

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 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.R01.02
ME.0276.R05.03
ME.0995.R01.01
ME.0159.R06.04
ME.0467.R02.04

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 individuals affected and the state’s mechanism to identify individuals 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.

On March 13, 2020, the President of the United States declared the 2019 coronavirus (COVID-19) a nationwide emergency pursuant to Sec 501(b) of the Stafford Act. On March 15, 2020 Governor Janet Mills declared a civil state of emergency as 7 positive cases and 5 presumptive positive cases were announced in Maine. As of April 13, 2020, the number had grown to 698 confirmed cases. The five approved 1915(c) waivers serve some of the most vulnerable individuals within the State of Maine. Several conditions/factors/variables present increased risk to this population including underlying health conditions, congregate housing within residential settings, difficulty engaging in social distancing mandates due to reliance on support from staff and others for basic needs and to follow infection control procedures. Potential increased workforce shortages resulting from illness of frontline care staff and/or family caregivers will surely lead to greater crisis for the served population. Maine seeks temporary changes to the five aforementioned waivers to mitigate the current risks, to allow flexibility in service delivery systems, and to ultimately ensure that member health and safety needs are accommodated throughout the state of emergency.

F. Proposed Effective Date: Start Date: March 1, 2020 Anticipated End Date: 30 days following the end of the emergency, as declared by the Governor, or February 28, 2021, whichever comes sooner.

G. Description of Transition Plan.

All 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 will 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 individuals 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. ___ Temporarily modify service scope or coverage.

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

ii. X 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]

The budget allocation and service limitation provisions of this section are subject to prior approval by the Department and are in effect from 3/1/20 through 5/31/20. Prior approval will be based on identification of factors related to the emergency which necessitate the additional budget or services. If the Department finds a continuing need, the Department may extend the budget allocation and service limitation provisions beyond 5/31/20 but not to exceed the end date approved in the Appendix K.

Appendix C-4:

The budget allocations enumerated in Appendix C-4 of the Home and Community Based Services for Members 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) waivers may be temporarily exceeded to provide needed services for emergency care provision.

Service Limits in Sections C-1/C-3

ME.0276.R05.03

- 1) Increase the limit of available hours within Personal Care Services by up to 20 percent (%) per week.
- 2) Increase the limit for the provision of care coordination by up to 20 percent (%) per month
- 3) Increase the limit on Assistive Technology Device and Services to \$6,000 and \$200 per month for Assistive Technology- Transmission with prior authorization, and remove these services from the monthly program cap.
- 4) Increase the limit on Respite Services by up to 20 percent (%) per week.
- 5) Increase the limit on Home Delivered Meals from one meal/day to 2 meals/day and remove the total cost from the monthly cap of combined Personal Care, Attendant Care, Respite, Assistive Technology and Living Well/Matter of Balance services.
- 6) Remove budget allocation limits and individual caps on service to accommodate these temporary service increases.

ME.1082.R01.02, ME.0995.R01.01, ME.0159.R06.04, ME.0467.R02.04

- 1) Increase the service limits to Quarter Hour Home Supports to up to 64 units per day
- 2) Allow up to three (3) members to receive Shared Living in one setting for ME.0159.R06.04 and ME.0467.R02.04.
- 3) For Per Diem Home Support, an agency may deliver less direct support than authorized and continue to receive the approved reimbursement rate. An agency will not be subject to minimum staffing requirements if the agency determines that it may provide for members' health and safety with fewer staff and maintains staffing of at least 50 percent (%) of authorized levels.
- 4) Increase the limit on Assistive Technology Transmission to \$200 per month for data transmission with prior authorization and remove Assistive Technology Transmission from the overall cap for 1082.R01.02 and ME.0995.R01.01.
- 5) Modify limitations on Respite Services for ME.0467.R02.04.
- 6) Modify limits on Care Coordination units for ME.1082.R01.02 and ME.0995.R01.01.

