

# State of Maine



## Updated Plan for Implementation of American Rescue Plan Act of 2021, Section 9817

### Stabilizing and Improving Medicaid Home and Community- Based Services in Maine

Emailed July 18, 2022 to: [HCBSincreasedFMAP@cms.hhs.gov](mailto:HCBSincreasedFMAP@cms.hhs.gov)

*Updated April 15, 2021 to Integrate All Changes to Plan Approved Conditionally*

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



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**TO:** Chiquita Brooks-LaSure, Administrator  
Department of Health and Human Services  
Centers for Medicare & Medicaid Services (CMS)  
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Baltimore, Maryland 21244-1850

Emailed to: [HCBSincreasedFMAP@cms.lhs.gov](mailto:HCBSincreasedFMAP@cms.lhs.gov)

**FROM:** Michelle Probert, Director, Office of MaineCare Services,  
Maine Department of Health and Human Services (Maine DHHS)

**DATE:** February 28, 2023

**SUBJECT:** Revised Maine's FFY 2023 – Q3 Quarterly Spending Plan and Narrative Pursuant  
to ARP section 9817

Dear Administrator Brooks-LaSure:

The Maine Department of Health and Human Services is pleased to submit its FFY 2023 **Q3** quarterly report with updates to our initial plan for use of enhanced FMAP on HCBS pursuant to the American Rescue Plan Act of 2021, Section 9817, and subsequent CMS guidance (SMD# 21-003). The plan includes amendments for consideration as outlined in the Executive Summary section with details in the initiatives section of the plan along with comments indicating CMS approval of prior amendments approved by CMS in the ME FFY 2023 Q1 Approval Letter. **This revised narrative contains additional context for a proposed new initiative ME208 Pilot to Incent Timely Community-Based Services Post-Incarceration as requested by CMS during their review process.**

Maine continues to assure that it will:

- Use the federal funds attributable to the increased FMAP to supplement and not supplant existing state funds expended for Medicaid HCBS in effect as of April 1, 2021;
- Use the state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program;
- Not impose stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021;
- Preserve covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021; and

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- Maintain HCBS provider payments at a rate no less than those in place as of April 1, 2021.

Maine's designated state point of contact for the quarterly spending plan and narrative submissions is:

Thomas Leet  
Long Term Services & Supports Policy Manager  
Office of MaineCare Services



Please let us know if there are questions.

Sincerely,

Michelle Probert, Director  
Office of MaineCare Services  
Maine Department of Health and Human Services

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# I. Executive Summary

Maine is pleased to submit its initial plan to invest in critical HCBS services and infrastructure under the American Rescue Plan Act of 2021, Section 9817. The goal of this plan is to stabilize and improve an HCBS system that has been tested and strained by the pandemic. Our first priority is to ensure **timely access** to services by stabilizing the workforce, and the plan allocates the single largest portion of funding to retention and attraction bonuses for direct support workers and their first line supervisors. Dedicated and skilled workers are truly the most critical element to sustaining and growing our HCBS system, and the plan also includes significant investments in training and making worker certification portable across HCBS population groups. It also includes development of a worker council to advise us on longer term changes that will improve the nature of the work and a media campaign to attract a new generation of people to a rewarding profession with opportunities to grow and advance. Other access initiatives in the plan include expanded supports for family caregivers, expansion of self-directed options, improved information, and referral, and streamlined HCBS eligibility processes to promote diversion from institutional settings.

The second group of initiatives in Maine's plan will stimulate innovative **service delivery** to promote greater independence among HCBS populations. These include efforts to promote competitive, integrated employment; to improve transition services for youth entering adulthood; and to develop new models of support that will enable individuals to strengthen their associations with and participate in their communities. We are also proposing improvements to our system of behavioral supports for adults with intellectual disabilities and high-fidelity wrap around services for youth with complex needs.

Our third set of initiatives will strengthen our **quality and accountability** infrastructure for HCBS. We will accelerate our plans to adopt and report on HCBS quality measures, which will in turn support expansion of alternative payment methods (APMs) in HCBS. These efforts will address consumer experience, quality of care, and quality of life. We also intend to accelerate efforts to replace outdated case management information systems.

This plan was developed in consultation with stakeholders from across the spectrum of HCBS population groups and reflects the predominant view that workforce stabilization is this state's highest priority.

**November 1, 2021 update:** this update added one initiative (ME 108, Rate Stabilization) and expanded another (ME 303, Quality Oversight Policy and Systems). These updates were approved by CMS on February 3, 2022.

**February 9, 2022 update:** this update included changes for increased budgets for ME 204, HCBS Setting Rule Remediation and ME 303, Quality Oversight Policy and Systems and reduced activities and budgets in four initiatives, ME 201, ME 301, ME 303 and ME 304 that have been submitted previously with conditional approval from CMS. These updates are presented in the narrative and highlighted in blue shading in the spending plan tables. These amendments were approved by CMS in the ME FY 2022 Q4 Approval Letter.

**April 15, 2022 update:** This update includes a new projection of funds available under Section 9817 based on claiming completed to date for select services. It also includes an additional increase to the budget for ME 201 in the associated Excel file provided to CMS. These amendments were approved by CMS in the ME FY 2022 Q4 Approval Letter.

**July 18, 2022 update:** This report includes amendments for CMS to review for initiatives ME 201 (increase), ME 207 (increase), ME 304 (increase), one new initiative, ME 109 (Appendix K submitted June 16, 2022 and approved July 12, 2022) and ME 108 (decrease). Details are in the Initiatives sections and reflected in Section III.b of this plan as well as the detailed Spend Plan in the supporting Excel file to CMS. These amendments were approved by CMS in the ME 9817 FY 2023 Q1 Approval Letter dated October 17, 2022.

**October 18, 2022 update:** This report includes amendments for CMS to review for initiatives ME 303 (increase) and ME 103 (decrease). In addition, this update reports on spending of over \$11 million for FFY 2022 Q4. Details are in the Initiatives sections and reflected in Section III.b of this plan as well as the detailed Spend Plan in the supporting Excel file to CMS. These amendments were approved by CMS in the ME 9817 FY 2023 Q2 Approval Letter dated December 12, 2022.

**January 17, 2023 update:** This report includes a proposed amendment for CMS to review for a budget increase to initiative ME 201 Innovation Pilots and a new initiative ME 208 Pilot to Incent Timely Community -Based Services Post-Incarceration. In addition, this update includes spending of over \$1.6 million for FFY 2023 Q1. Details are in the Initiatives sections and reflected in Section III.b of this plan as well as the detailed Spend Plan in the supporting Excel file to CMS.

## II. Initial HCBS Spending Narrative

Maine is experiencing a significant shortage of direct support workers (DSWs) across all its HCBS programs, resulting in program closures and seriously constraining efforts to expand services. In three public listening sessions with nearly 350 stakeholders held prior to submitting this plan, the clear immediate priority of HCBS participants, families, advocates, and providers was to stabilize the workforce with higher pay. The recently enacted State budget increases rates starting in January 2022 to enable DSWs to average at least 125 percent of the State minimum wage. This plan creates a bridge to that rate increase, allocating over 60 percent of our estimated HCBS FMAP budget on providing immediate retention bonuses to existing workers and offering attraction bonuses to new workers through December 2021. The plan also includes greater support for unpaid caregivers and expanded self-directed options to enable family members and other informal caregivers to provide longer-term support. The plan also accelerates efforts to make direct support work more attractive and portable across HCBS population groups and to provide clear career pathways and ongoing training and support. It also promotes innovation in service delivery, such as remote support technologies, which can foster independence while reducing the amount of in-person support required. Finally, the plan strengthens critical quality and accountability infrastructure to ensure that services remain effective in the face of significant challenges as post-COVID rebuilding occurs.

Maine's initiatives fall into three areas: (1) Timely Access, representing 68% of spending; (2) Innovative Service Delivery (18%); and (3) Quality and Accountability (14%).

### A. Timely Access (64% of Spending)

Our greatest priority is to maintain timely access to existing services and stabilizing the workforce is critical to this goal.

#### **ME 101: Workforce Stabilization (\$120,694,906) which is a decrease from initial plan estimate of \$126,000,000)**

The goal of initiative ME101 is to stabilize the HCBS direct support workforce through retention and attraction bonuses payable in this calendar year (through December 2021). These bonuses will provide interim relief to existing workers and provide immediate incentives for new workers to enter the field. This is a short-term measure to maintain and grow the workforce. The recently enacted State budget provides permanent funding to sustain DSW wages at an average of 125 percent of the State minimum wage beginning in January 2022. This initiative provides one-time bridge funding in the form of bonuses to stabilize the HCBS system until then. Maine's HCBS providers will be reimbursed for retention bonuses to existing DSWs and attraction bonuses for new hires. HCBS providers will be responsible for making the payments and seeking reimbursement from MaineCare. To ensure accountability, they will provide attestations, identify the workers receiving the bonuses and be subject to audit. Existing DSWs and their immediate

supervisors will qualify for \$1,000 bonuses effective July 1, 2021, and again on December 1, 2021. New DSWs hired during that period will be eligible to receive a one-time-only bonus of \$1,500 and will not qualify for retention bonuses. Pro-rated bonuses will be available to part-time workers.

