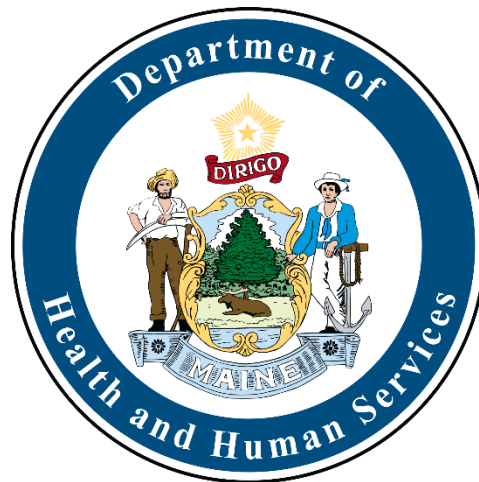


State of Maine



Initial 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 9, 2021 to: HCBSincreasedFMAP@cms.hhs.gov

Revised for Typographical Correction 7/20/2021

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
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TO: Chiquita Brooks-LaSure, Administrator
Department of Health and Human Services
Centers for Medicare & Medicaid Services (CMS)
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

Emailed to: HCBSincreasedFMAP@cms.hhs.gov

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

DATE: July 9, 2021

SUBJECT: Maine's Initial HCBS Spending Plan Projection & Initial HCBS Spending
Narrative re: Implementation of American Rescue Plan Act of 2021 Section 9817:
Additional Support for Medicaid Home and Community-Based Services during
the COVID-19 Emergency

Dear Administrator Brooks-LaSure:

Maine is pleased to submit its initial plan for use of enhanced FMAP on HCBS pursuant to section 9817 of the American Rescue Plan (ARP) and subsequent CMS guidance (SMD# 21-003).

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

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

Thomas Leet
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Thank you for your attention to this matter and we look forward to hearing from you.

Sincerely,

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

Table of Contents

Letter from the Maine Medicaid Director

I. Executive Summary	1
II. Initial Spending Narrative	2
A. Timely Access (68% Spending)	2
B. Innovative Service Delivery (18% Spending)	6
C. Quality And Accountability (14% Spending).....	9
III. Initial Spending Plan Projection	12
IV. Stakeholder Feedback Memorandum	16

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.

Many of the initiatives in this plan will require additional approvals from CMS prior to implementation, and we intend to follow this plan with high-priority state plan and waiver amendments. First among those will be amendments enabling worker bonuses to stabilize our critical workforce infrastructure.

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.

II. Initial HCBS Spending Narrative

Maine is experiencing a significant shortage of direct support workers (DSWs) across all of 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 (68% 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 (\$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.

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.

ME 103: Caregiver Support (\$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.

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.

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.

B. Innovative Service Delivery (18% of Spending)

This special one-time funded 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 (\$20,341,330)

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.

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.

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 (\$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.

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.

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.

ME 207: Crisis Services Enhancements (\$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.

C. Quality and Accountability (14% 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 (\$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.

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.

ME 303: Quality Oversight Policy and Systems (\$5,873,722)

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.

ME 304: HCBS Information System Modernization (\$19,463,680)

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.

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 \$116,690,638 as outlined below. This is a conservative, initial estimate that Maine will update, as appropriate, in future spending plans, based on further guidance from CMS regarding eligibility of certain services for the enhanced match, as well as reporting enhancements that will enable the state to better track and report on eligible services.

AMERICAN RESCUE PLAN				
HOME AND COMMUNITY BASED SERVICES 10 PERCENT FMAP INCREASE				
July 8, 2021				
	<u>Policy Sections (Name, if Different)</u>	<u>Source</u>	<u>Annual Spending Estimate</u>	<u>Enhanced FMAP Estimate</u>
Services Qualifying for Enhanced FMAP:				
Home Health Care	40	CMS-64, Current Period Expenditures, Line 12	\$6,368,443	\$566,785
Personal Care Services				
Adult Family Care and Consumer-Directed Attendant Svcs	02, 12	CMS-64, Current Period Expenditures, Line 23A	\$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
Case Management	13 Targeted Case Management	CMS-64, Current Period Expenditures, Line 24A	\$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
Private Duty Nursing	96	Line 41-Private Duty Nursing	\$24,763,367	\$2,445,694
School Based Services	68 Occupational Therapy, 85 Physical Therapy, 109 Speech & Hearing	Various reporting lines (identified through claims)	\$5,498,831	\$549,751
Rehabilitative Services (Rehabilitative State Plan Option)				
Rehabilitative Services (non-school-based)	102	CMS-64, Current Period Expenditures, Line 40	\$8,207,940	\$801,358
PNMIs	97 Appendices B & E	CMS-64, Current Period Expenditures, Line 49	\$78,673,574	\$7,536,266
Community Support Services	17	Various reporting lines (identified through claims)	\$39,245,397	\$3,775,564
Behavioral Health Services	65	Various reporting lines (identified through claims)	\$106,597,060	\$9,746,973
			Subtotal	\$104,191,438
Additional Funding for Reinvestment (All occurring in Calendar Year 2021):				
			\$126,000,000	\$12,499,200
			TOTAL	\$116,690,638
Notes:				
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.	This reflects Maine's estimate based on spending on services that are in clear alignment with the definitions and guidance reported in Appendix B of the SMD letter. Maine has a number of questions it has submitted to CMS regarding other potentially eligible services, some of which may require reporting adjustments, that it plans to incorporate into future spending plans upon CMS confirmation of eligibility.			

