by the COVID-19 virus.

I. Description of State Disaster Plan (if available) *Reference to external documents is acceptable:*

Maine's State Disaster Plan (called the State Comprehensive Emergency Management Plan) is maintained by the Maine Emergency Management Agency and can be found here: <https://www.maine.gov/mema/maine-prepares/plans-trainings-exercises/planning>

Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

Temporary or Emergency-Specific Amendment to Approved Waiver:

These are changes that, while directly related to the state's response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to members impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into

the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.

a. Access and Eligibility:

i. Temporarily increase the cost limits for entry into the waiver.

[Provide explanation of changes and specify the temporary cost limit.]

ii. Temporarily modify additional targeting criteria.

[Explanation of changes]

b. X Services

i. X Temporarily modify service scope or coverage.

[Complete Section A- Services to be Added/Modified During an Emergency.]

ii. Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.

[Explanation of changes]

ME.1082, ME.0995, ME.0159, and ME.0467

Effective March 1, 2020:

For the delivery of Home Support- Remote Support, the requirement for an assistive technology assessment to be completed by an assistive technology provider is temporarily modified during the period of the Appendix K. The person-centered planning team must review the recommendations from the Home Support-Remote Support provider on suggested assistive technology devices and equipment to be utilized in delivering the service and approve those devices and equipment and submit to the Department to seek prior authorization. The planning team must ensure all devices or equipment meets the health and safety of the member while ensuring the rights of the member are protected in accordance with the Home and Community Based Settings rule and applicable laws and regulations governing the behavioral interventions for individuals with intellectual disability or autism.

iii. X Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; member directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).

[Complete Section A-Services to be Added/Modified During an Emergency]

iv. Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches) Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:

[Explanation of modification, and advisement if room and board is included in the respite rate]:

v. ___ Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver). [Explanation of changes]

c. ___ Temporarily permit payment for services rendered by family caregivers or legally responsible members if not already permitted under the waiver. Indicate the services to which this will apply and the safeguards to ensure that members receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

d. X Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).

i. X Temporarily modify provider qualifications.

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

ME.1082, ME.0995, ME.0159 and ME.0467
Effective January 1, 2021:
Direct Support Professionals will have three months from the date of hire to become certified in CPR.

ii. ___ Temporarily modify provider types.

[Provide explanation of changes, list each service affected, and the changes in the .provider type for each service].

iii. ___ Temporarily modify licensure or other requirements for settings where waiver services are furnished.

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

e. ___ Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]

--

f. X Temporarily increase payment rates

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider].

ME.1082, ME.0995

The rates for certain Home Support services are increased retroactive to January 1, 2021 to reflect the Section 18, Home and Community-Based Services for Adults with Brain Injury and Section 20, Home and Community Based Services for Adults with Other Related Conditions rate models prepared by Burns & Associates in 2020. The reimbursement rates are increased by the percentage increases outlined in the table below to ensure that rates are competitive and adequate to support appropriate service delivery during the Public Health Emergency.

Service Title	Waiver	Increased Rate	% Increase
Home Support Per Diem (2-4 Beds)	ME.0995	\$410.48	42.6%
Home Support Per Diem (5-6 Beds)	ME.0995	\$372.51	29.4%
Home Support Level II (2-4 Beds)	ME.1082	\$381.96	26.7%
Home Support Level II (5-8 Beds)	ME.1082	\$306.94	1.8%
Home Support Level III (2-4 Beds)	ME.1082	\$527.84	7.8%

ME.1082, ME.0995, ME.0159, ME.0276 and ME.0467

Additionally, effective January 1, 2022, certain reimbursement rates will be increased to comply with emergency legislative directive *PL 2021 Ch 29*. The reimbursement rates are increased by the percentage increases outlined in the table below to ensure that rates have kept pace with recent cost of living increases, and are sufficient to ensure that the labor components of the rates are at least equal to 125% of minimum wage, in order to be competitive and adequate to support appropriate service delivery during the Public Health Emergency.

Service Title	Waiver	Increased Rate	% Increase
G0300,U7,UP,0559-Skilled LPN 3:1	ME.0276	\$4.09	4.87%
T2034-Crisis Intervention	ME.0159	\$8.16	4.88%
92507,U8-Non Trad. Comm. Assess.	ME.0995	\$9.44	4.89%
G9007,U8-Non Trad. Comm. Consultation	ME.0995	\$9.44	4.89%
92507-Non Trad. Comm. Assessment	ME.0159	\$9.44	4.89%
G9007-Non Trad. Comm. Consult.	ME.0159	\$9.44	4.89%
G0299,U7,UN,0551-Skilled RN 2:1	ME.0276	\$7.93	4.89%
G0299,U7,UN-Skilled RN 2:1	ME.0276	\$7.93	4.89%
S8990,GO,U1-OT Maint.	ME.0159	\$8.99	4.90%
G0152,U7-OT Assist.	ME.0276	\$11.12	4.91%
G0151,U7-Certified PT Assist.	ME.0276	\$11.33	4.91%
G0299,U7,UP,0551-Skilled RN 3:1	ME.0276	\$5.77	4.91%
G0299,U7,UP-Skilled RN 3:1	ME.0276	\$5.77	4.91%
97537,U9,HQ-Comm. Work Reint.-Group.	ME.1082	\$9.83	4.91%
97537,U9-Comm. Work Reint.-Indiv.	ME.1082	\$14.74	4.91%
S8990,GN,HQ-Speech Maint. Group	ME.0159	\$9.82	4.91%
98960,U7,59-Disease Mgmt	ME.0276	\$17.93	4.92%
G9007,HI-Behavioral Consultative Svcs	ME.0159	\$15.58	4.92%
H2023,U9-Work Support	ME.1082	\$12.59	4.92%
H2023,U8-Work Support	ME.0995	\$12.59	4.92%
H2023-Work Supp.	ME.0159	\$12.59	4.92%
H2023-Work Support 1:1	ME.0467	\$12.59	4.92%