Also included in this initiative are training funds to reimburse providers for up to \$500 of onboarding expenses per new worker, and reimbursement to providers for increases in payroll taxes and other mandatory expenses that will result from payment of the bonuses.

This proposal requires amendments to our five HCBS Section 1915(c) waivers and to our HCBS state plan services. We intend to use available emergency authorities (Appendix K and D-SPAs) to enable payment of the bonuses, with the first round distributed as soon as possible upon approval.

**November 15, 2021 update:** The payments will be directed only to providers who deliver MaineCare-funded HCBS, as indicated below:

- a. Providers of services under the following Sections of the MaineCare Benefits Manual (MBM), which directly align with services listed in Appendix B of the SMDL:
  - i. Section 2, Adult Family Care Services (Appendix B Personal Care Services);
  - ii. Section 12, Consumer Directed Attendant Services (Appendix B Personal Care Services);
  - iii. Section 13, Targeted Case Management Services (Appendix B Case Management Services);
  - iv. Section 17, Community Support Services, which include Community Integration, Community Rehabilitation Services, Assertive Community Treatment, and Behavioral Health Skills Training and Development Services, none of which are ABA services (Appendix B Rehab State Plan Option);
  - v. Section 18, Home and Community Based Services for Adults with Brain Injury (Appendix B Section 1915(c));
  - vi. Section 19, Home and Community Benefits for the Elderly and Adults with Disabilities (Appendix B Section 1915(c));
  - vii. Section 20, Home and Community Based Services for Adults with Other Related Conditions (Appendix B Section 1915(c));
  - viii. Section 21, Home and Community Based Services for Members with Intellectual Disabilities or Autism Spectrum Disorder (Appendix B Section 1915(c));
  - ix. Section 26, Day Health Services (Appendix B Rehab State Plan Option);
  - x. Day Habilitation Services for Children with Cognitive Impairments and Functional Limitations delivered as indicated on a child's Individualized Educational Plan by school-based providers under Section 28, Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations (Appendix B School-based services);
  - xi. Section 29, Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder (Appendix B Section 1915(c));
  - xii. Section 40, Home Health Services (Appendix B Home Health Care Services);
  - xiii. Section 65, Behavioral Health Services (Appendix B Rehab State Plan Option);



- xiv. Section 96, Private Duty Nursing and Personal Care Services (Appendix B Personal Care Services);
  - xv. Section 97B, Substance Abuse Treatment Facilities (Appendix B Rehab State Plan Option and Personal Care Services);
  - xvi. Section 97E, Community Residences for Persons with Mental Illness (Appendix B Rehab State Plan Option and Personal Care Services); and
  - xvii. Section 97F, Non-Case Mixed Medical and Remedial Facilities (Appendix B Personal Care Services).
- b. Certain services under MBM Section 28, and all services under Sections 92, 93 and 97-D, which do not qualify per the authority and/or benefits description listed in Appendix B, but indeed enhance, expand or strengthen Medicaid HCBS as follows:
- i. Certain services under Section 28, Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations. These services are Day Habilitation for Children with Cognitive Impairments and Functional Limitations that are *not* provided by school-based providers/related to a child's IEP, and Specialized Services for Children with Cognitive Impairments and Functional Limitations, whether or not they are delivered as indicated on a child's Individualized Educational Plan by school-based providers. The Specialized Services noted are ABA services. These services support expanding and enhancing member access to HCBS through providing medically necessary services to youth in their home and community focused on skill acquisition in various domains (daily living skills, communication skills, social skills, functional skills) and provide integral services and supports aiding in transition to adulthood. All remaining services under this Section not listed in answer 1.a.x. above are also delivered in the home and community and could be delivered under an HCBS 1915(c) waiver, but following CMS guidance, Maine repealed its waiver and classified the home support services under its preventive SPA. These services, other than the Specialized ABA Services, could be eligible under Appendix B had Maine chosen a different authority under which to deliver them. The Specialized ABA services are diversionary services that prevent institutionalization of children.
  - ii. Section 92, Behavioral Health Home Services and Section 93, Opioid Health Home Services. These services cannot be Appendix B services due to the distinct authorities under which they are covered, but they do support HCBS through providing integral care management, care coordination and peer support services for HCBS members. Section 92, Behavioral Health Home Services, are very similar to Section 17, Community Integration services for adults with Serious Mental Illness and Section 13, Targeted Case Management services for children with Serious Emotional Disturbance, except they utilize a team-based approach to care, and have an explicit focus on integration with physical health and provision of peer and family supports. Both Sections 17 and 13 qualify under Appendix B. Section 93, Opioid Health Home Services, also utilize a team-based approach to care and have an explicit focus on provision of peer and recovery supports. Section 93 services are Substance Use Disorder treatment and care coordination services that have components similar to

services under Section 65, Behavioral Health Services and Section 13, Targeted Case Management services, which both qualify as eligible services under Appendix B. While states can receive enhanced federal match for Health Home services for a limited period of time, for Maine, this period has long expired for our Health Home programs.

- iii. Section 97-D, Private Non-Medical Institution Services, Child Care Services. These services support HCBS by treating youth to allow them to regain a level of function to return to the community. The services delivered in the Appendix B Child Care Facilities, currently classified as preventive services at CMS's direction, are a combination of rehabilitative treatment (individual, group, and family counseling, psychosocial education) and personal care services. The service currently is reimbursed and reported as a bundle under the distinct coding used for the service. Were the state to separate reimbursement and reclassify the services to rehabilitative and personal care sections of the SPA, these services would qualify as eligible under Appendix B of the SMD.

**February 9, 2022 update:** This continued to be Maine's most urgent initiative, and based upon the conditional approval from CMS, we anticipate making supplemental payments to HCBS providers in the current quarter, as reflected in our spending projection. As of this writing, we have also received approval of an Appendix K amendment to our waivers to authorize this and await approval of a disaster SPA for the State Plan portion of the initiative.

**April 15, 2022 update:** Maine received approval of the disaster SPA associated with this initiative and has made payments to providers of approximately \$121 million. Maine received responses from CMS on April 7 in regard to its request for guidance on how to report on the CMS64 the portions of these payments associated with services that, while they enhance and strengthen HCBS, are not eligible to earn enhanced federal match as they do not meet the eligibility criteria listed in Appendix B of the State Medicaid Director letter 21-003. Maine is confirming its understanding of CMS' guidance, including expenditures that will need to be reported in the quarterly report, and plans to make adjustments to its forthcoming CMS64 and to the subsequent quarterly report to reflect CMS' guidance.

Maine provides an update with this quarterly report under the November 21, 2021 entry above for ME 101 to reflect subsequent conversations and correspondence it held with CMS to correct the State's initial understanding regarding the eligibility of services under Section 28 of the MaineCare Benefits Manual. Section a.x should be deleted. The corrected language for section b.i. is as follows:

- b. Services under MBM Section 28 do not qualify per the authority and/or benefits description listed in Appendix B, but indeed enhance, expand or strengthen Medicaid HCBS as follows:
  - i. Services under Section 28, Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations. These services are Day Habilitation for Children with Cognitive Impairments and Functional Limitations, and Specialized Services for Children with Cognitive Impairments and Functional Limitations. The Specialized Services noted are

ABA services. These services support expanding and enhancing member access to HCBS through providing medically necessary services to youth in their home and community focused on skill acquisition in various domains (daily living skills, communication skills, social skills, functional skills) and provide integral services and supports aiding in transition to adulthood. All services under this Section are also delivered in the home and community and could be delivered under an HCBS 1915(c) waiver, but following CMS guidance, Maine repealed its waiver and classified the home support services under its preventive SPA. These services, other than the Specialized ABA Services, could be eligible under Appendix B had Maine chosen a different authority under which to deliver them. The Specialized ABA services are diversionary services that prevent institutionalization of children.

Maine would also like to add Behavioral Health Day Treatment Services under Section 65 as a new section b.iv under the November 21, 2021 entry above for ME 101. The State inadvertently omitted these services from the list. They are services that Maine could have had approved under the Rehab State Plan Option, where they would have qualified under Appendix B, but, with input from CMS, chose to classify as preventive services.

Maine is not claiming enhanced 9817 match for portion of the recruitment and retention payments associated with services outlined in section b under the November 21, 2021 entry above for ME 101.

**July 18, 2022 update:** Approximately \$121 million in bonus funding was paid out to 354 agencies who reported almost 21,000 workers in the registration process. The reporting process for agencies receiving these payments is being rolled out in a two-phase approach. Interim reports are due August 1, 2022 and final reports are due February 1, 2023. Agencies that report full expenditure of their payment in the August report will not be required to file a report in February. The reports will include worker-level data that we will use to assess the impact of the initiative.

**October 18, 2022 update:** Interim reports from provider agencies indicate that most of the bonus funds were paid out to workers but most agencies also have funds remaining. Agencies have until December 31, 2022 to expend the funds. Final reports from the agencies are due February 1, 2023.

