

Frequently Asked Questions (FAQ) 4th Edition: LifeSpan Project and Waiver

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Office of Aging and Disability Services, (OADS) Maine Department of Health and Human Services (DHHS)

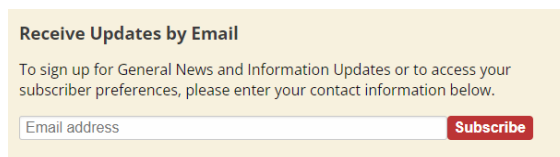
CONTENTS

GENERAL/INTRODUCTION	2
CASE MANAGEMENT AND THE COMMUNITY RESOURCE COORDINATOR.....	8
EMPLOYMENT AND COMMUNITY ENGAGEMENT.....	11
ENROLLMENT GROUPS	13
FACILITY-BASED DAY PROGRAMMING	13
LIFESPAN SERVICES:	14
NURSING, HEALTH CARE, and EXCEPTIONAL MEDICAL OR BEHAVIORAL NEEDS.....	16
PROVIDERS:.....	16
REMOTE SUPPORTS	17
RESIDENTIAL SERVICE OPTIONS:.....	17
SELF DIRECTION	24
REMOTE SUPPORTS	25
STAFFING LIFESPAN AND STAFF TRAINING.....	25
SUPPORTS INTENSITY SCALE FOR ADULTS (SIS-A)- 2 ND EDITION	28
WAITING LISTS	30
YOUTH IN TRANSITION TO ADULT SERVICES	32

GENERAL/INTRODUCTION:

1. How can I learn more and stay up to date on the Lifespan Waiver?

The website is located at: [HCBS Lifespan Project | Department of Health and Human Services \(maine.gov\)](https://www.maine.gov/dhhs/oads) (Located under the 'About Us' menu, then 'Initiatives' under the OADS' website - <https://www.maine.gov/dhhs/oads>). We also encourage people to sign up for email announcements on the OADS Homepage, by entering your email in the box that looks like this:

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2. What is the idea behind a new Lifespan Project and Waiver?

This is a new idea for a waiver program for people with intellectual and developmental disabilities (IDD). It will provide a single program to offer innovative services across a person's lifespan.

Starting as young as 14 and throughout a person's life, this one waiver would provide access to services that will adjust to their needs as they age.

The other waiver programs that Maine has right now are the Section 21 and Section 29 waivers.

Lifespan would be new and different from the Section 21 and Section 29 waivers. Once the Lifespan waiver is in place, Sections 21 and 29 will close to new members but existing members could stay in Section 21 or 29 if they choose.

Updated or New January 2024:

3. What problems are being addressed by Lifespan?

There are a number of stakeholder concerns that have been expressed over the years that the Department believes will be addressed by this waiver, including:

- Improved support for the transition of youth to adult services, with services that can wrap around school and other systems to support youth to prepare for an active and productive adult life where they are valued by their communities.
- Prevention of crises by serving people as soon as they are determined eligible, eliminating waiting lists.
- Elimination of confusion associated with having multiple waivers and preventing the need to change waivers when needs become acute. One waiver will address the full range of needs.

- Providing services which address the needs of aging individuals and aging families as they become less able to support their family member.
- Addressing the issue of transportation access for participation in community or employment activity, by providing a non-medical transportation service.
- Improving the options for individuals to self-direct services.
- Improving the availability of remote supports for general service needs or medical appointments.
- Adding new services that improve supports for community membership and employment to be more in alignment with the HCBS rule.
- Adding Supported Living to the residential options, which will allow individuals to receive up to 24 hour supports in their own rental units or self-owned residence.
- Addressing the need for additional meaningful community or employment activity options in the context of a Day Center. Creating a hub-and-spoke model for community engagement, where the day could start in a Day Center hub, with periodic employment and community activities (Spoke Locations) away from the Center and allow for a return to the Hub for a meal, rest, or other needs.
- Creating a system that effectively meets needs with the right amount of services to achieve the most independence and least restrictive context to meet a person's idea of a high-quality life.
- Improving case management by creating a new role that will have broad oversight of all options for a person as they move through the entire lifespan, and youth transitioning into adulthood, including services in other state agencies like the Department of Labor or the Department of Education, and Children's waiver services.
- Integrating strategies to improve the retention and employment conditions for Direct Support Workers.

4. Who would the new waiver serve?

It would serve individuals with Intellectual or Developmental Disabilities (IDD) or Autism who qualify for enrollment. After one year of operation, the waiver will serve individuals who would meet criteria for enrollment in Section 20 (Other related conditions). Likewise, in response to stakeholder input, OADS is proposing that Lifespan will be open to those on Section 21 and 29, for those who wish to transfer to Lifespan, one year after enrollment opens.

5. When would the new waiver begin to operate?

The new waiver is estimated to start in 2025 due to a legislative action to make the rule 'Major Substantive' on 4/11/2023. .