97755,U9-Assistive Tech Assessment	ME.1082	\$15.15	4.92%
97755-Assistive Tech Assessment	ME.0159	\$15.15	4.92%
97755-Assistive Tech Assessment	ME.0467	\$15.15	4.92%
H2014,U7-Skills Training	ME.0276	\$14.72	4.92%
98960,U7,33-Falls Prevention	ME.0276	\$15.56	4.92%
G0300,U7,0559-Skilled LPN 1:1	ME.0276	\$10.23	4.92%
97755,U8-Assistive Tech Assessment	ME.0995	\$16.83	4.93%
S8990,U8,GO-OT Maint.	ME.0995	\$10.01	4.93%
S8990,GO-OT Maint.	ME.0159	\$10.01	4.93%
S5160,U7-Personal Emerg. Resp. Syst.	ME.0276	\$47.22	4.93%
G0155,U7,TF,0561-Med. Soc. Svcs	ME.0276	\$88.25	4.93%
S5140,UN-Shared Living 2 Mbrs	ME.0159	\$122.78	4.94%
S5140,UN-Shared Living 2 Mbrs	ME.0467	\$122.78	4.94%
S5140, U8,UN-Shared Living 2 Mbrs	ME.0995	\$122.78	4.94%
S5140 UN TG-Shared Living 2 Mbrs Incr. Supp.	ME.0159	\$184.17	4.94%
S5140 UN TG-Shared Living 2 Mbrs Incr. Supp.	ME.0467	\$184.17	4.94%
S5140 UN, U8 TG-Shared Living 2 Mbrs Incr. Supp.	ME.0995	\$184.17	4.94%
G0151,U7,0421-PT Assist.	ME.0276	\$12.97	4.94%
T2040,U7-Financial Mgmt	ME.0276	\$89.29	4.94%
G0153,U7-Speech Therapy	ME.0276	\$12.33	4.94%
S5102,U9-Club House	ME.1082	\$115.42	4.94%
S8990,U8,GP-PT Maint.	ME.0995	\$10.20	4.94%
S8990,GP-PT Maint.	ME.0159	\$10.20	4.94%
T2016,U5-Home Supp. 1:1	ME.0159	\$143.03	4.94%
T1023-Crisis Assessment	ME.0159	\$2,361.15	4.94%
A9279,U7,QC-Assistive Tech-Monitoring	ME.0276	\$524.70	4.94%
A9279,U7-Assistive Tech	ME.0276	\$1,049.40	4.94%
G0152,U7,TF,0431-OT Assist.	ME.0276	\$73.28	4.94%
T2016,UN,U5-Home Supp. 2:1	ME.0159	\$117.80	4.94%
T1016,U9-Care Coordination	ME.1082	\$17.84	4.94%
T2022,U7-Care Coordination	ME.0276	\$142.72	4.94%
T1016,U8-Care Coordination	ME.0995	\$17.84	4.94%
0551 - Skilled Nursing Visit (RN)	ME.0276	\$56.25	4.94%
0551 -Skilled Nursing Visit (RN)-2 members served	ME.0276	\$30.94	4.94%
0551 - Skilled Nursing Visit (RN)-3 members served	ME.0276	\$22.50	4.94%
0559 - Other Nursing (LPN)	ME.0276	\$40.98	4.94%
0559 -Other Nursing (LPN)-2 members served	ME.0276	\$22.54	4.94%
559 - Other Nursing (LPN)-2 members served	ME.0276	\$16.39	4.94%
0421 - Physical Therapy Visit	ME.0276	\$97.53	4.94%
0431 - Occupational Therapy Visit	ME.0276	\$103.64	4.94%
441 - Speech Therapy Visit- Home Health Services	ME.0276	\$102.15	4.94%
S5140,U8-Shared Living 1 Mbr	ME.0995	\$163.71	4.94%
S5140-Shared Living 1 Mbr	ME.0159	\$163.71	4.94%
S5140-Shared Living 1 Mbr	ME.0467	\$163.71	4.94%
T2016,UP,U5-Home Supp. 3:1	ME.0159	\$100.45	4.94%