## **ME 102: Workforce Portability & Expansion (\$13,545,840)**

The goal of this initiative is to enhance Maine's HCBS direct care workforce portability and to make certification for direct support roles easier to access. Maine will develop a base certification enabling DSWs to work across HCBS populations. In addition, a DSW Council will be created to advise on this process and other workforce initiatives, providing valuable HCBS worker perspectives. A robust market analysis will accompany this work to identify longer term strategies that are necessary to continue and further this work, and the analysis will be used to inform one or more marketing campaigns to attract new workers to the field. Proposal no. ME102 includes:

- ✓ Reform to align DSW titles, training and education requirements, and certifications across MaineCare HCBS supports and services to the extent feasible and appropriate;
- ✓ The creation of streamlined curricula for DSWs, focusing on uniformity across training requirements, competencies, and disability and behavioral health trainings;
- ✓ Expansion and acceleration pathways that begin with courses in technical high schools that enable provisional certification and employment that progress to advancement through Maine's community college system;
- ✓ Attraction of primary care providers to participate in psychiatric consultation following the University of Washington Advancing Integrated Mental Health Solutions (AIMS) Center model;
- ✓ Translation of curricula into the common languages of Maine's workforce including ASL, increasing the effectiveness of training and certification for those whose primary language is not English;
- ✓ Creation of a Worker Council and other efforts to get direct input from DSWs on workforce sustainability efforts;
- ✓ A labor market analysis that will include surveys of workers and employers to identify factors including wages, benefits and working conditions that should be targeted for improvement; and
- ✓ Development of one or more marketing campaigns based on input from the Worker Council, results of the market analysis, and improved training and certification offerings.

This set of initiatives includes a development phase, during which no federal authorities are needed. Implementation of amended worker credential requirements and any related changes to MaineCare services or reimbursement will require amendments to our HCBS waiver and state plan services.

**November 15, 2021 update:** ME102 is targeted at providers who are delivering services listed in Appendix B of the SMDL. This initiative seeks to create a universal entry-level worker credential for direct support workers in MaineCare-reimbursed HCBS programs, establish infrastructure for the credential (curricula, learning management system, stakeholder structures, etc.), and develop marketing campaigns to attract new workers to the profession.

Maine has state-funded HCBS home care programs that use the same worker credentials as our MaineCare-reimbursed programs, so we anticipate some beneficial spill-over effects of this initiative for state-funded programs, but the focus and primary benefit of this work will be for MaineCare HCBS programs listed in Appendix B.

**ME 103: Caregiver Support (\$1,936,200) which is a decrease of \$1,000,000 from our prior approved submission of \$2,936,200.**

The goal of this initiative is to strengthen Maine’s informal HCBS family caregiver network, which provides critical support to MaineCare HCBS participants. This initiative will help identify caregiver needs and provide education and tools and other supports to enable family caregivers to continue to provide informal care for family and friends. This initiative includes:

- ✓ Expanding programs that build caregiver confidence;
- ✓ Providing family caregivers support to manage the stress associated with caregiving; and
- ✓ Utilizing national best-practice education programs like Mental Health First Aid (MHFA) and Family to Family (F2F) to support families living with family members with co-occurring physical disabilities and mental health needs.

The initial phase of this initiative will identify MaineCare services and reimbursement that may be necessary, to be followed by HCBS waiver program and state plan service amendments as needed.

**October 18, 2022 update:** We have opted not to proceed with a pilot for Section 19: Caregiver Support for Family Caregivers that had been part of this initiative and are therefore reducing the budget accordingly. The initiative was superseded by implementation of a similar initiative (Respite for ME) under Governor Mills’ Maine Jobs and Recovery Plan.

We are decreasing the total by **\$1,000,000** for a new total of **\$1,936,200**. **This amendment was approved by CMS in the ME 9817 FY 2023 Q2 Approval Letter dated December 12, 2022.**

**ME 104: Consumer-Centered Transportation Design (\$1,132,560)**

The goal of this initiative is to design a new approach for the authorization, delivery, and payment of non-medical transportation to non-State Plan services for participants in all of Maine’s HCBS waiver programs. Building on our recent Maine Department of Health and Human Services Transportation Evaluation, we will evaluate options and design an approach for waiver program participants to improve participant access and self-direction to meet their non-medical transportation needs. Maine will use a consultant obtained via a request for proposal (RFP) to support this work, which will include:

- ✓ A study to explore how other states provide access to non-medical transportation services for similar populations. The study shall include analysis of options including, but not limited to, a program with a structured voucher or budget for a set dollar amount

per person. Analysis of program design options shall compare 1) relevant logistical and programmatic details for program options; 2) the pros and cons of implementing the program option; and 3) any considerations for such a program given Maine's transportation infrastructure and public transit availability.

This initiative will not require any special authority for the evaluation and design phase. Amendments to Maine's HCBS waiver programs will be submitted as needed once design is completed and the State plans to implement.

### **ME 105: Self-Directed Supports (\$4,290,000)**

The goal of this initiative is to expand self-directed options to more HCBS participants. Maine currently offers self-directed options to older participants and adults with physical disabilities. This initiative will design options for participants with intellectual disabilities and explore the feasibility of offering self-direction to adults with serious mental illness and substance use disorders. This initiative includes:

- ✓ Expanding self-directed options across all of our HCBS waiver programs; and
- ✓ Conducting feasibility analyses for offering self-directed options to adults with serious mental illness and substance use disorders.

Following a design phase, we anticipate submitting amendments to our HCBS waiver programs for approval prior to implementation. We expect to engage CMS in discussions about authorities available to offer self-direction to adults with serious mental illness and substance use disorders.

### **ME 106: Diversion from Institutional and Residential Care (\$5,034,662)**

The goal of this initiative is to expand access to HCBS for older individuals and adults with physical disabilities by improving our knowledge of early indicators that lead to institutional care, streamlining MaineCare eligibility for HCBS, updating LTSS tools, and increasing upstream efforts at diversion for individuals who have been hospitalized and will need supports upon discharge. This initiative includes:

- ✓ A redesign and update of Maine's web-based prescreening tool that assists constituents with navigating the HCBS system;
- ✓ A study to provide comprehensive review of MaineCare-funded assisted living options including a review and assessment of other models throughout the country;

- ✓ A study to examine Maine’s precursors to nursing facility admission among MaineCare beneficiaries to help prevent or delay the onset of future nursing facility admission in the state; and
- ✓ An increase in education, support, and staffing that will work to divert individuals from institutions or residential care at the point of hospital discharge.

This initiative is likely to lead to changes in MaineCare eligibility and services that will require amendments to Maine’s HCBS waiver and state plan services. These will be submitted to CMS for approval as needed.

**November 15, 2021 update:** Eligibility standards, methodologies or procedures will not become more restrictive under ME106. These initiatives will provide increased access to information about existing HCBS options. It will be a self-serve, web-based tool that consumers may use if they wish to sort through Maine’s existing options to connect with further resources for the options they wish to pursue. This project stems from stakeholder feedback that HCBS options are difficult to identify and find.

### **ME 107: Access to Nursing (\$3,261,680)**

The goal of this initiative is to improve access to nursing services in Maine’s HCBS waiver and state plan services. This initiative includes:

- ✓ Assessment of MaineCare service definitions and rates for nursing services in HCBS settings and development of policy as needed to improve access;
- ✓ Collaboration with Maine’s Board of Nursing to assess nurse delegation policy in the state with an eye toward expanding delegation where doing so can be effective; and
- ✓ Increasing telehealth access in residential settings by assisting with telehealth set up costs.

Implementation of changes resulting from these first two areas are likely to require amendments to HCBS waivers and state plan services, which will be submitted as needed.

**November 15, 2021 update:** ME107 is targeted at providers who are delivering services listed in Appendix B of the SMDL. This initiative proposes to review the current scope of nursing in Maine to determine if there are skills that can be delegated to other disciplines such as Certified Nurse’s Aides, Home Health Aides or other Direct Care Workers who are working in MaineCare waiver and state plan HCBS programs listed in Appendix B.

The State of Maine proposes to fund or reimburse the initial installation costs and fees, as well as the equipment necessary to expand telehealth under ME107. Each site may be capped at a specific amount, (i.e., \$2,500.00 per residential setting) for telehealth set up costs. This proposed activity will not extend beyond the initial set-up nor include internet connectivity costs.

## **ME 108: Rate Stabilization Initiative (\$0 which is a decrease of \$2,669,669 from the amended plan as of February 3, 2020)**

**November 1, 2021 update:** This is a new initiative that Maine proposes in this quarterly update. MaineCare is investing in 1915(c) Home Support waiver services for Adults with Brain Injury and Adults with Other Related Conditions, and Community Support waiver services for Adults with Other Related Conditions, members with Intellectual Disabilities or Autism Spectrum Disorder, in accordance with rate studies conducted for these services to ensure data-driven, rational, consistent, and equitable rates necessary to provide members with access to quality services. In partnership with its rate study vendor, MaineCare has designed rates to better reflect the structures and cost drivers of these services. For example, rates for residential program “Home Supports” will be tiered by the number of beds in a home, which has an impact on the economy of scale, and rates for day habilitation “Community Supports” will be tiered by individual vs group and center-based programs. While these rate adjustments have always been intended to represent a net investment in these services as a whole, MaineCare had originally planned to implement rate decreases better tailored to the costs of the services mentioned above which, given their structure, have lower costs relative to their current reimbursement. MaineCare received funds appropriated by the legislature to fully fund this investment as originally envisioned. However, factoring in the need to maintain all rates at current levels or higher, MaineCare now requires additional funds in order to implement this rate increase.