6. How would people get access to the new waiver?

Individuals new to the system would need to meet eligibility criteria, still being defined, and apply to OADS. New individuals and those whose names come off the waitlist, would have access to Lifespan once it is opened. Individuals enrolled in Sections 21 and 29 would be able to transition to Lifespan voluntarily or they could choose to remain on their current waivers. Based on stakeholder input, these voluntary transitions are now proposed to start one year after the Lifespan Waiver is opened to the target population, as long as the Lifespan Waiver is sufficiently established to effectively support these transitions.

Updated or New January 2024:

7. What are the opportunities for public comment to the Lifespan waiver?

- OADS will continue engaging stakeholders throughout the waiver development process. In order to better reach people for whom the Lifespan Waiver is being developed, OADS is planning to use new strategies for stakeholder engagement to reach more stakeholders it hasn't yet heard from. In addition, OADS will convene targeted Stakeholder Advisory Groups to allow additional stakeholders to participate in this advisory capacity.
- The Department will post the Lifespan waiver application for public comment. This will occur before submitting it to the Centers for Medicare & Medicaid Services (CMS). This is expected to be in early 2024.
- Once CMS approves the Lifespan waiver, the Department will propose Lifespan rules. These rules will further define the services and policies for Lifespan. This process will follow the Administrative Procedures Act. This Act requires a draft to be published for public comment. This is expected at the end of 2024 or early 2025, contingent on federal waiver approval. Then, the Department will receive and consider comments from this period. It will revise the draft as needed and submit the final proposed rule to the State Legislature for approval. The Legislature will then hold a public hearing on the rule. The target date for Legislative review is the first half of 2025.

Updated or New January 2024:

8. How will Lifespan help people have more choices which will meet their individual needs?

The range of services proposed for Lifespan give each participant the opportunity to use the program in very different ways to help them reach their full potential and achieve the kind of life they want. Person-centered planning in the Lifespan waiver will focus on matching the appropriate services to each individual's vision for a good life and the unique needs they have related to achieving this good life. Person-centered planning will also be a dynamic process which involves ongoing re-evaluation of a person's situation and options available to them, leading to the ability to change services as a person's life changes.

Updated or New January 2024:

9. If an elderly person in Lifespan needs a DSP to stay overnight in hospital, to provide support the hospital staff cannot provide, can they get this support?

States' Medicaid programs are permitted to provide home-and community-based services (HCBS) to individuals in acute care hospitals if such allowance for DPS or other support staff is requested by the state and approved by CMS. HCBS may not substitute services that the hospital is obligated to provide through its conditions of participation or under Federal or State law.

Updated or New January 2024:

10. Why would someone consider transitioning to Lifespan?

There will be a number of new service options that may be preferable to what is available under Section 21 and 29. These include for example Supported Living, Community Transportation and Peer Support. These are just three examples. There will also be expanded options for self-direction, if a person wants to hire their staff and manage their own budget for services. For those that choose to self-direct some or all of their services in Lifespan, the plan is they will be able to have financial management services (FMS) and support broker services to assist them, without having to pay for these services out of their self-direction budget. Additionally, once an individual is in Lifespan, they won't have to put themselves on a waiting list for another waiver or worry they won't be able to get different services when they age, or their needs may increase.

Updated or New January 2024:

11. Will HCBS Settings Rule requirements apply to Lifespan? If yes, will DSPs (particularly Shared Living providers) get more training and guidance on how to assure these requirements in practice?

The HCBS Settings Rule is universal for all waivers and is a Centers for Medicare and Medicaid Services (CMS) federal requirement. There will be training required for DSP certification, and there will also be regular updates and refresher training options. Shared Living DSPs will not be excluded from these training opportunities.

Updated or New January 2024:

12. Is there a difference in eligibility requirements, other than minimum age, for Lifespan as compared to Sections 20/21/29?

The eligibility requirements for enrollment into the Lifespan Waiver will mirror the eligibility requirements already in place for Sections 20/21/29.

Updated or New January 2024:

13. Are the current waivers also going to change as a result of the rate study underway?

The rate study which began in late 2023 is addressing rates in Sections 18, 20, 21 and 29, as well as rates for the Lifespan Waiver.

Updated or New January 2024:

14. How can the existing waivers be kept operating effectively as they downsize, and the Lifespan waiver grows?

The Department anticipates a very slow transition of overall system capacity from the existing waivers to Lifespan, allowing adjustments to the waiver programs to keep them all operating effectively. Service providers will be able to become Lifespan providers while they are still providing services in the existing waivers, ensuring each provider organization's transition will be incremental and they can assist the Department in identifying the best strategies to ensure all waivers can operate effectively over time.

Updated or New January 2024:

15. How will Lifespan be evaluated from the time it opens so that changes and adjustments can be made where needed?

The Department expects that federal approval of the Lifespan Waiver will be conditional on the program being evaluated by an independent evaluator contracted by the Department for this purpose. Through engagement with stakeholder participants and providers, the Department will also solicit feedback on the program including suggestions for changes and adjustments. Most changes and adjustments are likely possible without federal approval. Some changes, if significant, would require a waiver amendment and federal approval.