S5161,U7-Personal Emerg. Resp. Syst. Fee	ME.0276	\$36.73	4.94%
T2015,U9-Career Planning	Me.1082	\$61.13	4.94%
T2015,U8-Career Planning	ME.0995	\$61.13	4.94%
T2015-Career Planning	ME.0159	\$61.13	4.94%
T2015-Career Planning	ME.0467	\$61.13	4.94%
T2016,UR,U5-Home Supp. 5:1	ME.0159	\$75.92	4.94%
T2016,UQ,U5-Home Supp. 4:1	ME.0159	\$85.13	4.95%
S5140 UP - Shared Living- 3 members served	ME.0159	98.23	4.95%
S5140 UP - Shared Living- 3 members served	ME.0467	98.23	4.95%
S5140 UP TG - Shared Living- 3 members served, increased level of support	ME.0159	\$147.34	4.95%
S5140 UP TG - Shared Living- 3 members served, increased level of support	ME.0159	147.34	4.95%
G0151,U7,TF,0421-Certified PT Assist.	ME.0276	\$68.97	4.95%
G0299,U7,0551-Skilled RN 1:1	ME.0276	\$14.42	4.95%
G0299,U7-Skilled RN 1:1	ME.0276	\$14.42	4.95%
H0031,U8-Psychological Consultation	ME.0995	\$20.78	4.95%
H0031-Psych. Consultative Svcs	ME.0159	\$20.78	4.95%
T2019,U9-Employment Specialist	ME.1082	\$14.41	4.95%
T2019,U8-Employment Specialist	ME.0995	\$14.41	4.95%
T2019-Employment Specialist	ME.0159	\$14.41	4.95%
T2019-Employment Specialist	ME.0467	\$14.41	4.95%
97535,U9,HQ-Self Care-Group	ME.1082	\$10.16	4.96%
97535,U9-Self Care-Indiv.	ME.1082	\$15.24	4.96%
G9007,U8,HI-Behavioral Consultation	ME.0995	\$14.17	4.96%
G0155,U7,0561-Med. Soc. Svcs	ME.0276	\$12.05	4.97%
S8990,U8,GN-Speech Maint.	ME.0995	\$13.10	4.97%
S8990,GN-Speech Maint. Ind	ME.0159	\$13.10	4.97%
G0152,U7,0431-OT Assist.	ME.0276	\$13.51	4.97%
G0153,U7,0441-Speech Therapy	ME.0276	\$13.51	4.97%
S5170,U7-Home Delivered Meals	ME.0276	\$8.02	4.97%
G0300,U7,UN,0559-Skilled LPN 2:1	ME.0276	\$5.64	5.03%
G0156,U7,TF,UN,0571-Home Health Aide Visit 2:1	ME.0276	\$16.52	5.65%
G0156,U7,TF,0571-Home Health Aide Visit 1:1	ME.0276	\$30.04	5.68%
G0156,U7,TF,UP,0571-Home Health Aide Visit 3:1	ME.0276	\$12.02	5.70%
S5140,TG-Shared Living 1 Mbr-Incr. Supp.	ME.0159	\$241.75	6.55%
S5140,TG-Shared Living 1 Mbr-Incr. Supp	ME.0467	\$241.75	6.55%
S5140,U8,TG-Shared Living 1 Mbr-Incr. Supp	ME.0995	\$241.75	6.55%
T1004,U7,0581-CNA 1:1	ME.0276	\$7.53	6.66%
T1005,U7,0669-Respite Care Services, 15 Min - in the	ME.0276	\$7.53	6.66%
G0156,U7,0571-Home Health Aide 1:1	ME.0276	\$7.53	6.66%
H0045,U7-Respite	ME.0276	\$234	6.70%
G0156,U7,UN,0571-Home Health Aide 2:1	ME.0276	\$4.14	6.70%
T1004,U7,UN,0581-CNA 2:1	ME.0276	\$4.14	6.70%
T1005 U7 UN 0669 CNA Respite Care - 2 members served - in the home	ME.0276	\$4.14	6.70%
T2021-Community Supp-Comm Only, 2:1	ME.0995	\$7.61	6.73%