This additional investment with FMAP funds enables MaineCare to proceed with the planned amount of its rate increases to support and enhance HCBS services, without making any accompanying rate decreases it had initially planned. In addition, this funding will enable MaineCare to increase the rate for center-based Community Support service for Adults with Other Related Conditions to equal the rate for the same service currently provided to members with Intellectual Disabilities or Autism Spectrum Disorder.

**February 3, 2022 update:** Maine received conditional approval from CMS on February 3, 2022.

**July 18, 2022 update:** Maine needed to implement these broader rate adjustments prior to the release of CMS guidance on reporting for ARP, Section 9817 activities, and prior to conditional approval of the spending plan. Once in receipt of this full guidance and after numerous clarifying emails and conversations with CMS, the State realized it would not be feasible to accurately report and journal this investment amount, due to the fact that this initiative was to provide only partial funding associated with the overall investment in rates for these services. Maine’s MMIS and accounting systems cannot support the association of different federal match amounts and source funding amounts to only a portion of a rate paid on a claim, which is what would need to happen for this initiative. As such, we have decided not to use Section 9817 funds and are cancelling this initiative.

Decrease of **\$2,669,669** to a new total of **\$0**. This amendment was approved by CMS in the ME 9817 FY 2023 Q1 Approval Letter dated October 17, 2022.



## **ME 109: One-time COVID 19 Supplemental Payment to Agency Home Support Providers (\$6,000,000 increase from initial plan)**

**July 18, 2022 update:** We propose this additional initiative for spend plan approval. Maine seeks to improve an HCBS system that has been tested and strained by the pandemic through allocation of authorized funds under section 9817 of the American Rescue Plan Act of 2021 (ARP) for supplemental payments to qualified providers under ME.0159 to assist with ongoing, COVID-related staffing shortages in residential group homes. These supplemental payments are effective July 1, 2022 and payments will be made between July 1, 2022 and September 30, 2022.

Increase of **\$6,000,000** for a new total of **\$6,000,000**. This amendment was approved by CMS in the ME 9817 FY 2023 Q1 Approval Letter dated October 17, 2022.

**October 18, 2022 update:** Maine received approval from CMS of an emergency waiver amendment under Appendix K to received federal financial participation on this payment and CMS approval in the ME 9817 FY 2023 Q1 approval letter to use savings from enhanced 9817 match for the state share of the payments, and payments were made to group home and family centered homes serving adults with intellectual and developmental disabilities under Section 21.

**January 17, 2023 update:** we consider this project closed at this time.

## B. Innovative Service Delivery (21% of Spending)

This special one-time funding offers an unprecedented opportunity to try innovations that offer the promise of greater independence or prevent the use of more restrictive settings for HCBS participants.

### **ME 201: Innovation Pilots (\$19,694,307 which is an increase from our prior approved submission of \$17,972,807)**

The goal of this initiative is to stimulate innovation in HCBS to increase independence and community participation and prevent the use of unnecessarily restrictive settings. A major portion of this initiative will be to stimulate the market with one or more RFPs calling for pilot projects for HCBS participants in the following areas: expanding access to independence-enhancing technologies such as remote monitoring and medication management; innovative living arrangements that reduce the amount of on-site staffing needed; peer support models; improved transitions across the lifespan; service models that enable individuals in out-of-state placements to return to Maine; and services that more deeply integrate people into their communities. Given the one-time opportunity and relatively short period of time available, Maine proposes to conduct these pilots with enhanced FMAP funds but without claiming additional FMAP on the pilot services. These would be pre-MaineCare services, with the intention of adding the most effective pilot services to our MaineCare HCBS service options after the pilot period. We will solicit and approve pilot projects by December 31, 2021, implement the pilots beginning as early as possible in 2022, evaluate them in early 2023, and seek federal approval to add the most promising interventions as MaineCare services by June 1, 2024.

This initiative also includes specific innovations that we have targeted, and for which we will claim FMAP, including adoption of the latest DSM version for IDD eligibility, analyzing options for assessment tools to use in determining level of care for children's nursing services, and implementing a provider learning collaborative. We anticipate these specific innovations may require amendments to our HCBS waiver programs and state plan services, which will be submitted as needed.

**November 15, 2021 update:** Maine's innovation pilots will enhance and expand HCBS services listed in Appendix B after a pilot period. The Department will issue one or more RFPs calling for HCBS innovations that more deeply integrate people into their communities by enhancing or expanding:

- Access to independence-enhancing technologies such as remote support;
- A range of independence-enhancing living options;
- Peer support models;
- Transitions across the lifespan; and
- New options close to home so individuals in out-of-state placements can return to Maine.

During the pilot period, we will test the innovations as potential Medicaid HCBS services. We will not claim additional FMAP during the implementation phase. Innovations found to be

effective will become Medicaid HCBS services in the future, through the normal waiver and state plan amendment process. These projects are administrative planning activities and will not change eligibility standards, methodologies or procedures. The activity in each case is to analyze options and best practices. Should this activity lead us to proposing new tools, amendments will be proposed to the relevant waiver and state plan services. Remote support and medication management pilots may include internet connectivity costs, but we will not claim additional FMAP for the innovation pilots, since they will be testing “pre-Medicaid” HCBS services.

**February 9, 2022 update:** We are reducing the scope of this initiative based on further analysis and planning. Decreasing the total by **\$4,373,867** to a new total of **\$15,967,463**. Approved by CMS in the ME FY 2022 Q4 Approval Letter.

**April 15, 2022 update:** CMS responded they have no questions on the change submitted February 9. We are now requesting to increase the total of **\$15,967,463** by **\$1,544,960** to **\$17,512,423** to launch an innovation to improve the transition from children’s HCBS services to adult HCBS services for individuals with IDD and autism. The project will implement new transition protocols and create transition liaison positions focused on quality and fidelity of the transition process. It will also begin planning for development of a Lifespan waiver that could serve individuals as young as 16. Maine will seek a new waiver if needed as a result of this planning work. Approved by CMS in the ME FY 2022 Q4 Approval Letter.

**July 18, 2022 update:** We now propose a new amendment to support our Department goal to return individuals with challenging behaviors from out-of-state placements to safe and supportive care in Maine. A Request for Information will be issued to elicit ideas for appropriate models of care for individuals with developmental disabilities or brain injury who experience challenging behaviors with or without complex medical treatment. The Department will use funds for research, study and development of a permanent neurobehavioral service to support individuals with significant neurobehavioral challenges with the goal to remain residing in their community through residential and mobile intervention options. These individuals are currently served out-of-state through our HCBS waiver programs.

Adding **\$460,384** for a new total of **\$17,972,807**. This amendment was approved by CMS in the ME 9817 FY 2023 Q1 Approval Letter dated October 17, 2022.

**January 17, 2023 update:** Round 1 grant awards were made in January, 2023. The applicant pool was very strong, and we would like to make a second round of innovation grant awards. We are requesting an increase of **\$1,721,500** for a new total of **\$19,694,307**

## **ME 202: High-Fidelity Wrap Around (\$10,000,910)**

The goal of this initiative is to implement a nationally recognized, evidence-based model of high-fidelity wrap-around services for youth with complex needs awaiting services. This is an intensive, community-based care coordination model that centers around youth and their family, home, school, and community to meet individualized needs by building on individual and family strengths and identifying natural and professional supports to produce positive outcomes. During

the planning phase of this project, we will identify any state plan amendments necessary to implement high fidelity wrap-around as a MaineCare service.

**November 15, 2021 update:** This initiative will enhance and expand HCBS services listed in Appendix B after an initial pilot period. Hi-Fi Wrap will put the family and child at the center of professional and natural supports within a fidelity model to promote stability for youth with complex needs rather than out of home placement. It will include flexible interventions based on best practices that enable youth to remain in the least restrictive setting. The interventions will be delivered by providers of similar services listed in Appendix B.

During the pilot phase, we will not claim additional FMAP for this new HCBS service since it will not yet be a Medicaid service. Based on results during the pilot phase, we will create a new Medicaid HCBS service through the normal state plan amendment process.

### **ME 203: Employment (\$1,167,360)**

The goal of this initiative is to expand Maine's HCBS services with additional competitive, integrated employment supports. Under this initiative, Maine will implement strategies with Maine's Department of Labor (DoL) to increase employment among persons with disabilities. Under the guidance of a strategic plan, the Department will increase access to employment for 18 to 25-year-olds applying for waiver services by assigning them an Employment Specialist Staff. This initiative includes:

- ✓ Increased Certified Employment Specialists in rural areas;
- ✓ Strengthened coordination between Maine Departments and community-based providers;
- ✓ Improved access to quality employment opportunities; and
- ✓ Expanded self-employment support and resources to all waiver members.