Updated or New January 2024:

16. How will Lifespan be responsive to people who enroll who don't want or need a day program or group home or Shared Living?

Lifespan is being built to offer a wide and flexible range of services options, including supports for those who want or need more individualized service options and/or the chance to receive supports to live in their own home or apartment. This includes, as some examples, the availability of Supported Living, in-home supports, a range of employment services, community integration supports, Community Transportation, and supports for participating in adult education and vocational training after high school.

Updated or New January 2024:

17. How will Lifespan help individuals learn and increase skills for independence, so they won't have to be fully dependent on their parents for their entire lifetimes?

Many services offered in Lifespan, for those individuals who want to take advantage of them, will increase skills for independence. Some of these services include home-based skills, financial literacy budgeting and money skills, relationship skills, travel skills, employment skills, and skills for community participation. Individuals can also consider utilizing assistive and remote technology and be assisted in learning how to use this technology. All of these skills can help individuals reduce their need to depend on their families.

Updated or New January 2024:

18. Can a Lifespan member(s) receive services alongside Section 20/21/20 member(s), if they are receiving the same service(s)?

As long as they are receiving equivalent service types, the service delivery for each person is guided by an individualized Service Implementation Plan, and other requirements (e.g., staffing ratios) are followed.

Updated or New January 2024:

What options will people on Section 29 (and on WL for Section 21) have after Lifespan opens?

People on Section 29 will have the option to stay on Section 29 for as long as they wish. In addition, they will have the option to transition to Lifespan starting from one year after it opens. The option to transition to Lifespan will always be available. If at some point, the Section 29 waiver can no longer meet the needs of a member, the member will be able to transition to the Lifespan waiver to address their increased needs. Everyone on the Section 21 waiting list when Lifespan opens will be offered enrollment in Lifespan, in the enrollment group that is appropriate for their age and needs.

19. How will conflict-free case management requirement be continued and strengthened in Lifespan?

The Community Resource Coordinator (CRC) role is a new approach to case management. The CRC will be trained on the fundamental purpose of Medicaid waivers and the values and philosophy underpinning the Lifespan waiver, which includes adoption of the spirit, intent and rule requirements in Maine's Home and Community-Based Settings Global Rule. In the person-centered planning process, the benefits of community integration, employment and maximizing independence will be explained and viable pathways to these outcomes will be shared with each Lifespan member and his/her natural supporters.

Updated or New January 2024:

20. What happens if a person enrolls in Lifespan while still on Section 28 waiting list?

The person can use Lifespan services until Section 28 becomes available; then Section 28 must be used first, and the person would only use Lifespan in addition to Section 28 if assessed need justifies this.

Updated or New January 2024:

21. Will Lifespan require use of Electronic Visit Verification (EVV)? If yes, for which services?

Service level descriptions for Lifespan services will be submitted to the EVV Code Committee to determine if EVV is required. Services currently requiring EVV are: Respite; Skilled Nursing; Home Health; and Home Support ¼ hour. The criteria for requiring EVV is: Personal care service in member's home by a provider who is not a live in caretaker. In Lifespan, the Department is not seeking to expand how the state currently applies EVV; but does need to ensure consistent application of EVV requirements in Lifespan.

Updated or New January 2024:

22. How will it be possible to allow individuals flexibility and spontaneity in services that require EVV?

Maine's EVV compliance requirements currently provide for flexibility and spontaneity in services. EVV applicability regarding services delivered in the member's home will continue through the LifeSpan to include live-in caregiver exceptions. There are various verification methods service providers can utilize to meet these federal requirements.

23. Can you provide a list of states who have a similar waiver that Maine is looking at for examples?

Maine is designing a waiver program that will meet the unique needs of our state, using the model and, we anticipate, the federal authorities utilized by Tennessee and Alabama who followed Tennessee's model. Tennessee's waiver started in 2016. Following very positive outcomes in the first few years, Tennessee's legislature committed to funding the total elimination of the waiting list there. Alabama's lifespan waiver is only two years old, but the state already has a plan and pathway to eliminating its waiting list in the next two years. Also, Alabama's outcomes thus far are similar to Tennessee's - especially in terms of keeping families together. Notably, Alabama's participation rate for self-direction went from 10% in the existing waivers to 29% in the first year of their Lifespan waiver.

CASE MANAGEMENT AND THE COMMUNITY RESOURCE COORDINATOR

24. Can you compare the Community Resource Coordinator (CRC) role in comparison to the current Section 13 "Targeted Case Management" service?

