



Center for

COMMUNITY INCLUSION  
& DISABILITY STUDIES

University Center for Excellence in Developmental Disabilities

# Maine Medicaid Waivers For Adults with Developmental Disabilities

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# What are Medicaid Waivers? (1)

## Federal 1915(c) Home and Community Based Waivers

- Allows states to provide long term home and community based services to individuals who would otherwise be eligible for institutional care.
- States can offer a variety of services under Medicaid Waiver.
- Each state must apply for waivers.

# What are Medicaid Waivers? (2)

## Services covered by Medicaid Waivers:

- Case management
- Homemaker
- Home health aid
- Personal care
- Adult day health services
- Habilitation (Day and Residential)
- Respite Care
- Other types of services proposed by states

# A New Vision for Waivers

Centers for Medicare and Medicaid (CMS) are requiring that funding be used to:

- Provide more integrated services;
- Provide more choice and autonomy;
- Provide supports in a respectful way;
- Provide choice among service settings and providers.

# Maine Waiver – Section 29

## **Section 29 – Home and Community Based Waiver (Support Waiver)**

- Supportive services to individuals who live with their families or on their own.
- Primarily Services are *community support and work support*.
- Can include a mix of other services recommended in the person-centered plan.

# Section 29 - Eligibility

- Must meet medical eligibility requirements.
- Must meet financial eligibility requirements.
- Must have needs documented in an authorized personal plan.
- Funding opening must be available.

# Maine Waiver – Section 21

## **Section 21 – Home and Community Based Waiver (Comprehensive Waiver)**

- For individuals with ID or ASD who would otherwise qualify for care in an Intermediate Care Facility for Individuals with Intellectual Disabilities
- Broad mix of services including:
  - Home support
  - Work support
  - Community support

# Section 21 - Eligibility

- Person must meet medical eligibility requirements.
- There must be a funded opening.
- Personal plan must identify needs for habilitative, therapeutic, and intervention services with the “overall goal of community inclusion.

See Chapter 101: MaineCare Benefits Manual  
(Chapter II – Section 21. at  
<http://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/home-and-community-based-1915-c-waivers.html>



# Section 21 – Funded Services

- Home Support (Agency)
- Home Support (Family Centered)
- Remote home support (monitor only or interactive support)
- Shared living
- Employment Specialist Services
- Individual Work Support
- Group Work Support
- Consultation Services
- Counseling
- Crisis Assessment and Intervention
- Therapies: Occupational, Physical, and Speech
- Non-traditional communication consultation and assessment
- Communication aids
- Career planning
- Assistive technology
- Non-medical transportation to access Section 21 supports

# AT & Waivers

- Assistive Technology (AT) can be funded under each waiver
- Intended to increase options to support independence & self-sufficiency
- Specific uses and aspects covered (including rates and funding limits) are set for each waiver

# Specific waiver services

- Must be identified in a “personal plan.”
- Maine is moving increasingly to a planning process that is “person-centered.”

# “Personal Plan”

- **21.02-22 Personal Plan** is a member’s plan developed at least annually that lists the services offered under the waiver benefit. The Personal Plan may also include services not covered by the waiver but identified by the member. Only covered services included on the Personal Plan are reimbursable. The Personal Plan may also be known as a person centered plan, a service plan, an individual support plan, or an individual education plan, as long as the requirements of Section 21.04-2 are met.

# Personal Plan Requirements - 21.04.2 (1)

Identifies:

- all medically necessary services and other services identified by individual;
- frequency of services;
- How services contribute to person's health, well-being and ability to reside in community;
- Person's goals for personal, community, family, and professional relationships;

# Personal Plan Requirements - 21.04.2 (2)

- Roles and responsibilities of Direct Support Professionals, Employment Specialist, & other service providers.
- Goals for strengthening natural supports.
- Safety/Risk Plan for those receiving home support or remote support;
- Must have signatures of the person or guardian and the case manager.

# Planning team *may* include:

- Case manager
- Member (Person with Disability);
- Member's parent, guardian, or correspondent;
- Member's advocate, friend or additional individuals invited by member;
- Operator of member's home or a Direct Support Professional providing services to member
- Staff from organizations providing supports including community, work, employment specialist services, assistive technology, career planning supports;
- Any professional involved or likely to be involved in members' personal plan.

# CMS Planning Requirements

The person-centered planning process is directed by the individual with long-term support needs, and may include a representative whom the individual has freely chosen and others chosen by the individual to contribute to the process.



# Minimum CMS Planning Requirements

- Person-centered plans with individually identified goals and preferences.
- Process will result in a service plan that will assist the individual in achieving personally defined outcomes in the most integrated community setting; and
- The plan results in services that reflects personal preferences and choice, and contribute to the assurance of health and welfare.