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; individually 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]

- 1) Temporary Service—Emergency Quarantine Services for Waiver Participants with COVID-19—is described in Section A. The Department will pay \$27.72 per hour for this service. This rate is based on the Department’s Emergency Transitional Housing (ETH) contracted service rate. ETH does not include funding for room and board, nor will the rate for this temporary service. ETH is not a waiver service. It is a state-funded service used in the state’s Crisis Services Program when individuals in crisis must be served in an alternative setting.
- 2) Temporary Service—Adult Foster Care—“Shared Living” is described in Section A. This service currently exists in ME.0159.R06.04 and ME.0467.R02.04 and is being added to ME.0995.R01.01, using the same rate as in the two waivers where it already exists.

iv. X 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]:

- ME.0276.R05.03
- 1) Personal Care and Home Health Services can be provided in alternate settings such as hotels, shelters, churches or other settings approved by the Department should members require evacuation from current settings or quarantine.
 - 2) Settings (facility respite) awaiting licensing approval or currently vacant will receive temporary approval for occupancy in the absence of full licensure provided that health and safety can be assured. Agencies/Providers will be expected to resume actions to acquire full licensure following the date the Department has declared the emergency has ended.
 - 3) Services can be delivered via telehealth when appropriate to meet the needs of the individual.
- ME.1082.R01.02, ME.0995.R01.01, ME.0159.R06.04, ME.0467.R02.041)
- 1) Service definition limitations on the number of people serviced in each licensed or unlicensed setting can be exceeded or decreased to meet the health and safety needs of participants.
 - 2) Community support day habilitation can be delivered in alternate settings such as hotels, shelters, participants’ own homes or family homes.
 - 3) All habilitative and rehabilitative supports can be provided in hotels, shelters, churches or other settings approved by the Department. Providers must include staffing provided in approved alternative settings when tracking established per diem staffing ratios.
 - 4) A participant has the flexibility to move among settings to ensure their needs during this emergency can be met
 - 5) Allow occupancy of unlicensed settings and allow for the provision of services in this setting
 - 6) Services can be delivered via telehealth when appropriate to meet the needs of the individual.

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

c. X Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver. Indicate the services to which this will apply and the safeguards to ensure that individuals 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.

Services including personal support and attendant care may be rendered by relatives or spouses of waiver participants when hired by the provider agency or when established as a contractor with the provider agency authorized to render the services. The provider agency is responsible for ensuring that services are provided as authorized in the PCP and that billing occurs in accordance with the corresponding section of MaineCare.

All services provided, other than non-medical transportation, must continue to be prior authorized. MaineCare enrolled providers must maintain documentation to include each relative or spouse rendering services.

ME.0276.R05.03

- 1) Training and Personal Support Specialist certification 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 appendix K.
- 2) Prospective staff will be deemed eligible to provide support to members prior to background check clearance. Orientation and initial training for all newly hired direct care staff will be suspended until such time as can be safely provided.

ME.1082.R01.02, ME.0995.R01.01, ME.0159.R06.04, ME.0467.R02.041

- 1) Training and Direct Support Professional certification requirements for waiver participants' relatives and 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 for appendix K.
- 2) Prospective staff will be deemed eligible to provide support to members prior to background check clearance. Orientation and initial training for all newly hired direct care staff will be suspended until such time as can be safely provided.

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.]

Provider Qualifications in Appendix C-1/C-3

To allow redeployment of direct care and clinical staff to needed service settings during the emergency, staff qualified under any service definition in the waiver may be used for provision of any non-professional service under another service definition in C-1/C-3. Professional services exempt from this include nursing assessments and other nursing services.

ME.1082.R01.02, ME.0276.R05.03, ME.0995.R01.01, ME.0159.R06.04, ME.0467.R02.04

- 1) Providers will use reasonable discretion in developing and reducing residential staffing patterns and ratios adequate to maintain the health and safety of members. Upon the date the Department has declared that the statewide emergency has ended but not to exceed the effective end date for appendix K, services will resume automatically, without further action by the Department or the agency, to adhere to the ratio directed by the person-centered-plan requirements for each covered service in place prior to the emergency.
- 2) The age limit for prospective employees will be lowered to 17 years-of-age through the period of the emergency to increase prospective hiring pool but not to exceed the effective end date for appendix K.
- 3) Prospective candidates will be considered for employment in the absence of having a high school diploma or GED from a qualifying educational institution or GED through the period of the emergency to increase the prospective hiring pool but not to exceed the effective end date for appendix K.
- 4) Prospective staff will be deemed eligible to provide support to members prior to background check clearance. Orientation and initial training for all direct care staff will be suspended until such time as it can be safely provided to newly hired staff following the period of emergency.
- 5) Training and certification requirements (i.e. Direct Support Professional, and Personal Support Specialist) for Family Caregiver, Friends, Spouse and Guardians may be waived through the period of the emergency. The aforementioned individuals will be required to obtain required trainings as soon as is reasonably possible following the date the Department has declared that the statewide emergency has ended but not to exceed the effective end date for appendix K.

ii. ___ Temporarily modify provider types.