We have developed a document that is published on the Lifespan WWW page that outlines the draft service comparison between the two roles. See [Community Resource Coordination Comparison \(PDF\)](https://www.maine.gov/dhhs/oads/about-us/initiatives/hcbs-lifespan-project) at <https://www.maine.gov/dhhs/oads/about-us/initiatives/hcbs-lifespan-project>

Updated or New January 2024:

25. How will conflict-free case management requirements be continued and strengthened in Lifespan?

At this point, providers of Community Resource Coordinator (CRC) services are expected to be both OADS-employed/contracted staff and qualified contracted agencies [e.g., existing Targeted Case Management (TCM) agencies]. Conflict-free case management requires providers of case management to be separate from providers of other waiver services. At minimum, a firewall must be established if case management is provided by individuals employed by a provider of other waiver services. In Maine, while some TCM agencies are completely independent of other waiver providers, many are not and the minimum firewall in place requires that a provider agency cannot be both the provider of TCM and other waiver service(s) for a waiver participant. OADS-employed/contracted CRCs will be fully conflict-free in that OADS does not directly provide any waiver services. The existing TCM firewall provision and OADS-employed/contracted staff will together ensure the conflict-free case management requirement

will be met, and it is hoped that by adding OADS-employed/contracted staff as a source for CRC services in Lifespan, the conflict-free case management requirement will also be strengthened in Lifespan.

Updated or New January 2024:

26. Will the CRC service offer:

a. A monthly provider billing rate?

This is proposed, and specific monthly rates will be developed through the rate study that is currently underway.

b. Smaller caseloads?

This is proposed and specific monthly rates will be based on the lower caseload maximum. There is strong stakeholder support for a lower caseload to improve quality, responsiveness and to prevent burnout of professionals doing this work.

c. Ability to overlap with Children's Case Management during transition for longer than is permitted now?

This is proposed to ensure better, more coordinated transitions from children's to adult case management at the appropriate time. The Lifespan CRC's role will be clearly defined and won't duplicate the role and functions of Children's Case Management; but the CRC will provide complementary coordination and transition-support functions to facilitate successful transition to adulthood, adult services and adult case management.

Updated or New January 2024:

Will the Behavioral Health Homes (BHH) Care Coordinator continue in addition to CRC, providing non-duplicative supports and services?

This is currently proposed as a new strategy that the Department hopes the effectiveness of which the Lifespan waiver will be able to demonstrate with appropriate federal approval. Stakeholders consistently comment that one professional cannot effectively perform the roles of both the BHH Care Coordinator and the Lifespan CRC. Even with comprehensive training, there is a strong, shared belief that requiring a single professional to fulfill both roles will lead to poor quality across the board. By retaining both roles in a non-duplicative, complementary arrangement, the Department believes individuals using both BHHs and Lifespan will experience better health, mental health and quality of life outcomes.

Updated or New January 2024:

27. How will the CRC in Lifespan know more than just state services?

There will be a formal training program for the CRC as well as competency standards established for the role. Regular professional development will be required to remain current with the range of public

services available and local community resources and services, both formal and informal, including key points of contact for information and assistance in the regions/counties/communities served.

Updated or New January 2024:

28. Can a TCM agency also become a provider of CRC for Lifespan?

As with all Lifespan providers, the provider will need to apply and show that they are qualified to offer CRC services, separate and distinct from TCM services.

Updated or New January 2024:

29. Will a qualified Targeted Case Manager be able to also qualify to provide Community Resource Coordination in Lifespan? Or will TCMs be required to complete a whole lot of additional training to qualify as a CRC for Lifespan?

Due to the need to maintain role boundary and clarity, a case manager can be either a TCM or a CRC, but not both at the same time.

Updated or New January 2024:

30. Can a Targeted Case Manager have a mixed caseload with some TCM members and some CRC/Lifespan members?

OADS' vision for these roles is that they would be dedicated to each type of waiver. Traditional Section 13 TCM and Lifespan CRC will be dedicated to serving either the legacy waivers (TCM) or the Lifespan Waiver (CRC). Agencies, as mentioned above will be able to serve both roles, but individuals will be either one of the two roles.

Updated or New January 2024:

31. Will CRC rates in Lifespan be sufficient to recruit people who meet the minimum qualifications? If yes, how will this be ensured?

The rate study underway determines the rates necessary to ensure wages and benefits can be offered necessary to attract qualified staff. However, the employers of CRCs decide what wages and benefits to offer.

Updated or New January 2024:

32. What else other than pay and benefits might make CRCs want to stay in their role?

Some factors other than pay and benefits that impact recruitment and retention are likely to include: manageable caseload size; quality of training and supervision; whether the work feels rewarding as

compared to other options available; flexible working conditions; and career prospects. The direct employers of CRCs have control over these factors; but OADS hopes to collaborate with contracted CRC providers to strengthen attention to these factors.

EMPLOYMENT AND COMMUNITY ENGAGEMENT

Updated or New January 2024:

33. If a person needs ongoing paid support to participate in their community and with fellow community members, what is the appropriate Lifespan service?

If a person needs ongoing paid support to participate in their community and with fellow community members, the appropriate Lifespan service is Community Involvement Supports (called Personal Assistance-Community in Concept Paper).