T2021-Community Supp-Comm Only, 2:1	ME.0159	\$7.61	6.73%
T2021-Community Supp-Comm Only, 2:1	ME.0467	\$7.61	6.73%
T1004,U7,UP,0581-CNA 3:1	ME.0276	\$3.01	6.74%
T1005 U7 UP 0669 CNA Respite Care - 3 members served - in the home	ME.0276	\$3.01	6.74%
G0156,U7,UP,0571-Home Health Aide 3:1	ME.0276	\$3.01	6.74%
T2021-Community Supp-Comm Only, 1:1	ME.0995	\$11.97	6.88%
T2021-Community Supp-Comm Only, 1:1	ME.0159	\$11.97	6.88%
T2021-Community Supp-Comm Only, 1:1	ME.0467	\$11.97	6.88%
T2016,TG,U5-Home Supp. 1:1-Incr. Supp.	ME.0159	\$305.52	7.62%
T2016,UN,TG,U5-Home Supp. 2:1-Incr. Supp.	ME.0159	\$277.70	7.85%
T2016,UP,TG,U5-Home Supp. 3:1-Incr. Supp.	ME.0159	\$252.06	7.99%
T2016,UQ,TG,U5-Home Supp. 4:1-Incr. Supp.	ME.0159	\$229.44	8.13%
T2016,UR,TG,U5-Home Supp. 5:1-Incr. Supp.	ME.0159	\$216.35	8.23%
T2016,SC-Agency Home Supp. Med Add On (Units are per Diem, but Rates are hourly. Assuming 16 hrs/day)	ME.0159	\$38.69	8.89%
T2016-Agency Home Supp (Units are per Diem, but Rates are hourly. Assuming 16 hrs/day)	ME.0159	\$32.13	9.73%
T2016-Home Support Level II, 5-8 Beds	ME.1082	\$337.74	10.03%
T2017,U9-Home Support, 15 min	ME.1082	\$10.45	10.12%
T2017,U8-Home Support, 15 Min	ME.0995	\$10.45	10.12%
T2017,No Mod-Home Support, 15 Min	ME.0159	\$10.45	10.12%
T2017,SC-Home Support, 15 Min	ME.0159	\$10.45	10.12%
T2017, U9, GT - Home Support, Remote Support-Interactive Support	ME.1082	\$10.45	10.12%
T2017, No Mod-Home Support, 15 Min	ME.0467	\$10.45	10.12%
T2016-Home Support Level III, 2-4 Beds	ME.1082	\$581.92	10.25%
T2016-Home Support Per Diem, 5-6 Beds	ME.0995	\$410.71	10.25%
T2016-Home Support Level II, 2-4 Beds	ME.1082	\$421.23	10.28%
T2016-Home Support Per Diem, 2-4 Beds	ME.0995	\$452.98	10.35%
T2017,U9,QC-Home Support, 15 min	Me.1082	\$2.93	10.57%
T2017,U8,QC-Home Support, 15 Min	ME.0995	\$2.93	10.57%
G9007,U8,GN-Speech Consultation	ME.0995	\$6.13	13.52%
G9007,U8,GO-OT Consultation	ME.0995	\$6.13	13.52%
G9007,U8,GP-PT Consultation	ME.0995	\$6.13	13.52%
G9007,GN-Speech Consultative Svcs	ME.0159	\$6.13	13.52%
G9007,GO-OT Consultative Svcs	ME.0159	\$6.13	13.52%
G9007,GP-PT Consultative Svcs	ME.0159	\$6.13	13.52%
T1013,GN-Communication Aids	ME.0159	\$6.13	13.52%
T1005 U7 UP Respite Care Services, in the home (PSS)-3 members served	ME.0276	\$3.01	14.95%
T1019,U7 UP - Personal Care Services, (Agency PSS)-3 members served15 Min	ME.0276	\$3.01	14.95%
T1019,U7-Personal Care Services, 15 Min	ME.0276	\$7.53	14.96%
T1005 U7 Respite Care Services, in the home (PSS)	ME.0276	\$7.53	14.96%
T1005 U7 UN Respite Care Services, in the home (PSS)- 2 members served	ME.0276	\$4.14	15.03%
T1019,U7 UN-Personal Care Services (Agency PSS)- 2 members served	ME.0276	\$4.14	15.03%