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

iii. X 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.]

ME.1082.R01.02, ME.0276.R05.03, ME.0995.R01.01, ME.0159.R06.04, ME.0467.R02.04

- 1) Programs/Agencies will be allowed to maintain occupancy within a facility/home if license expires during the emergency period. Agencies/programs will be required to submit renewal/reapplication for licensure within 60 days of the emergency end date not to exceed the end date approved in the Appendix K.. Waiver participants will be allowed to occupy unlicensed facilities/programs should it be necessary for them to be moved/evacuated from a setting due to infection or need for quarantine.

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

Level of Care assessments can be completed via telehealth for ME.1082.R01.02, ME.0276.R05.03, ME.0995.R01.01

ME.1082.R01.02, ME.0276.R05.03, ME.0995.R01.01

- 1) Initial Level of Care assessment can be conducted telephonically or by other remote technology to protect health and safety of members.
- 2) Reassessment can be conducted up to 30 days late.

ME.0159.R06.04, ME.0467.R02.04

- 1) Renewal Level of Care assessments can be completed up to 30 days late.

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].

- 1) Rates will be temporarily increased by 10 percent (%) to account for additional costs related to operating during the COVID-19 emergency including, but not limited to: excess overtime or premium pay to ensure sufficient direct care workers to cover staffing needs; infection control supplies and other additional or unanticipated service costs. These temporary increases will be in effect from 3/1/20 through 5/31/20. If the Department finds a continuing need, the Department may extend the temporary rate increases beyond 5/31/20 not to exceed the end date approved in the Appendix K. Providers will be asked to report to the Department within 30 days of the end of the State Civil emergency how the temporary increase was expended, including the percentage allocated to direct care staffing costs.

The rate setting methodology is not changed. The rate for each service listed is increased temporarily by the percentage indicated above. Services subject to this provision are listed by waiver program:

Home and Community Based Services for Members with Brain Injury (ME 1082):

- Work Support- Individual
- Care Coordination
- Home Support- Level II
- Home Support- Level III, Increased Neurobehavioral
- Home Support- Level I
- Home Support- Remote

Elderly and Adults with Disabilities (ME 0276)

- Attendant Care Services
- Certified Nursing Assistant
- Respite Care
- Personal Care Services
- Skilled Nursing Visit, RN
- Nursing Visit, LPN
- Skills Training and Development
- Care Coordination

Home and Community Based Services for Adults with Other Related Conditions (ME 0995),

- Work Support- Individual
- Care Coordination
- Personal Care Services
- Home Support- Quarter Hour
- Home Support- Remote
- Home Support- Per Diem
- Community Support

Home and Community Based Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder (ME 0159)

Work Support- Individual
 Shared Living- One member served
 Shared Living- One member served, increased level of support
 Career Planning
 Home Support- Agency
 Home Support- Agency with Medical Add On
 Family-Centered Support, One member served- increased level of support
 Family-Centered Support, One member served
 Family-Centered Support, Two members served- increased level of support
 Family-Centered Support, Two members served
 Family-Centered Support, Three members served- increased level of support
 Family-Centered Support, Three members served
 Family-Centered Support, Four members served- increased level of support
 Family-Centered Support, Four members served
 Family-Centered Support, Five or more members served- increased level of support
 Family-Centered Support, Five members served
 Home Support- Quarter Hour
 Home Support- Quarter Hour with Medical Add On
 Community Support
 Crisis Intervention Services

Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder (ME0467)
 Shared Living- One member served
 Shared Living- One member served, increased level of support
 Respite Services- Per Diem
 Career Planning
 Home Support- Quarter Hour
 Community Support

- 2) Shared Living-Modified Rate for more than one Person. Applicable Only to Home and Community Based Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder (ME 0159) and Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder (ME0467). The rate setting methodology for more than one person in Shared Living setting will be modified temporarily as follows: For 2 people, rate becomes 75 percent (%) of 1-person rate for each waiver participant served. For 3 people, rate becomes 60 percent (%) of 1-person rate for each waiver participant served.