Updated or New January 2024:

34. Will Community Membership be a time-limited service in Lifespan?

The updated, proposed service definition removes “time limited” and replaces it with “intermittent” allowing the service to be received over time, on an intermittent basis. Updated draft service definitions will be published with the waiver application and can be commented on during the 30 day public comment period.

Updated or New January 2024:

35. How will individuals be supported to get out of the house, be with others they enjoy being with and do things they enjoy doing?

Many of the services being offered through Lifespan are oriented to engagement with others, involvement in the life of the local community and finding employment that is enjoyable and rewarding. Some examples include: Community Membership Volunteering and Relationship Supports; Community Involvement Supports (staff can be shared by a few friends who want to do things together), Peer Specialist Services and Community Transportation.

Updated or New January 2024:

36. How can Lifespan assist individuals to get out and connect socially with others who they want to connect with in their local communities, without having to attend a traditional center-based day program if that’s something they do not want to do?

Members can use Lifespan services that include Community Membership Volunteering and Relationship Supports; Community Involvement Supports (staff can be shared by a few friends who want to do things together), Community Transportation and even Peer Specialist Services to learn how to arrange things without paid support. , “Community Membership, Volunteering and Relationship Supports” assists a person to build relationships and valued social roles (including volunteer roles) in their local neighborhood/community. Relationship and community participation skills are modeled and taught through real-life experience. Once relationships and/or valued social roles are developed, the person can get intermittent supports, as needed, to continue these, or if more ongoing support is needed, Community Involvement Supports can be used to continue these relationships and roles.

Updated or New January 2024:

37. If a person enrolled in Lifespan thinks they can’t work, is there a way they can find out if they are correct about that or not?

Sometimes, people believe they cannot work because they will lose their benefits, including their MaineCare and waiver eligibility. If this is the case, Work Incentive Benefits Counseling can be provided through the Lifespan waiver or through other sources. The CRC would first determine if the service can be provided through a source other than Lifespan; but if not, the service can be authorized through Lifespan. Sometimes people believe they cannot work because of their disability and other challenges they face (e.g., can’t drive; no or poor work history; etc.). If this is the case, Discovery can be authorized to find out the strong interests and transferable skills that a person has or can learn, and which make a person employable.

38. Will participants be required to work?

There will be no work requirement in Lifespan. However, the Home and Community Based Rule (HCBS) requires all waiver programs to encourage and support opportunities for community employment, which is one way people can get involved in their community. Lifespan will offer increased opportunities for people to explore and understand employment options. Lifespan will also address the disincentives to working that waiver members may currently experience. Many individuals, particularly youth and young adults, express a desire to work, especially after having a chance to explore the option. Of those responding to the waiting list survey recently conducted by OADS, 58% already have a job or want to get a job. We want to be sure Lifespan has supports in place to assist with these goals and meet people’s needs related to these goals. OADS maintains close working relationships with our partners at the Departments of Labor and Education. This partnership will ensure the adult support system builds on the work done by our public school and public vocational rehabilitation programs. Given the state’s labor shortage, people should be supported to explore and identify any employment goals they may have. Many employers are more receptive than they have been in the past. Person-centeredness is a core principle of all the waivers, including Lifespan, and participants’ informed choices, personal goals and needs will always drive supports planning.

ENROLLMENT GROUPS

39. What is an Enrollment Group?

An enrollment group is a service category based on a person's age and having a unique need(s). Based on stakeholder input and experience with the existing waivers, we know people will need access to some different services depending on their age: whether they are youth transitioning to adulthood, working-age adults, or individuals who are aging. To account for this in a single, Lifespan waiver, there are three enrollment groups proposed:

- **Transition-Age Youth & Young Adults: For individuals ages 14 through 21.**
- **Working-Age Adults: For individuals ages 22 to 64.**
- **Older Adults: For individuals ages 65 and older.**

In these three enrollment groups, there are services to support members of all ages to live with family or other natural supports. There are also services to support adults (18+) to live independently, in a Supported Living arrangement or in a Shared Living arrangement. For those who are not able to live in any of these varied living arrangements, either temporarily or permanently, a fourth enrollment group is proposed that will provide agency group home living arrangements.

Updated or New January 2024:

40. When people become elderly and have more health issues, how will Lifespan Group #3 address this?

Community Resource Coordinators (CRCs) will intensify coordination and facilitation of access to healthcare providers including NET transportation to access these providers. The health and wellness section of the person-centered plan will be more expansive for Group #3 members. If Group #3 members live with aging family members, the CRC will focus on coordination of Lifespan supports with other supports that other aging family members may have available to them (e.g., Section 19 waiver services). For example we could offer regular screenings for dementia (Support regular screening for dementia using an Early Detection Screen for Dementia (<http://aadmd.org/ntg>)). Lifespan services for Group #3 include: Assistive Technology and Adaptive Aids; Personal Emergency Response System; Remote Supports; Minor Home Modifications (to address unique accessibility challenges of aging); Personal Assistance-Home; Skilled Nursing (if Section 96 services are not enough); Shared Living; Positive Behavior Supports; and services to support community involvement which prevents social isolation and skill declines. OADS is also considering whether to include, in Lifespan Group #3 services, the "Matter of Balance" falls prevention program that is currently available in Section 19.