S5125,U9-Attendant Care	ME.1082	\$6.13	26.13%
T1005,U7-Respite Care Services, 15 Min - in the home	ME.0276	\$6.13	26.13%
S5125,U7-Attendant Care Services, 15 Min	ME.0276	\$6.13	26.13%
S5125,U8-Attendant Care	ME.0995	\$6.13	26.13%
T1005 U7 UN Respite Care Services, in the home-Participant Directed Option- 2 members served	ME.0276	\$3.37	26.24%
S5125 UN - Attendant Care Services (Personal Care Services, Participant Directed Option)-2 members served	ME.0276	\$3.37	26.24%
S5125 UP - Attendant Care Services (Personal Care Services, Participant Directed Option)-3 members served	ME.0276	2.45	26.35%
T1005 U7 UP Respite Care Services, in the home-Participant Directed Option-3 members served	ME.0276	\$2.45	26.35%
H2023,SC-Work Supp. Med Add On	ME.0159	\$12.59	27.30%
H2023,SC-Work Supp. Med Add On 1:1	ME.0467	\$12.59	27.30%
T2017,GT-Home Support, Remote Support Interactive Support	ME.0467	\$10.45	34.84%
T2017,GT-Home Support, Remote Support Interactive Support	ME.0159	\$10.49	34.84%
T2019,SC-Employment Specialist Med Add On	ME.0159	\$14.41	37.11%
T2019,SC-Employment Specialist Med Add On	ME.0467	\$14.41	37.11%
T2017,QC-Home Support, 15 Min	ME.0159	\$2.93	46.50%
T2017,QC-Home Support, 15 Min	ME.0467	\$2.93	46.50%
H2023,UN-Work Supp. 2:1	ME.0159	\$6.23	46.93%
H2023,UN-Work Supp. 2:1	ME.0467	\$6.23	46.93%
H2023,UP-Work Supp. 3 Mbrs	ME.0159	\$4.68	65.96%
H2023,UP-Work Supp. 3:1	ME.0467	\$4.68	65.96%
H2023,UQ-Work Supp. 4 Mbrs	ME.0159	\$3.82	80.19%
H2023,UQ-Work Supp. 4 Mbrs	ME.0467	\$3.82	80.19%
H2023,UR-Work Supp. 5 Mbrs	ME.0159	\$3.33	97.04%
H2023,UR-Work Supp. 5 Mbrs	ME.0467	\$3.33	97.04%
T1019,U8-Personal Care	ME.0995	\$7.53	99.21%
H2023,US-Work Supp. 6 Mbrs	ME.0159	\$2.98	111.35%
H2023,US-Work Supp. 6 Mbrs	ME.0467	\$2.98	111.35%
S5151-Respite per Diem	ME.0467	\$287.35	160.73%
S5150-Respite 15 Min	ME.0467	\$8.63	160.73%

g. ___ Temporarily modify person-centered service plan development process and member(s) responsible for person-centered service plan development, including qualifications.

[Describe any modifications including qualifications of members responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

h. ___ Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure member health and welfare, and to account for emergency circumstances. [Explanation of changes]

i. ___ Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the member requires those services for communication and behavioral stabilization, and such services are not covered in such settings.

[Specify the services.]

j. X Temporarily include retainer payments to address emergency related issues.

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

Due to low participation by providers for the June 7, 2021, previously-approved Appendix K authority to implement retainer payments for providers of certain personal care services under ME.1082, ME.0995, ME.0159, and ME.0467, the State is modifying and clarifying the following condition by which providers may be eligible to receive 2020 retainer payments:

- Beginning on March 1, 2020 and continuing throughout the duration of the Appendix K period, the provider did not lay off staff and maintained wages at existing levels. The provider acknowledges that, if any staff providing the relevant service were laid off during the retainer period (October through December, 2019), the provider has reported the compensation and fixed costs associated with those laid off staff, and the Department will reduce the amount of any retainer payment by that amount.

The State retains all temporary inclusion and no other modifications to guardrails regarding implementation of 2020 retainer payments in Maine within the Appendix K previously approved by CMS on June 7, 2021.

k. X Temporarily institute or expand opportunities for self-direction.

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards]

ME.0467

The State will temporarily add opportunities for Self-direction in ME.0467 in accordance with the following provisions:

The State will use the Fiscal Employer Agency (FEA) Employer Authority Model with budget authority when there is sufficient support available as determined through the person-centered service (PCSP) planning process. The participant or authorized representative function as the employing authority and, in that capacity, hire, train, supervise and discharge their own workers. Participants also have full budget authority to manage and allocate funds according to defined parameters set forth in a “fixed budget” or in a “flexible budget”, depending upon which arrangement best meets the needs of the individual and that is clearly outlined and defined within the participant’s PCSP. A fixed budget includes direct vendor-purchased services for which the participant has employer authority but does not have budget authority. With direct vendor-purchased services, a participant, through the FMS, pays a vendor who procures or delivers the service up to the monetary value of the authorized service. There is no flexibility in how the fixed budget is spent outside of the prior authorized amount. A flexible budget includes services in which the participant has both employer authority and budget authority. Only those services labeled as part of a flexible budget allow the participant to exercise control over how their budget is spent on services and supports, they need to live in the community. The participant can determine the wages of DSW’s as well as the types of allowable and necessary goods and services only under the “flexible budget” arrangement.

Members who wish to participate in self-directing services, but who are unable or unwilling to function as the employing authority, may delegate related responsibilities to an authorized representative. The representative assumes all responsibilities as the employer on behalf of the member but cannot be employed as a direct worker.

The self-directed budget will be developed, using a Department-approved budget allocation tool, according to the authorized units from the member's PCSP/Service Authorization Request which is based on the Person-Centered Service Plan. Members can choose how much they want to spend on each service category they select based upon an approved budget.

New services added temporarily for Self-Direction under ME.0467

- 1) Financial Management Service (minimum required service)
- 2) Support Brokerage (minimum required service)
- 3) Individual Directed Goods and Services (new service)

Flexible Budget

Services that may be self-directed within ME.0467:

- 1) Individual Directed Goods and Services
- 2) Home Support- Quarter Hour
- 3) 1:1 Community Membership

Fixed Budget

Services that may be self-directed utilizing existing waiver monetary or unit caps within ME.0467. These services are separate budget items as part of the member’s self-directed budget.