These are largely administrative changes that will improve access to existing employment supports in our waiver programs, and we do not anticipate needing additional approvals from CMS.

### **ME 204: HCBS Settings Rule Remediation (\$5,908,987, which is an increase of \$3,443,707 from the initial plan estimate of \$2,465,280)**

The goal of this initiative is to improve HCBS settings that require remediation through Maine's Settings Rule implementation process. Providers are currently receiving Settings Findings Reports for each waiver setting that has undergone a review for alignment with the new HCBS requirements. Providers are requesting support and assistance to make the necessary changes and embrace systemic reform. Providers who require outside support will be able to apply for a special

one-time payment to assist with the costs of complying with the HCBS Settings Rule, based on validated remediation plans.

We expect to use emergency authority under Appendix K as needed to seek authorization for these special payments to HCBS waiver providers.

**November 15, 2021 update:** Maine plans to allow capital investment costs with these funds when those capital improvements are specifically needed for providers to complete their HCBS Settings Rule remediation plans. An example is adding locks to bedroom doors. We will not claim FFP on capital investment costs paid under this initiative.

**February 9, 2022 update:** Based on further analysis, we project a higher need for technical assistance and remediation grants to providers for HCBS Settings Rule compliance and seek approval to increase the budget for this initiative. We are adding **\$3,443,707** for a new total of **\$5,908,987**.

**March 30, 2022 update:** CMS responded they have no questions on this change submitted February 9.

**April 15, 2022 update:** We await CMS approval for the increase requested on February 9. This is a very high priority for Maine as we work with providers on HCBS settings rule compliance. Approved by CMS in the ME FY 2022 Q4 Approval Letter.

**October 18, 2022 update:** On September 21<sup>st</sup>, the Department issued \$4.75 million in remediation grants to HCBS providers that are subject to and have been working to comply with the HCBS settings rule. While most eligible providers registered for the payments, the Department re-opened registration to give remaining eligible providers an additional opportunity to access a grant. A Round 2 payment is planned for this fall.

**January 17, 2023 update:** Round 2 payments were processed for those eligible providers. Technical assistance is expected to continue to be provided until the end of June 2023.

## **ME 205: Behavioral Support for Adults with IDD (\$1,791,200)**

The goal of this initiative is to improve the effectiveness of behavioral supports for adults with IDD, enabling them to live more integrated lives in the community. Maine has engaged the Center for START Services at the UNH Institute on Disability, a University Center for Excellence in Developmental Disabilities, to conduct a gap analysis of Maine's system of behavioral supports for adults with IDD and provide recommendations for high-priority improvements. This initiative will develop and implement improvements based on the gap analysis. Depending on the improvements, we anticipate that amendments to Maine's HCBS waiver programs for adults with IDD may be required.

**November 15, 2021 update:** This project is targeted to providers of intellectual and developmental services provided through HCBS waivers listed in Appendix B. The initiative is

administrative in nature. We will engage a contractor to conduct a gap analysis of our current supports for adults with IDD who have behavioral needs. The gap analysis will result in recommendations to enhance and strengthen those supports. Waiver amendments will be submitted if needed to implement the recommendations.

### **ME 206: Training (\$3,416,400)**

The goal of this initiative is to enhance Maine's HCBS by expanding and consolidating ongoing training for providers and staff. This includes training for state and provider agency staff on implemented innovations and the consolidation of existing training resources into a single knowledgebase. A needs assessment will be conducted to determine ongoing training needs for internal and external stakeholders and to create a roadmap to assure all training offerings are current, compliant, and accessible. This initiative includes:

- ✓ Consolidation of existing training resources into a single knowledgebase;
- ✓ A study to determine ongoing training needs for internal and external stakeholders and whether all training offerings are current, compliant, and accessible;
- ✓ American Sign Language (ASL) and foreign language support of the above initiatives; and
- ✓ Development of new training content as innovative practices are adopted.

**November 15, 2021 update:** ME206 is targeted at providers delivering services listed in Appendix B of the SMDL, specifically those providing services in Maine's five HCBS waiver programs. It will consist primarily of training direct support workers on updates and additions to worker certification curricula.

### **ME 207: Crisis Services Enhancements (\$7,801,558 which is an increase from the initial plan estimate of \$2,000,000)**

The goal of this initiative is to adopt national best practices for crisis care by adding crisis stabilization units and care traffic control technology to Maine's crisis services for adults with behavioral health needs. These enhancements will compliment implementation of a three-digit mental health crisis line (988) in 2022 to divert individuals from emergency departments and prevent avoidable interaction with law enforcement.

The planning phase of this project will include identification of state plan amendments that may be needed to implement these enhancements to MaineCare services.

**July 18, 2022 update:** We propose a new amendment for StrengthenME which is a framework of initiatives with the goal of providing proactive prevention and low barrier mental health and

resiliency resources in Maine with a targeted focus to serve disproportionately impacted communities with outreach and connections to behavioral health services. This initiative will benefit HCBS participants, expand MaineCare member access to HCBS services, and benefit the broader HCBS infrastructure as well as take a whole population approach that is grounded in promotion and prevention activities. Further, the goal of this initiative emphasizes interventions at the promotion and prevention end of the continuum of behavioral health care, which is not only best practice but serves to reduce the demand for services within the HCBS system, thus protecting and preserving capacity for those HCBS participants who require more intensive services, and hence improves timely access to care. This initiative includes:

- ✓ Providing comprehensive wellness workforce support to HCBS providers and the HCBS workforce through workforce support activities including training and critical incident response sessions that enhance workforce recruitment and retention;
  - **September 16, 2022 update:** This service is targeted to outreach to providers who are delivering or supporting Home and Community Based Services outlined in the MaineCare Benefits Manual, which directly aligns with services listed in Appendix B, including home health care services, personal care services, private duty nurses, case management, outpatient therapy, assertive community treatment, community integration, daily living skills, and community rehabilitation services. In addition, these healthcare workers can also receive 1:1 coaching support which can lead to referrals and engagement in HCBS services. This initiative aims to support HCBS providers and the workforce to effectively maintain, enhance and strengthen the capacity of HCBS services.
- ✓ Implementing a statewide public health media campaign that is targeted to recipients of HCBS services and the broader public to promote stigma reduction, resiliency, wellness, crisis prevention, and promotes access to HCBS services across the state;
  - **September 16, 2022 update:** This statewide public health media campaign will be targeted to recipients of HCBS or those that could be receiving services that are outlined in Appendix B. The public health media campaign will develop a partnership with the communications team at MaineCare services to create and execute strategies to reach Medicaid eligible individuals through targeted ads and direct outreach with a focus on outreach in rural and underserved areas. The public health media campaign will leverage digital, social media, radio, print and tv messages to direct individuals to resources to support engagement in HCBS services listed in Appendix B. Further this effort will focus on stigma reduction and behavioral change through accessible messaging to improving engagement in HCBS services listed in Appendix B. We do anticipate spill-over effect of this initiative for state-funded programs, but the focus and primary benefit of this work will be for MaineCare HCBS programs as listed in Appendix B.
- ✓ Operating behavioral health support lines, peer warm lines, teen text lines and embedded behavioral health professionals at centralized call centers. The operation and expansion of these lines directly supports HCBS participants, those who support them and the broader public; and

- **September 16, 2022 update:** These call lines are a part of our crisis services continuum of care and are coordinated within our state’s 988 implementation, primarily focused on crisis prevention and connection to resources and services. The behavioral health support line, peer warm line, and teen text line provide in the moment support to Medicaid members and further referrals and warm hand offs to HCBS services as listed in Appendix B. They serve as a bridge to services while also offering the emotional first aid that individuals need to and support in navigating and enrolling in HCBS services as listed in Appendix B. Based on available information it is estimated that anywhere from 50-75% of callers are eligible for Medicaid and receiving services or that could be eligible to receive services in Appendix B.
- ✓ Expanding Community Health Workers (CHWs) in rural and underserved areas of the state to provide outreach in disproportionately impacted communities with culturally and linguistically appropriate behavioral health support. These services include psychosocial support sessions, education, emotional first aid and suicide prevention intervention. This outreach further serves to locate and connect individuals to HCBS services and to support enrollment in HCBS services
  - **September 16, 2022 update:** We anticipate that the majority of the target population for this activity are Medicaid enrolled or could be enrolled, for example one provider of this service reported that approximately 85 percent of the individuals they assist qualify for Medicaid and remaining the 15 percent are asylum seekers who will qualify for Medicaid once paperwork is processed with assistance from a Community Health Worker.
  - These providers most often work with refugees, asylees, and immigrants. They assist individuals in signing up for Medicaid and if ineligible, assist in problem solving for individuals to become Medicaid eligible.
  - When individuals are eligible for Medicaid, CHWs will provide cultural brokerage, to include translation skills, and psychosocial support often necessary for individuals of this target population to access HCBS services, such as home health care services, personal care services, private duty nurses, case management, outpatient therapy, assertive community treatment, community integration, daily living skills, and community rehabilitation services.

Adding **\$5,801,558** for a new total of **\$7,801,558**. This amendment was approved by CMS in the ME 9817 FY 2023 Q1 Approval Letter dated October 17, 2022.