FACILITY-BASED DAY PROGRAMMING

Updated or New January 2024:

41. Can I go to the facility-based day program for part of my week and get someone to meet me at my house and do things in my local community for the other part of my week?

.The design of Lifespan is intended to be flexible so that as long as the goal is defined in the Person-

Centered Plan, then options can be developed to provide a mix of different experiences and services to support them. A hub and spoke model might be the right type of strategy here, where there is a main place (hub) that a person goes to during the day, but from there, also goes out for blocks of time to do things in the community in different locations (spokes).

LIFESPAN SERVICES:

Updated or New January 2024:

42. How can young parents be supported to become professionals in the field so they can share their expertise, give back, and share knowledge?

The Lifespan waiver includes a service called “Family Empowerment and Systems Navigation Counseling”. This service is intended to support Lifespan members and their families to find and access all of the resources of their communities and non-Medicaid programs that can support the Lifespan member and their family to stay together and support the Lifespan member to sustain community living. This service can be provided, and perhaps is ideally provided, by someone who also has the experience of being a parent/family member of an individual with IDD, autism, or other related conditions. Additionally, the Lifespan Waiver Community Resource Coordinator (CRC) position is expected to give preference, among otherwise qualified applicants, to parents, family members and others with direct experience of supporting an individual(s) with IDD, autism or other related conditions.

Updated or New January 2024:

43. How can transportation services (quality, reliability, timeliness) be improved through Lifespan?

OADS heard clearly over many years that the availability of reliable and timely transportation is limited. Lifespan proposes a new service, Community Transportation, that can provide non-medical transportation through a variety of different means. Non-medical transportation can specifically support individuals to get out into the community or travel to/from employment. There is not a requirement that the transportation be to a place where an individual receives a MaineCare service. This new Community Transportation service will be available through agency providers and through self-direction. Under self-direction, reimbursement for providing transportation is expected to be available to appropriately licensed and insured family, friends, neighbors and co-workers. Efforts are also underway to ensure bus passes and vouchers for taxis are available, as well as reimbursement to entities like Uber or Lyft. The Department is also working hard to improve existing NET services which will still be utilized to transport waiver members to/from MaineCare services, including Lifespan services.

Updated or New January 2024:

44. How will Lifespan help people who need help to navigate MaineCare?

Several new services in Lifespan can help. Overall, the proposed Community Resource Coordinator (Lifespan case manager role), will help support and coordinate waiver program services under

MaineCare. They will help youth to coordinate Lifespan resources with Children’s waiver resources, as well as navigate other agencies such as DOE or DOL. Lifespan has a proposed service ‘Family Empowerment and Systems Navigation Counseling’ which will assess a family’s situation and provide referral options, as well as to provide information and training to increase skills in problem-solving and leveraging programs and community resources. In addition, there is a new service proposed called Consumer Education and Training, which is designed to help those self-directing their services to navigate options.

Updated or New January 2024:

45. How can Lifespan partner with families in assisting their family members to pursue post-secondary education, training and employment?

The Lifespan Community Resource Coordinator (CRC) can assist the member to apply for, successfully access and utilize the Maine Department of Labor’s Division of Vocational Rehabilitation (VR). The CRC can stay involved, after the member is connected with VR, to ensure the member can make full use of VR by working together with VR staff and complementing but not duplicating what the VR staff do. VR offers resources to support post-secondary education, training and employment. VR can provide supports for higher education and vocational training beyond high school. VR supports people with disabilities who need education or training to meet their employment and career goals.

The CRC can also assist the person in identifying other supports that may be needed to participate in higher education or post-secondary training. Lifespan cannot duplicate services that an individual is provided through VR. However, Lifespan can provide non-duplicative wrap around supports a person enrolled in post-secondary training or education may need in addition to VR-funded services. These supports might include Community Involvement Supports (called Personal Assistance-Community in Concept Paper) or Community Transportation, if not otherwise provided by VR or another source the individual has access to.

Updated or New January 2024:

46. Will Lifespan ensure people, including adults, who need augmentative communication devices and/or SLT get this service to help them communicate effectively?

A key principle for the Lifespan waiver is to provide needed supports with the goal of preventing an escalation of needs. To improve behavioral health supports, the comprehensive assessment and discovery process conducted by the Community Resource Coordinator (CRC) will have a specific dimension addressing communication and communication needs. Lifespan members will have access to Speech-Language Therapy or Assistive Technology and Adaptive Aids (which includes coverage for augmentative communication devices). Authorizations to purchase such devices shall be done with due care, ensuring a professional assessment of need identifies the appropriate device for each individual, as well as the training and troubleshooting support **both** the individual and their relationship network need

to ensure effective use of the augmentative communication device.