B. Spending by Project Initiative

The initial budget for each initiative described in the narrative portion of this plan is 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) will be 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, \$26.6 million will be allocated to future initiatives to be determined and included in a future quarterly report.

Project #	Project Title	Staffing Costs	Contracted Services	Other	Grand Total	Portion of project funded by 10% FMAP enhanced rate
ME101	Workforce Stabilization	\$ -	\$ -	\$ 126,000,000.00	\$ 126,000,000.00	\$ 40,320,000.00
ME102	Workforce Portability & Expansion	\$ 3,146,840.00	\$ 10,270,000.00	\$ 129,000.00	\$ 13,545,840.00	\$ 6,772,920.00
ME103	Caregiver Support	\$ -	\$ 1,436,200.00	\$ 1,500,000.00	\$ 2,936,200.00	\$ 1,468,100.00
ME104	Consumer Centered Transportation Design	\$ 282,560.00	\$ 850,000.00	\$ -	\$ 1,132,560.00	\$ 566,280.00
ME105	Self-Directed Supports	\$ 1,290,000.00	\$ 2,000,000.00	\$ 1,000,000.00	\$ 4,290,000.00	\$ 2,145,000.00
ME106	Diversion From Institutional And Residential Care	\$ 972,000.00	\$ 3,612,662.00	\$ 450,000.00	\$ 5,034,662.00	\$ 2,237,331.00
ME107	Access to Nursing	\$ 361,680.00	\$ 250,000.00	\$ 2,650,000.00	\$ 3,261,680.00	\$ 1,630,840.00
S					156,200,942.00	\$ 55,140,471.00
ME201	Innovation Pilots	\$ 3,724,562.00	\$ 4,656,360.00	\$ 11,960,408.00	\$ 20,341,330.00	\$ 15,170,666.00
ME202	High-Fidelity Wrap Around	\$ 271,835.00	\$ 9,614,184.00	\$ 114,891.00	\$ 10,000,910.00	\$ 5,000,455.00
ME203	Employment	\$ 577,360.00	\$ 320,000.00	\$ 270,000.00	\$ 1,167,360.00	\$ 583,680.00
ME204	HCBS Settings Rule Remediation	\$ 465,280.00	\$ 2,000,000.00	\$ -	\$ 2,465,280.00	\$ 1,232,640.00
ME205	Behavior Support For Adults With I/DD	\$ 161,200.00	\$ 1,600,000.00	\$ 30,000.00	\$ 1,791,200.00	\$ 895,600.00
ME206	Training	\$ 706,400.00	\$ 2,700,000.00	\$ 10,000.00	\$ 3,416,400.00	\$ 1,708,200.00
ME207	Crisis Services Enhancements			\$ 2,000,000.00	\$ 2,000,000.00	\$ 1,000,000.00
S					41,182,480.00	\$ 25,591,241.00
ME301	HCBS Quality Measurement	\$ 566,628.00	\$ 1,500,000.00	\$ -	\$ 2,066,628.00	\$ 1,033,314.00
ME302	Value Based Payments in HCBS	\$ 1,296,000.00	\$ 1,825,000.00	\$ 1,000,000.00	\$ 4,121,000.00	\$ 2,060,500.00
ME303	Quality Oversight Policy & Systems	\$ 5,188,722.00	\$ 675,000.00	\$ 10,000.00	\$ 5,873,722.00	\$ 2,936,861.00
ME304	IT System Modernization	\$ 565,120.00	\$ 17,768,560.00	\$ 1,130,000.00	\$ 19,463,680.00	\$ 3,316,376.00
S					31,525,030.00	\$ 9,347,051.00
Subtotal					\$ 228,908,452.00	\$ 90,078,763.00
					Unallocated budget for additional projects to be identified in future quarterly report	\$ 26,611,875.00
TOTALS						\$ 116,690,638.00

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 15th, 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, achieve 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.