**January 17, 2023 update: We propose the following new initiative:**

**ME 208: Pilot to Incent Timely Community-Based Services Post-Incarceration (\$284,119 increase from initial plan)**

The goal of this initiative is to promote health equity for Medicaid beneficiaries who need continuous access to behavioral health and other HCBS post-incarceration. MaineCare will



develop an incentive payment to behavioral health and other HCBS providers who deliver needed services to MaineCare beneficiaries within two days of release.

February 22, 2023 additional context on this initiative:

- ✓ Not all providers who would be eligible for these incentive payments are listed under Appendix B; however, these payments will all be directed to enhance, expand, or strengthen home and community-based services by rewarding providers who are able to connect with members upon release and establish relationships that will lead to continuity of home and community-based service utilization. Maine would make these payments to eligible providers that provide an eligible service to MaineCare members within 2 days after release from incarceration. In addition to Appendix B providers, eligible providers include but are not limited to primary care providers and health home providers. Eligible services include but are not limited to medication management visits, office visits, behavioral health or health risk assessments, individual or group counseling or similar rehabilitative services, case management, health home services (Opioid Health Homes, Behavioral Health Homes, and Community Care Teams), and children's rehabilitative and community support services (if applicable. Maine would not pay the incentive for institutional services, ambulance providers, pharmacy services, or other similar services unrelated to the goals of supporting the broader home and community-based service system in connecting individuals to ongoing community-based service needs.
- ✓ No payments will go towards providers delivering services in IMDs or other institutional settings.
- ✓ We do not intend to seek FFP for this initiative. The estimated incentive amount per provider per member is \$200 per eligible service.
- ✓ The funds will not be used for room and board.
- ✓ Payments will be administered via FFS as Maine does not have managed care.

## C. Quality and Accountability (15% of Spending)

MaineCare has a goal of increasing the percent of expenditures paid under alternative payment methods to 40 percent by calendar year 2023. The following set of initiatives will strengthen HCBS infrastructure for measuring and reflecting quality in provider payments and expand public access to quality reporting.

### **ME 301: HCBS Quality Measurement (\$1,500,000 which is a decrease from initial plan estimate of \$2,066,628)**

The goal of this initiative is to select or develop and adopt additional quality measures for HCBS, including consumer experience, quality of care, and quality of life measures, as well as developing

public reporting of measures that empower consumers and their families in selecting services. This initiative includes:

- ✓ Selection and implementation of a participant experience survey (either the CAHPS HCBS or the NCI/NCI-AD); and
- ✓ Review, assessment, and adoption of nationally recognized HCBS quality measures.

**February 9, 2022:** We have opted not to proceed with a school-based services quality measurement activity that had been part of this initiative and are therefore reducing the budget accordingly. We are decreasing the total by **\$566,628** for a new total of **\$1,500,000**.

**March 30, 2022 update:** CMS responded they have no questions on this change submitted February 9.

**April 15, 2022 update:** We await CMS acknowledgement of the changes proposed on February 9, 2022. Approved by CMS in the ME FY 2022 Q4 Approval Letter.

### **ME 302: Value Based Payments in HCBS (\$4,121,000)**

The goal of this initiative is to develop and implement value-based payment methodologies for services, including Dual Eligible Medicare Advantage Plans (D-SNPs), employment services, and IDD services. This initiative includes:

- ✓ A time-limited contract with subject matter experts to provide Maine with infrastructure recommendations, strategy, and design for HCBS value-based payments;
- ✓ Exploration of a MaineCare capitated payment for Maine’s existing D-SNPs to promote greater integration for dually eligible HCBS members;
- ✓ Development of value-based payment to promote employment of HCBS participants; and
- ✓ Design of a more comprehensive value-based payment approach for Maine’s HCBS waiver services for adults with IDD.

Implementation of payment methodologies developed under this initiative will require HCBS waiver amendments.

**November 15, 2021 update:** The State of Maine is proposing to study, review, and examine value-based payment models to develop a methodology, not to implement the structure at this time. HCBS FMAP funds will be used to develop a pay-for-performance methodology in which payment initiatives are aimed at improving the quality, efficiency, and overall value of HCBS. This includes identifying the quality related performance measures, design of goals and incentives, and a robust

stakeholder engagement process. Should we decide to move forward with implementation, we will seek CMS approval through the waiver amendment and SPA process.

**ME 303: Quality Oversight Policy and Systems (\$10,194,722 which is an increase of \$763,000 from our prior approved submission of \$9,431,722)**

The goal of this initiative is to enhance Maine’s HCBS services by assessing existing enforcement authority in state statute and rule and proposing changes as needed to conduct quality oversight. This initiative includes:

- ✓ A systemic review and analysis of MaineCare funded case management and care coordination systems;
- ✓ A study regarding the intersection of PASRR and HCBS, addressing opportunities, duplication, and gaps;
- ✓ A systemic review of oversight authority to monitor home care; and
- ✓ Development of certification standards and oversight mechanisms for Certified Community Behavioral Health Clinics.

We anticipate that implementation of improved oversight may require amendments to our HCBS waiver and state plan services.

**November 1, 2021 update:** Maine wishes to retain the original initiative activities and add the following:

- Enhance quality assurance of our HCBS waiver programs for persons with Intellectual and Developmental Disabilities, Brain Injury and Other Related Conditions (MaineCare Policy Manual, Sections 18, 20, 21 and 29) by adding contracted positions to our district offices to increase efforts related to reportable events, plans of correction, and settings rule compliance.
- Adding **\$3,208,000** for a new total of **\$9,081,722**.

**February 3, 2022 update:** Maine received conditional approval of the November 1 increase from CMS on February 3, 2022.

**February 9, 2021 update:** We now propose a new amendment, expanding this initiative to add the following: Conduct ongoing monitoring and analysis of the SUD service delivery system. Adding **\$350,000** for a new total of **\$9,431,722**.

**March 30, 2022 update:** CMS responded they have no questions on this change submitted February 9.

**April 15, 2022 update:** We await CMS approval for the increase requested on February 9. Approved by CMS in the ME FY 2022 Q4 Approval Letter.

**October 18 2022 update:** We now propose a new amendment to expand and continue support for Opioid Use and Substance Use Disorders under the Maine Substance Use Disorder (SUD) Learning Community which is a statewide system of structured education and support that provides a range of educational, training, and technical assistance services to prescribing clinicians to increase their ability to offer treatment services for individuals with Opioid Use Disorder (OUD) and other Substance Use Disorders (SUDs) as one part of the State's overarching strategy for responding to the current drug overdose epidemic.

Adding **\$763,000** for a new total of **\$10,194,722**. **This amendment was approved by CMS in the ME 9817 FY 2023 Q2 Approval Letter dated December 12, 2022**

**ME 304: HCBS Information System Modernization (\$20,885,760, which is an increase of \$352,080 from our prior approved submission of \$20,533,680)**

The goal of this initiative is to strengthen HCBS quality and accountability through improved information technology. Maine will accelerate the replacement of out-of-date case management legacy information systems at the Office of Aging and Disability Services (OADS) and the Office of Child and Family Services (OCFS) to better serve HCBS participants. This initiative includes:

- ✓ Adoption of a new case management system for children with disabilities;
- ✓ Extending a provider database to new HCBS provider types;
- ✓ Connecting Adult Protective Services data with HCBS data to better capture trends, opportunities and threats;
- ✓ Connecting residential providers to the state's Health Information Exchange;
- ✓ Developing specifications and procuring a learning management system (LMS) to deliver training and track worker certifications and progress across MaineCare HCBS programs and provide the state with a direct communication vehicle with DSWs; and
- ✓ Purchasing and distributing tablets to support implementation of electronic visit verifications (EVV).

Most of these initiatives will qualify for enhanced federal match through the Advanced Planning Document process, which we will pursue as appropriate.

**February 9, 2022 update:** CMS conditional approval November 23, 2021. We now propose adding the following component:

- Update the Minimum Data Set – Residential Care Assessment (MDS-RCA) tool used in residential care facilities to address current clinical standards. This project is for development of the updated tool only. Additional authority will be sought from CMS as needed for implementation.
- Increasing by **\$1,070,000 to \$20,533,680**
- The development of the tool would be for residential care facilities that are HCBS compliant and deliver HCBS services as per Appendix B in SMD #21-003.
- Implementation of the tool would be to reflect more current clinical standards and is not intended to negatively impact eligibility; our assumption is the implementation would not result in any M.O.E. violations. During the implementation planning phase (24 months) the state would work with CMS to ensure there are no M.O.E. violations.

**March 30, 2022 update:** CMS responded they have no questions on this change submitted February 9.

**April 15, 2022 update:** We await CMS approval for the increase requested on February 9. Approved by CMS in the ME FY 2022 Q4 Approval Letter.

**July 18, 2022 update:** We propose a new amendment to make changes to our MMIS system to properly report provider reimbursement for 9817 eligible services for the 10% increase in Federal Match under Section 9817.

Adding **\$352,080** for a new total of **\$20,855,760**. This amendment was approved by CMS in the ME 9817 FY 2023 Q1 Approval Letter dated October 17, 2022.