NURSING, HEALTH CARE, AND EXCEPTIONAL MEDICAL OR BEHAVIORAL NEEDS

Updated or New January 2024:

47. If people have health issues that flare up from time to time but then are more easily managed for a period of time, how will the Lifespan waiver be flexible and still able to respond quickly when needed?

Authorizations for services that need to increase in response to a temporary change in needs can be done to include a certain number of additional units. These units would be based on the estimated number of times during the authorization period that the member is expected to experience the temporary spike in needs. Alternatively, if the member's needs fluctuate both below and above the norm, an authorization that assumes the norm can cover the fluctuations in both directions.

48. Is Lifespan proposing additional service resources for Skilled Nursing once Section 96 options are exhausted?

Skilled Nursing as a Lifespan service will be available to members who have exhausted their Section 96 services and whose needs exceed what is available in Section 96.

49. Will individuals with IDD, Autism and ORC also be able to qualify for behavioral health services if they have a co-occurring behavioral health diagnosis?

Yes. State plan services, including behavioral health services, will be available to Lifespan waiver participants. While not decided yet, the Community Resource Coordinator (CRC) may be responsible for active coordination of state plan and Lifespan services, including integrating state plan services into the person-centered plan for the Lifespan participant.

PROVIDERS:

50. How will a Provider agency be approved to provide these additional services being offered in Lifespan? Will that be by discrete service type or globally as a "Lifespan" provider?

A provider must be qualified for each waiver service they wish to provide. This is true for all waiver services in all existing MaineCare waivers. In Lifespan, provider qualifications for specific services will be coordinated. Coordination allows providers to qualify to provide multiple Lifespan services. Also, their staff can be effectively and efficiently cross-trained to deliver multiple services. This helps provide consistency for Lifespan members. It is also an effective use of direct service staff resources.

Updated or New January 2024:

51. Must there be a choice of provider offered for every service?

It is not a requirement by CMS that there be a choice of provider for every service in every area of Maine. However, we are tracking providers by service type and geography and we do have a goal of creating options for people with multiple providers in each geography.

REMOTE SUPPORTS

Updated or New January 2024:

52. Will Remote Supports be a separate service in Lifespan?

Remote Supports is a distinct service. It is defined as the provision of supports to a waiver participant at their place of residence. Remote Support staff will be housed at a remote location and engaged with the person through live, two-way communication. For more information, see the Concept Paper on p.49.

RESIDENTIAL SERVICE OPTIONS:

53. How will Lifespan support housing options?

As noted above, Lifespan is expected to enhance existing housing options (tiered shared living and group home supports) and broaden the range of supported living options, where individuals can live with roommates in a house or apartment at the level of independence that meets their needs. Supported living may include staff in the home, which may be augmented with remote support and assistive technology. Because of the keen interest among stakeholders of the need for more housing options, OADS has created a full-time housing coordinator position to work with state agency partners and other stakeholders on housing options. These will include offering supports in subsidized housing units.

54. How will Lifespan services compare to Section 21 and Section 29 services? Will it include residential supports?

Lifespan is being designed to offer additional options and innovations relative to the current waiver programs. All stakeholder input, gathered through the many approaches OADS has undertaken, is currently being used to inform the services that will be included in Lifespan. Many residential supports, including shared living, the use of remote supports technology, group home, supports in a family home or an individual's own home or apartment are expected to be available in Lifespan. Features that the Department has put forward for discussion include but are not limited to:

- More robust remote support options (use of technology to support individuals remotely);
- More robust self-directed supports;
- Tiered shared living to support a larger range of needs within shared living;

- Supported living in individual's home, with up to three individuals living together;
- Agency home support (often referred to as group homes);
- Rate tiers to support enhanced behavioral and medical supports;
- Services that will support youth and their families during the transition period to adult services;
- Services that encourage and support better access to communities and opportunities for employment; and
- Other innovations based on the success of pilot projects that are currently underway.

This model also addresses key recommendations made by the Community Membership Stakeholder Workgroup in 2022:

- Create opportunities for individuals to be successfully engaged in non-disability specific community places in valued roles;
- Focus on building interconnected inclusive communities and supporting a pathway to employment for everyone with a disability; and
- Ensure access to employment services for individuals in waiver programs.

Advantages of the model are that individuals can work and engage in community life nearer to home and cultivate relationships with more people in their own communities. A secondary benefit for many is reduced time spent in transport to and from centers. The Department has heard from some stakeholders who are concerned that center-based services will not be offered in Lifespan. Draft services have been developed in the Concept Paper, and we will continue to work with stakeholders as we develop specific Lifespan services.

55. Are group homes supported in Lifespan?

Group home options will be available under Lifespan for adults who need them. Other living options will also be available. These include Shared Living, Supported Living, and Independent Living.

Updated or New January 2024:

56. Can Agency Group Homes have Section 21 members and Lifespan members living together?

It is proposed that waiver members of both waivers will be able to be housed together.