- 1) Assistive Technology Devices
- 2) Assistive Technology- Transmission
- 3) Home Accessibility Adaptations

Service Planning

The process for developing the PCSP will not be different from that of traditional waiver services. The member's support team will meet and develop the PCSP based on identified needs, expressed desires and preferences. The case manager will discuss the option of self-directed services and provide information about which services can be self-directed. Initially and annually thereafter, the case manager will utilize standardized written or electronic media materials about self-direction to inform the participant and guardian about available self-directed opportunities.

The person-centered service planning process will also determine if the participant, not subject to full guardianship, can self-direct independently or if they require an authorized representative. Case managers will be provided with a Department approved questionnaire and assessment tool to support the determination.

Based on specified goals and needs for support, utilizing the person-centered service plan, a service authorization request will be developed with units of service assigned to each waiver service. The person-centered plan results in a request for service authorizations, approved/denied by the Department, which can include both traditional waiver services and self-directed services.

A Fiscal Intermediary is selected to provide Financial Management Services (FMS), for both budget authority and employer authority, for the member to participate in self-direction. FMS is a minimum monthly unit service. FMS and FI are used interchangeably to describe the provider which is a Fiscal Intermediary delivering Financial Management Services.

The selection of traditional waiver services in the amount, frequency and type of services must occur first. The authorized units available for select self-directed services will be converted to a dollar amount that represents the member's budget for the year. The FMS completes the budget allocation tool. The FMS is deducted from the Member's budget prior to the creation of the monthly budget. The FMS shall submit the participant's budget to the Department for final approval and communicate final approval to the participant/authorized representative and the Support Broker.

The member, with the assistance of a Support Broker, will have the ability to hire staff that meet provider qualifications as verified by the FMS, establish the rate to be paid, use budgeted dollars to pay for additional hours of service if necessary, and utilize the Individual Directed Goods and Services as outlined in the service scope and description. The member sets the worker's rate of pay which must be within the minimum wage set by the State or Local Authority and no more than two hundred (200) percent of the minimum wage set by the State of Local Authority. Any budget dollars not subsumed by authorized units; or saved through wage negotiations or tax changes can be applied to the Individual Directed Goods and Services service and a spending plan is developed for each participant. The FMS will create an account solely for the member's allocated funds for Individual Directed Goods and Services.

A Support Broker ensures the member's self-directed services meet the minimum health and well-being needs as identified through the person-centered service planning process. A member may not "cash out" their services for the sole purpose of using Individual Directed Goods and Services.

Safeguards

A member under appointed full guardianship may not serve as the employer. The legal guardian can serve as the employer on behalf of the member or appoint an Authorized Representative to serve as the employer on his/her behalf.

Out-of-State

A member may only self-direct services out-of-state to attend treatment or preventive medical appointments. Out-of-State service requests must be submitted by the FMS to the Department for prior authorization.

Health and Wellbeing

The service provider must report to the Department when there is an allegation, assertion, or indication that any of the following have occurred with respect to a member: Abuse, neglect, exploitation, unexplained death or a rights violation by an employee of or contractor, consultant, or volunteer for any program.

The service provider must report allegations of abuse, neglect, exploitation, or unexplained death to Adult Protective Services and other entities such as law enforcement as applicable. The service provider must report complaints involving rights violations via the Department's Reportable Events reporting system. The service provider must report incidents of a serious health and safety event such as an admission or assessment at an Emergency Department or Hospital via the Department's Reportable Events reporting system. At a minimum, the case manager or care coordinator must discuss and provide information in writing, to the member, guardian, and Support Broker the procedures and contact information for filing a complaint during the annual person-centered planning meeting.

Financial Abuse, Waste and Fraud

The case manager/care coordinator, Support Broker and FMS must report to the Office of MaineCare Services Program Integrity Unit any complaints involving financial abuse, waste and fraud involving the Self-Directing member, guardian or authorized representative or any entity funded through a self-directed budget. The FMS must notify the case manager, and Office of Aging and Disability Services, which will result in a review and plan (as needed) for the member's immediate health and safety as a result of these allegations. At a minimum, the FMS is required to provide information and education on financial abuse, waste and fraud to the member and Authorized Representative (as applicable) and Support Broker on an annual basis for reporting to Program Integrity.

l. ___ Increase Factor C.

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

--

m. ___ Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of members in the waiver program]. [Explanation of changes]

ME.1082 and ME.0276

The timeframes for the submission of the CMS 372s and the evidentiary package(s) will be extended as needed pursuant to the emergency. In addition, the state may suspend the collection of data for performance measures other than those identified for the Health and Welfare assurance and notes that as a result the data will be unavailable for this timeframe in ensuing reports due to the circumstances of the pandemic.

Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the request:

First Name: Thomas
Last Name Leet
Title: Long Term Services and Supports Manager
Agency: Office of MaineCare Services
Address 1: 109 Capitol St
Address 2:
City Augusta
State ME
Zip Code 04333
Telephone: 207.624.4068
E-mail Thomas.leet@maine.gov
Fax Number Click or tap here to enter text.