### **III. Initial HCBS Spending Plan Projection**

#### **A. Estimate of the 10% Enhanced Federal Share of HCBS Costs from April 1, 2021 to March 31, 2022**

Maine estimates that the 10% enhanced HCBS FMAP will generate **\$125,002,247** as outlined below. This is a current estimate that Maine will continue to update in future quarterly reports.

**July 18, 2022 Update:** We have no changes to our estimate at this time for Line 19A-Home and Community Based 1915(c) Waivers, based on actual expenditures in that line that were updated April 6, 2022 (see changes with “Note 10”).

**October 18, 2022 Update:** On October 11, 2022, we completed scripting runs for additional sections of eligible HCBS services, which resulted in an increase from our Original Estimates and our Updated for Available Preliminary Results. Our scripting process will continue for several more months, and we will continue to revise our estimates as needed in future reports.

**January 17, 2023 Update:** We have no changes to our estimate at this time.

AMERICAN RESCUE PLAN HOME AND COMMUNITY BASED SERVICES 10 PERCENT FMAP INCREASE October 18, 2022				Original Estimates		Updated For Available Preliminary Results	
	<u>MaineCare Benefits Manual Policy Sections (10/18/22 updates)</u>	Source	Annual Spending	Enhanced FMAP	Annual Spending	Enhanced FMAP	
<b>Services Qualifying For Additional FMAP:</b>							
Home Health Care	40	CMS-64, Current Period Expenditures, Line 12	\$6,368,443	\$566,785	\$7,147,354	\$628,207	
Personal Care Services							
Adult Family Care and Consumer-Directed Attendant Services	02, 12	CMS-64, Current Period Expenditures, Line 23A	\$68,125,396	\$6,740,873	\$68,125,396	\$6,740,873	
Private Non-Medical Institutions (PNMIs)	97 Appendices B, C, E & F	CMS-64, Current Period Expenditures, Line 23A	\$74,246,302	\$7,368,087	\$148,614,558	\$14,738,189	
Case Management	13 Targeted Case Management	CMS-64, Current Period Expenditures, Line 24A	\$36,425,303	\$3,571,783	\$36,425,303	\$3,571,783	
Home and Community Based 1915(c) Waivers	18, 19, 20, 21, 29	CMS-64, Current Period Expenditures, Line 19A	\$610,883,036	\$61,088,304	\$617,160,312	\$61,324,221	
Private Duty Nursing	96	Line 41-Private Duty Nursing	\$24,763,367	\$2,445,694	\$17,797,243	\$1,761,616	
School Based Services	68 Occupational Therapy, 85 Physical Therapy, 109 Speech & Hearing	Various reporting lines (identified through claims)	\$5,498,831	\$549,751	\$5,498,831	\$549,751	
<b>Rehabilitative Services (Rehabilitative State Plan Option)</b>							
Rehabilitative Services (non-school-based)	97 Appendices B, E & F; 102	CMS-64, Current Period Expenditures, Line 40	\$8,207,940	\$801,358	\$99,695,707	\$9,509,554	
PNMIs	97 Appendices B, E & F	CMS-64, Current Period Expenditures, Line 49	\$78,673,574	\$7,536,266	\$0	\$0	Note 9
Community Support Services	17	Various reporting lines (identified through claims)	\$39,245,397	\$3,775,564	\$39,245,397	\$3,775,564	
Behavioral Health Services	65	Various reporting lines (identified through claims)	\$106,597,060	\$9,746,973	\$106,597,060	\$9,746,973	
			Subtotal	\$104,191,438	Subtotal	\$112,346,731	
<b>Additional Funding For Reinvestment (All occurring in Calendar Year 2021):</b>							
Includes retention and sign-on bonuses, onboarding and payroll taxes/benefits			\$126,000,000	\$12,499,200	\$126,694,727	\$12,655,516	
			TOTALS	\$116,690,638	TOTALS	\$125,002,247	
<b>Notes:</b>							
1. For data sourced from the CMS-64, the Annual Estimate is the average quarterly amount reported between 10/1/2019 and 3/31/2021 times 4. Other activity was paid/incurred in calendar year 2020.							
2. Sections 17 and 65 are reported on several lines on the CMS-64, these are aggregate figures.							
3. Section 65 excludes Behavioral Health Day Treatment and clinical assessment services (not classified under Rehab State Plan Option) and School-Based service locations.							
4. Section 96 dollar amount only includes services provided by an RN or LPN.							
5. All activity has been adjusted for Medicaid Expansion, claims for Childless Adults only receive a 5% FMAP increase.							
6. Estimates have been added for Budget Initiatives with SFY 2022 impacts and prorated to 3/31/22 along with Appendix K retainer payments and the BH Supplemental payments.							
7. Providers are not currently billing for Personal Care services for Appendix B PNMIs.							
8. After discussion with Policy, removed procedure code T1016 from Targeted Case Management.							
9. Amounts on this row were appropriately reallocated to CMS-64 Lines 23A and 40, in alignment with 9817 Appendix B definitions.							



## **B. Spending Projection and Actual Spend for FFY 2022 Q3 and Q4**

The initial budget for each initiative described in the narrative portion of this plan and any proposed amendments for this reporting period are included below. The last column in the table indicates the portion of the total initiative cost that is allocated to the 10% enhanced FMAP funds. The largest item, Workforce Stabilization (ME101) was paid as supplemental payments to providers and assumes additional FMAP at the services rate. Most of the remaining items assume additional FMAP at the administrative rate. This is conservative, since a number of those initiatives have administrative costs during a development phase, followed by potential services costs if federal approval is granted to implement a services component. These adjustments will be made in future quarterly reports. Finally, this initial plan does not fully allocate all of the estimated enhanced FMAP funds. As shown near the bottom of the table, as of **January 17, 2023, \$29,040,953** is available to be allocated to future initiatives to be determined and included in a future quarterly report.

**April 15, 2022 update:** Maine has proposed some spending adjustments in prior quarterly letters to CMS, some increases and decreases, for an overall total of **\$240,825,317** as compared to the total of **\$228,908,452** in the initial plan.

**July 18, 2022 update:** Four new increases: ME109 One-time COVID 19 Supplemental for **\$6,000,000**, ME201 Innovation Pilot for **\$460,384**, ME207 Crisis Services for **\$5,801,558**, ME304 HCBS Information System Modernization for **\$353,080** and one decrease **ME108 for \$2,669,669** are being submitted for consideration and approval from CMS. These changes were highlighted in **green** and explained in the Narrative section II for the FFY 2023 Q1 report. Details of anticipated spending for future Quarters by FFY and the changes by quarter, are in a detailed Excel file provided to CMS.

**October 18, 2022 update:** one new **increase ME303 Quality Oversight Policy & Systems for \$763,000** and one **decrease ME103 Caregiver Support for \$1,000,000** are being submitted for consideration and approval from CMS. These changes are highlighted in **blue** below and explained in the Narrative section II. Details of anticipated spending for future Quarters by FFY and the changes by quarter, are in a detailed Excel file provided to CMS. If approved, the new Total Initiative Spending would be **\$240,656,372**.

Note: FFY 2022 Q4 total spend was **\$11,046,444**.

**January 17, 2023 update:** an increase to ME201 Innovation Pilots for **\$1,721,500** and a new initiative ME208 Pilot to Incent Timely Community-Based Services Post-Incarceration for **\$284,119** are being submitted for consideration and approval from CMS. These changes are highlighted in **blue** below and explained in the Narrative section II. Details of anticipated spending for future Quarters by FFY and the changes by quarter, are in a detailed Excel file provided to CMS. If approved, the new Total Initiative Spending would increase to **\$242,661,991**.

Note: FFY 2023 Q1 total spend was **\$1,661,117**.