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

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

<p>Modification to Person-Centered-Planning</p> <p>ME.1082.R01.02, ME.0276.R05.03, ME.0995.R01.01, ME.0159.R06.04, ME.0467.R02.04</p> <ol style="list-style-type: none">1) Modify face-to-face meeting requirements for the development, implementation and monitoring of the person-centered plan:2) Allow for completion of meetings and contacts for the development, implementation and monitoring of the person-centered planning process to be completed via phone, video-conferencing or other electronic communications that enable direct contact with the recipient, recipient's representative and any contracted service providers, as needed, in accordance with HIPAA requirements.3) Allow for electronic signature of person-centered planning documents.4) The person-centered plan may be updated to allow for additional or modified supports to respond to individualized needs during the COVID-19 pandemic. Modifications to the person-centered plan that are needed due to recipient's needs and circumstance may be completed without the input of the entire person-centered planning support team. The support plan, including the amount, duration and scope of service, will be updated within - 60 days from the date the service begins. Verbal approval or email approval of changes and additions to individual plans and services will suffice as authorization to begin services while awaiting the signed documents dated the date of the meeting to avoid delays that may occur due to staff working remotely.5) Person-centered plans can be renewed for an additional 12 months if a meeting is held via phone, video-conferencing or other electronic communications and the recipient / recipient's representative agree that current services are appropriate and do not need to be updated, and service providers agree to continue to render continued services. Electronic signature is allowed for approval of continued person-centered planning documents. <p>Restriction of Visitors</p> <ol style="list-style-type: none">1) Due to the nature of this public health emergency, the State is temporarily modifying the HCBS settings requirement at 42 CFR 441.301(c)(4)(vi)(D) that individuals are able to have visitors of their choosing at any time, for settings added after March 17, 2014, to minimize the spread of infection during the COVID-19 pandemic.

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

<p>372 Reporting</p> <ol style="list-style-type: none">1) Temporarily delay the submission deadline for the state's 372 CMS Reports and quality reporting by up to 90 days but not to exceed the end date approved in the Appendix K to account for the resources necessary to address efforts to support waiver members during the pandemic.

i. x 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 individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.

[Specify the services.]

Subject to prior authorization, it is permissible for waiver services to be delivered in an acute setting, to support the communication, intensive personal care and behavioral support needs as identified in the person-centered plan, when the service is distinct from what is provided by the Acute Setting provider. The Department will ensure no duplication of billing of performance activities through documentation of tasks provided and a waiver form completed by the acute setting staff attesting that specific tasks needed during the acute care hospital or short-term institutional stay cannot be done by the facility staff and that the participant may have a trained attendant complete the specific tasks.

j. 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.]

k. 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]

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 individuals in the waiver program]. [Explanation of changes]

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: Click or tap here to enter text.
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: 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.

8. Authorizing Signature

Signature:

Date: 4/28/2020

_____/S/_____
State Medicaid Director or Designee

First Name: Michelle
Last Name Probert
Title: Director
Agency: Office of MaineCare Services
Address 1: 109 Capitol Street
Address 2: Click or tap here to enter text.
City Augusta
State ME
Zip Code 04333
Telephone: 207.287.2093
E-mail Michelle.probert@maine.gov
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 Specification

Service Title:	Emergency Quarantine Services for Waiver Participants with COVID-19 This service is added to: ME.1082.R01.02 ME.0995.R01.01 ME.0159.R06.04 ME.0467.R02.04
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Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Services provided by an agency to care for a participant who has tested positive for COVID-19 and must be isolated from participants who have not tested positive. These include meeting all of the participant’s staffing needs and arranging for all clinical consultations needed. The service is subject to prior authorization, which may be granted retroactively to 3/1/20. Services may be provided in the participant’s regular residential setting if isolation can be safely accomplished or may be provided in a temporary location approved by the Department.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The service may begin as of the date the participant is confirmed to have COVID-19 and may continue until the participant is cleared clinically to leave isolation, but in no case may the service last more than 30 consecutive days. Service may not duplicate other services.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Department approved provider 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
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Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
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Department approved provider agency		The agency must provide all staff with the minimum skills training to meet the specific needs for the member receiving services as specified in the member's medical orders, hospital discharge plans, person centered plan or other plans that specify medical necessity.	The agency must provide the Department with a roster of all staff delivering this service, trainings and status of background checks. Minimum qualifications: an agency employee must have successfully completed training within the past 12 calendar months on 1 st Aid, Cardiac Pulmonary Resuscitation (CPR), Abuse/Neglect/Exploitation reporting, Reportable Event reporting, and agency specific training on medication administration and personal care. Background checks must be pending or completed The agency must ensure all medication administration is provided by a certified residential medication administrator or have comparable staff training delivered by the agency. The agency must provide a plan to the Department for the safe administration of medication in the event a certified residential medication administrator is not available due to lack of personnel from COVID-19.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Department approved provider agency	Final verification is by Office of MaineCare Provider Enrollment, but this action represents review by staff from some or all of the following areas: Program Integrity, finance/rate-setting, licensing & regulatory services, OADS.	Upon enrollment

Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

Service Specification

Service Title:	Adult Foster Care- “Shared Living” This service is added to: ME.0995.R01.01
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Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Shared Living is direct support and personal care (e.g., homemaker, chore, attendant care, companion) and medication oversight (to the extent permitted under State law) provided to a member in a private home by a principal care provider (home provider) who lives in the home. Residential habilitation means individually tailored supports that assist with the acquisition, retention, or improvement in skills related to living in the community. These supports include adaptive skill development, assistance with activities of daily living, community inclusion, transportation, and social and leisure skill development that assist the member to reside in the most integrated setting appropriate to their needs. Residential habilitation also includes protective oversight and supervision. Services are provided according to the member’s Person-Centered Plan to identify health and safety needs. Residential habilitation, personal care, and protection oversight and supervision are provided so the member’s initiative, autonomy, and independence in making life choices including but not limited to daily activities and with whom to interact are optimized and not regimented. A member’s essential personal rights of privacy, dignity, and respect, and freedom from coercion and restraint are protected. A provider may not have more than two people that they care for in one home.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The service is not included in the approved waiver. This new service is available for individuals starting the effective date of March 1, 2020 and ends as soon as an existing approved waiver service is available or no later than the effective end date of the Appendix K authority.
 This new service includes the following:
 One member serviced (procedure code S5140)
 One member served with increased level of support (procedure code S5140 TG)
 Two members serviced (procedure code S5140 U8)
 Two member services with increased level of support (procedure code S5140 U8 TG)
 This shared living service will follow the rate methodology as enumerated within the approved waivers ME.0159.R06.04 and ME.0467.R02.04 , including the temporary modifications to those rates included in this appendix K.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
			OADS approved provider 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
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Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
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<p>OADS approved provider agency</p>		<p>The agency must provide all staff with the minimum skills training to meet the specific needs for the member receiving services as specified in the member's medical orders, hospital discharge plans, person centered plan or other plans that specify medical necessity.</p> <p>Provider Agency must assure the following for individual DSP's:</p> <ul style="list-style-type: none"> *Minimum age of 18 * DSP's must successfully complete Maine's "Direct Support Professional Curriculum" or the "Maine College of Direct Support" program. * Reportable Events Training 14-197, Ch. 12 * First Aid and CPR Certification * criminal background check * adult and child protective background checks <p><u>An individual provider may render services within an expired certification and/or unmet continuing education/training requirement as long as the lapse in</u></p>	<p>The agency must provide the Department with a roster of all staff contracted to deliver this new service under the authority of the appendix K. The roster must include all trainings and status of background checks in accordance with the appendix K.</p> <p>Shared Living may be rendered by Family Caregiver, Spouse and Guardians of waiver participants when established as a contractor with the provider agency authorized to render the services. The provider agency is responsible for ensuring that services are delivered in accordance with the participants needs and goals as outlined in the participants care plan/person-centered plan.</p> <p>Training and certification requirements (i.e. Direct Support Professional, and Personal Support Specialist) for Family Caregiver, Friends, or Spouse may be waived through the period of the emergency. The aforementioned individuals will be required to obtain required training by the end date for appendix K.</p>
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		<u>certification and training requirements are no more than 6 months old from the date of May 1, 2020.</u>	
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
OADS approved provider agency	Final verification is by Office of MaineCare Provider Enrollment, but this action represents review by staff from some or all of the following areas: Program Integrity, finance/rate-setting, licensing & regulatory services, OADS.		Upon enrollment
Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" 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.