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

First Name: Derek
Last Name Fales
Title: Waiver Services Director
Agency: Office of Aging and Disability Services
Address 1: 41 Anthony Ave.
Address 2: Click or tap here to enter text.
City Augusta
State ME
Zip Code 04333
Telephone: 207.287.6656
E-mail Derek.fales@maine.gov
Fax Number Click or tap here to enter text.

8. Authorizing Signature

Signature: /S/

Date: 1/24/2022

State Medicaid Director or Designee

First Name:	Click or tap here to enter text.
Last Name	Click or tap here to enter text.
Title:	Click or tap here to enter text.
Agency:	Click or tap here to enter text.
Address 1:	Click or tap here to enter text.
Address 2:	Click or tap here to enter text.
City	Click or tap here to enter text.
State	Click or tap here to enter text.
Zip Code	Click or tap here to enter text.
Telephone:	Click or tap here to enter text.
E-mail	Click or tap here to enter text.
Fax Number	Click or tap here to enter text.

Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver which the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Title:	Financial Management Service (FMS) (ME.0467)
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>The FMS acts as the Fiscal Employer Agent (FEA). MaineCare will cover only for those participants who choose to self-direct.</p> <p>The rate for this service is a per member per month unit of \$125.00 dollars. This is a minimum service and is deducted out of the member's self-directed budget.</p> <p>This service includes:</p> <ul style="list-style-type: none"> Explanation of program rules and requirements for employers; assistance with completing enrollment paperwork; providing customer service to participants, representatives, and workers Enrollments for Employer/Employer of Record and Employees Budget reporting EVV Compliant time tracking Electronic access for real-time reporting Payroll processing for employees Customer Service support Determination of Employee eligibility at hire and tracking ongoing completion of training requirements Coordination of criminal background checks, check of Maine Registry of Certified Nursing Assistants, Maine Sex Offender Registry and Direct Care Workers and Checks with OIG Filing quarterly and annual taxes with appropriate government agencies Issuance of W-2's and 1099's to all employees and vendors Assisting participants with resolving employee questions and complaints and remediating as appropriate Employer payroll taxes and workers compensation insurance Provision of education to the Employer and Employee on identification of financial fraud, waste, and abuse <p>The FMS must ensure the following:</p> <ul style="list-style-type: none"> The Employer is aware that they may negotiate a stipend or wage adjustment to assist employee with costs of procuring their own benefits, such as healthcare coverage. The Department does not require employers to offer health insurance coverage. The Employer can use additional budgeted funds for Department-approved goods and services. 	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
<p>The FMS may not authorize services beyond those services the Department has authorized. The Department's electronic authorization system prevents the FMS from adding or increasing services. The State's electronic authorization system interfaces with Maine's MMIS for provider billing and reimbursement. The FMS is enrolled with MaineCare as a provider and bills Maine's MMIS at the rate that is established by the Department and set within the MMIS.</p>	

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Member. List types:	X	Agency. List the types of agencies:
			Office of Aging and Disability Services (OADS) approved agency	
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>				
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>	
Financial Management Service			Complete an application to become an OADS-approved provider. Agencies must demonstrate through written material and other media the ability to process timesheets and payroll; track outcomes related to employee qualifications; report electronically in real-time; disburse payments; conduct enrollment and provide education and skills training for the participant or authorized representative on their responsibilities in exercising both employer and budget authority as authorized by the Department; withhold and file taxes; procure workers' compensation insurance; have real-time reporting for utilization management, budgeting and authorization management; maintain an EVV-compliant system; and maintain records in a secure environment for 10 years.	
Direct Support Worker (Direct Support Professional/ Personal Support Specialist)			The standards for training are set by the individual directing services. The self-directing participant or their representative is responsible for the hiring and training of the attendant. As part of this process, the self-directing participant or their representative must maintain employee orientation and training documentation such as: CPR and First Aid certification cards, and record of disability-related training for each direct support worker to assure that the direct support worker can meet the needs of the participant and that the direct support worker has demonstrated competency in all required tasks. The participant or their representative is required to undergo skills training which prepares participants and assists them in fulfilling these responsibilities. Direct	

			<p>Support Workers may be friends or family members of the participant, including their spouse or the legal guardian. If a participant requires or has selected a representative to direct services on their behalf, the representative may not also be paid to provide care to the participant. When a representative is directing a participant's services, the participant's guardian may not be paid to provide care to the participant.</p> <p>*Training requirements for waiver participants' relatives or spouses will not be required before a relative or spouse can begin providing services, but training and certification must be completed by the end date of the Appendix K.</p> <p>Prospective staff will be deemed eligible to provide support to participants prior to background check clearance.</p>
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Financial Management Service	OADS		Upon enrollment with MaineCare and annually
Direct Support Worker (Direct Support Professional/Personal Support Specialist)	If self-directed, provider qualification verification is the responsibility of the employer/FMS		Upon enrollment or employment depending on the use of self-directed option
Service Delivery Method (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/> Provider managed

Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver which the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Title:	Support Brokerage		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
Service Definition (Scope):			
<ul style="list-style-type: none"> Offers practical skills training to enable participants or representatives to independently direct and manage waiver services such as recruiting and hiring staff, managing workers, and providing effective communication and problem-solving Supports the member in person-centered service planning (self-direction) Supports the member creating the monthly budget which identifies the fixed budget costs and the flexible budget costs. Works closely with the case manager and the FMS to ensure the service plan identifies the mix of services (employment, State Plan Services, traditional waiver services and Self-Directed Services) and natural supports to maximize their flexible individual budget of self-directed services Assists in identifying immediate and long-term needs, developing options to meet those needs, and accessing identified supports and services Supports and monitors carrying out of employer responsibilities such as recruitment activities, education of employees and scheduling Completes community mapping of all services and supports available to the member Monitors spending (with FMS) and the participants chosen self-directed outcomes as written within the service plan Supports the member in meeting Electronic Visit Verification requirements and daily documentation requirements 			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
<ul style="list-style-type: none"> This service is fee for service at a rate of \$17.00 dollars per ¼ (quarter hour) for an annual maximum of 200 units. A Support Broker shall not be a provider of direct care services. Support brokerage is not considered a direct care service. A family member or legal representative shall not act as the member's Support Broker to prevent conflict of interest. 			
Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
		Enrolled Independent MaineCare Provider	Financial Management Service
Specify whether the service may be provided by (check each that applies):		<input type="checkbox"/> Legally Responsible Person	<input type="checkbox"/> Relative/Legal Guardian

Provider Qualifications <i>(provide the following information for each type of provider):</i>			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Independent enrolled provider			Complete an application to become an OADS-approved provider High School Diploma or equivalent; completion of Department-approved Support Brokerage Training; minimum 1-year community experience in supporting people with disabilities; demonstration of knowledge of community services, MaineCare services, person-centered planning, business processes, Home and Community Based Services, health and social services systems; and problem solving and positive engagement and interpersonal skills.
Agency provider			The OADS-approved agency will ensure Support Brokers meet the following minimum qualifications: High School Diploma or equivalent; completion of Department-approved Support Brokerage Training; minimum 1-year community experience in supporting people with disabilities; demonstration of knowledge of community services, MaineCare services, person-centered planning, business processes, Home and Community Based Services, health and social services systems; and problem solving and positive engagement and interpersonal skills.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Waiver Services Provider	OADS		At the time of application as a MaineCare waiver services provider
Service Delivery Method <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/> Provider managed

Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver which the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Individual Directed Goods and Services (ME.0467)
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>Individual Directed Goods and Services include services, equipment, and/or supplies not otherwise provided through this waiver or through the Medicaid State Plan that address an identified need as documented and authorized within the person-centered plan that promote autonomy and independence and improve or ensure access to competitive integrated employment, community integration, non-medical transportation (including improving and maintaining the participant's opportunities for full membership in the community) and meet the following requirement: The item or service</p> <ol style="list-style-type: none"> 1) decreases the need for other Medicaid services; and/or 2) promotes inclusion in the community; and/or 3) increases the participant's safety within the home environment; and 4) the participant does not have the funds to purchase the item or service or the item or service is not available through another source; and 5) must be purchased from the participant-directed budget. 	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
<p>Individual Directed Goods and Services amount is based on wage and hours-based savings: Participant decides to set aside a particular amount of their budget each month into a savings account administrated by the FMS.</p> <p>Non-allowable Goods and Services:</p> <ul style="list-style-type: none"> • Cash Payments • Gifts or loans for participant-directed works, family, or friends • Food and/or other beverages, including nutritional supplements • Entertainment equipment or downloadable files/applications or supplies • Air conditioners, heaters, fans, and similar items • Illegal drugs, alcoholic beverages, tobacco products, or vaping devices • Costs associated with travel such as airfare, lodging, meals, etc. for vacations or entertainment • Utility costs, rental costs, or mortgage payments • Clothing or shoes or other wearing apparel • Household Linens, towels, or drapes • Paint and related supplies • Cleaning for other household members or areas of a home that are not used as part of the waiver participant's person care • Medications, vitamins/herbal supplements • Experimental or prohibited treatments and/or procedures are excluded • Household cleaning supplies • Vehicle expenses including routine maintenance and repairs, insurance or gas money for a personal vehicle or a family member's vehicle who performs tasks they are responsible for outside of personal care 	

- Landscape and yard work
- Pet care
- Massages, manicures, pedicures or any cosmetic service or supply or
- Any other item not specified which does not meet the scope of service

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Member. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
			The FMS controls access to Goods and Services	
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications (provide the following information for each type of provider):				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	
Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Service Delivery Method				
Service Delivery Method (check each that applies):	X	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed

ⁱ Numerous changes that the state may want to make necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.