Planned Spending by Project Initiative / Actuals Added in as Occur				Actual Spending: FFY 2023 Q1			Anticipated Spending: FFY 2023 Q2		
Project #	Project Title	Total Initiative Spending	Portion Funded from Savings from EFMAP	FFP	Portion Funded from Savings from EFMAP	Total	FFP	Portion Funded from Savings from EFMAP	Total
ME101	Workforce Stabilization	\$ 120,694,906.48	\$ 27,823,907.68	\$ (36,679.59)	\$ (8,930.94)	\$ (45,610.53)	\$ -	\$ -	\$ -
ME102	Workforce Portability & Expansion	\$ 13,545,840.00	\$ 6,772,920.00	\$ 40,484.84	\$ 40,484.87	\$ 80,969.71	\$ 489,252.50	\$ 489,252.50	\$ 978,505.00
ME103	Caregiver Support	\$ 1,936,200.00	\$ 968,100.00	\$ 36,313.39	\$ 36,313.39	\$ 72,626.78	\$ 131,661.50	\$ 131,661.50	\$ 263,323.00
ME104	Consumer Centered Transportation Design	\$ 1,132,560.00	\$ 566,280.00	\$ -	\$ -	\$ -	\$ 77,014.00	\$ 77,014.00	\$ 154,028.00
ME105	Self-Directed Supports	\$ 4,290,000.00	\$ 2,645,000.00	\$ 3,469.88	\$ 3,469.89	\$ 6,939.77	\$ 100,000.00	\$ 236,000.00	\$ 336,000.00
ME106	Diversion From Institutional And Residential Care	\$ 5,034,662.00	\$ 2,517,331.00	\$ 88,309.36	\$ 88,309.35	\$ 176,618.71	\$ 386,622.00	\$ 386,622.00	\$ 773,244.00
ME107	Access to Nursing	\$ 3,261,680.00	\$ 2,301,440.50	\$ -	\$ -	\$ -	\$ 95,210.00	\$ 295,210.00	\$ 390,420.00
ME108 (Decreased)	Rate Stabilization	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
ME 109 (Increased)	One-time COVID-19 Supplemental under Maine's 9817 plan	\$ 5,999,820.00	\$ 1,787,946.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$		<b>155,895,668.48</b>	<b>45,382,925.18</b>						
ME201 (Decrease)	Innovation Pilots	\$ 19,694,307.00	\$ 16,357,904.00	\$ 3,714.40	\$ 3,714.40	\$ 7,428.80	\$ 92,715.00	\$ 5,192,715.00	\$ 5,285,430.00
ME202	High-Fidelity Wrap Around	\$ 10,000,910.00	\$ 5,500,455.00	\$ 7,743.17	\$ 7,743.17	\$ 15,486.34	\$ 293,215.60	\$ 427,323.40	\$ 720,539.00
ME203	Employment	\$ 1,167,360.00	\$ 583,680.00	\$ 27,794.34	\$ 27,794.33	\$ 55,588.67	\$ 108,934.00	\$ 108,934.00	\$ 217,868.00
ME204 (Increased)	HCBS Settings Rule Remediation	\$ 5,908,987.00	\$ 5,454,493.50	\$ 333,186.93	\$ 426,268.18	\$ 759,455.11	\$ 50,000.00	\$ 50,000.00	\$ 100,000.00
ME205	Behavior Support For Adults With I/DD	\$ 1,791,200.00	\$ 895,600.00	\$ -	\$ -	\$ -	\$ 75,000.00	\$ 75,000.00	\$ 150,000.00
ME206	Training	\$ 3,416,400.00	\$ 1,708,200.00	\$ 20,367.18	\$ 20,367.18	\$ 40,734.36	\$ 46,321.00	\$ 46,321.00	\$ 92,642.00
ME207 (Increased)	Crisis Services Enhancements	\$ 7,801,558.00	\$ 7,801,558.00	\$ -	\$ -	\$ -	\$ -	\$ 1,140,071.00	\$ 1,140,071.00
ME208 (New)	Pilot to Incentivize Timely Community-Based Services Post-Incarceration	\$ 284,119.00	\$ 284,119.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$		<b>50,064,841.00</b>	<b>38,586,009.50</b>						
ME301	HCBS Quality Measurement	\$ 1,500,000.00	\$ 750,000.00	\$ -	\$ -	\$ -	\$ 25,000.00	\$ 25,000.00	\$ 50,000.00
ME302	Value Based Payments in HCBS	\$ 4,121,000.00	\$ 2,060,500.00	\$ -	\$ -	\$ -	\$ 78,900.00	\$ 78,900.00	\$ 157,800.00
ME303 (Increased)	Quality Oversight Policy & Systems	\$ 10,194,722.00	\$ 5,397,361.00	\$ 99,501.13	\$ 99,501.14	\$ 199,002.27	\$ 319,758.00	\$ 401,158.00	\$ 720,916.00
ME304 (Increased)	IT System Modernization	\$ 20,885,760.00	\$ 3,784,498.00	\$ 145,938.53	\$ 145,938.53	\$ 291,877.06	\$ 286,774.00	\$ 165,110.00	\$ 451,884.00
\$		<b>36,701,482.00</b>	<b>11,992,359.00</b>						
<b>Subtotal</b>		<b>\$ 242,661,991.48</b>	<b>\$ 95,961,293.68</b>	<b>\$ 770,143.56</b>	<b>\$ 890,973.49</b>	<b>\$ 1,661,117.05</b>	<b>\$ 2,656,377.60</b>	<b>\$ 9,326,292.40</b>	<b>\$ 11,982,670.00</b>
<b>TOTALS</b>	<b>Current Estimate of Total Eligible from eFMAP</b>		<b>\$ 125,002,247.00</b>						
<b>TOTALS</b>	<b>Unallocated for future, additional projects</b>		<b>\$ 29,040,953.32</b>						
<b>Actual Spend</b>	<b>Anticipated spend will be replaced with actual spend in red font</b>								

## IV. Stakeholder Feedback

Three public listening sessions were held as part of this plan's development. On May 25 and May 28, 2021, the Maine Department of Health and Human Services sponsored two virtual listening sessions to, first, recognize this as an unprecedented opportunity for the HCBS community of providers and families, and second, to gather comments and recommendations as to how these resources should be allocated.

Approximately 140 individuals participated in these first two sessions, made up of mostly providers, family members and advocacy groups. Stakeholders provided both verbal and written comments. Following these first two sessions, the Department assembled a preliminary plan and published it on its website. Stakeholders were later invited to a third listening session, held on June 15<sup>th</sup>, at which the Department presented the preliminary plan, and accepted additional feedback. Over 200 stakeholders attended this session.

The feedback at all three sessions was consistent, with most stakeholders expressing concern about workforce shortages, indicating that the lack of direct support workers is the most significant barrier to persons receiving the services they need to live independently and live well. Stakeholders voiced that the best use of the funds would be to create a sustainable workforce, deliver the best possible care and services through the use of technology, deliver efficient and evidence-based practices, outcomes that demonstrate the highest quality at the lowest cost. Multiple participants suggested that innovation needs to be part of the plan moving forward, if the infrastructure delivering the care and services is to keep up with the ever-expanding needs. Some specific recommendations included:

- Explore what value-based approaches might look like in this particular population of persons with need.
- Explore models of evidence-based case management that could be integrated into present approaches of community-based service delivery. In particular, “wraparound” is a team-based planning process that has been utilized successfully to meet the needs of children with complex needs. The suggestion was made to research the portions of this model that might be applied to a broader adult population. At present, there is no reimbursement for interdisciplinary case management.
- Expand self-directed services under MaineCare HCBS waiver programs, allowing participants and families greater decision-making in managing more aspects of services provided, as an alternative to traditional agency delivered services.
- Expand and integrate technologies into workflows in service delivery. This might include remote monitoring, telehealth, training of staff, standardization and capture of documentation through a shared electronic medical record.
- Investigate creative housing and transportation options that might be available through community-based collaboratives.

The call for pilot projects to test new ideas and interventions to improve services was consistent at all listening sessions. Stakeholders clearly prioritized workforce stabilization and development as the most critical immediate issue but believe innovation is the key to longer-term progress.

The Department intends to continue engaging stakeholders throughout the process of implementing the initiatives in this plan.

**November 1, 2021 update:** The Department intends to continue engaging stakeholders throughout this process. The shared priority of the Department and stakeholders is ME 101, Workforce Stabilization. Pending CMS approval, the Department issued draft guidance for stakeholder comment in August 2021. The draft guidance described who would be eligible for bonuses, the amount and timing of these bonuses, the responsibilities of Provider Agencies in paying the bonuses, guardrails, and audit provisions. Based on feedback received, the Department has modified some features of the initiative and will announce the final provisions to stakeholders once CMS approval is received.

**November 23, 2021 update:** CMS provided conditional approval of the plan submitted November 15, 2021.

**February 9, 2022 update:** The Department intends to continue engaging stakeholders throughout this process. We finalized guidance as to those who would be eligible for bonuses, the amount and timing of these bonuses, the responsibilities of Provider Agencies in paying the bonuses, guardrails, and audit provisions as part of our multi-thread communications process starting with a communication November 23, 2021 and a series of FAQs. Registration was closed December 17, 2021 and internal reviews of requests and payment calculations are being conducted and the methodology has been shared with those eligible prior to the actual payments.

**April 15, 2022 update:** Two additional listening sessions were held in the quarter. One was to engage stakeholders and get feedback for the Innovation Pilots Grants on January 28, 2022, for which 200 stakeholders registered. The other was focused on forthcoming HCBS Transition to Compliance grants for HCBS settings on February 17, 2022, for which 156 stakeholders registered. Recordings are available for stakeholders to reference as well.

[Innovation Grants: January 28, 2022 \(Zoom Recording\)](#) Passcode: 2Tb@Nb#7

[HCBS Transition to Compliance Grants: February 17, 2022 \(Zoom Recording\)](#) Passcode: .r7R9?Hn

**July 18, 2022 update:** a public stakeholder update session on the ARP Section 9817 HCBS Improvement Plan occurred on May 17, 2022 with 415 stakeholders registered. Recording at

[ARP Section 9817 Spending Plan: Status Update](#) May 17, 2022

**October 18, 2022 update:** our state ARP Section 9817 HCBS Improvement public website page has been updated with project overview information for our next round of initiatives. Project

overviews have links to relevant information and any supporting recorded sessions. We expect to have a public stakeholder update in the January to March 2023 timeframe.

[Home and Community Based Services Improvement Plan | Department of Health and Human Services \(maine.gov\)](#)