Updated or New January 2024:

57. Will Agency Group Home rates be the same across Section 21 and Lifespan?

The rate study that is occurring in the fall of 2023 will contribute to the determination of rates for all the waivers. Overall, the intent is to have equity in rates across the waivers.

Updated or New January 2024:

58. Will Group Home services in Lifespan be offered by the same providers of these services in other waivers?

It is anticipated that existing providers of similar services such as Group Homes will apply to become providers of the similar services in Lifespan.

Updated or New January 2024:

59. If some group homes are closing, does this mean the state is short of the capacity it needs for group home placements?

The closing of group homes has been a business decision by individual providers. Maine does not anticipate having a shortage of group home placement options for several reasons. Lifespan expands options for people to consider self-direction, receive remote supports, or live in other environments such as Supported Living, therefore there may be lower demand for group home placements. The Department continues to work toward group home and service options that are well-distributed geographically, so that there is wide distribution of options across the state.

Updated or New January 2024:

60. How will Lifespan help individuals avoid the need for a group home, supporting people to live in their own place, with supports as needed, so they can maximize their skills while also getting help to navigate the world?

Lifespan is designed to offer the right kinds of services a person needs to be as independent as they wish and provide the least restriction to activity. There is a range of supports for employment, including volunteering and community engagement, as well as housing options that are more independent than group homes.

Updated or New January 2024:

61. How will Lifespan be set up to prevent people going into group homes unnecessarily or prematurely?

Early engagement with youth as they enter the adult system, from age 14 on, will allow for the development of skills and resources to support a person in their life. The CRC role will be oriented to support Lifespan services that enhance existing supports in the school systems and in the child service system. By making the transition to adult service a more graceful process, we hope that more people will be able to live more independent lives.

Updated or New January 2024:

62. How will the need for a group home be determined?

The Group Home option, which provides 24/7 staff support in Lifespan is limited to those that cannot live with family or more independently in other residential options. A person's needs and other factors will determine if a Group Home setting is best for a person. Access to a Group Home will be in part based on the SIS-A, which will describe the exceptional medical or behavioral support needs for an individual.

Updated or New January 2024:

63. Is a group home the only way a Lifespan participant can live with other people who are not family and not a paid provider of service?

The two other options are Supported Living and Shared Living – Unrelated. [The Concept Paper](#) explains these service types as do FAQ questions in this document.

Updated or New January 2024:

64. How many Shared Living providers are there in Maine? How many are family members versus unrelated providers?

As of October 2023, there are 3044 unique settings in the Maine system. The Department does not distinguish between a family vs. unrelated provider.

Updated or New January 2024:

65. In Lifespan, how can Shared Living arrangements be preserved even if an individual experiences increased medical needs?

In Lifespan, there will be additional support for Skilled Nursing for example, beyond existing waiver nursing services, which will allow for home-based nursing care.

Updated or New January 2024:

66. If someone wants to live in their own place after they can no longer live with their parent(s), what are the options in Lifespan?

Supported Living is a new service in Lifespan that allows a person or several people to live in their own apartments or units that they rent or own. Supports will be provided as needed on-site, and remote supports may also be possible or helpful.

Updated or New January 2024:

67. If a person supported by a Shared Living provider is receiving another service, can that Shared Living provider be paid to provide a service to another individual during this time to help with the DSP shortage?

The Shared Living Provider is a provider who subcontracts with an agency to provide direct support to a member, with whom they share a home. The Shared Living Provider must be a Certified Direct Support Professional (“DSP”) who has met all the requirements to provide the Shared-Living service. The Shared Living Provider must enter into a contractual relationship with the Administrative Oversight Agency in order to provide services to a member. The agency supports the provider in fulfilling the requirements and obligations agreed upon by the DHHS, the Administrative Oversight Agency, and the member’s Personal Plan.

A Shared Living provider in their role as a Shared Living provider may not be paid to provide additional services. Each waiver service has distinct provider requirements that must be met in order for the DSP to qualified to delivery services, such as ensuring the agency employing the DSP has the approval to deliver specific waiver services. A member may choose an agency directed service or self-directed service to meet their needs through a person-centered planning process, and only qualified individuals may be authorized to deliver services.

Updated or New January 2024:

68. What is the benefit of adding tiered rates for Shared Living?

Tiered rates in Shared Living allows for people with differing levels of need to be served in an environment outside of a group home setting. Providers see benefits because they can be reimbursed for increased levels of support that an individual may need.

Updated or New January 2024:

69. What is going to happen when Shared Living -Related providers can’t do it anymore? What are the options?

Anticipating the need to make a services change is one benefit of a Lifespan approach. This way, there is a possibility of developing alternate plans prior to a needed change to prevent crises or disruptions in service. With adequate time, a person can be trained to live more independently, and transition to a housing model like Supported Living, where individuals have services in the home when needed to support their lives. If full independence is not possible, then Shared Living-Unrelated would be an option, providing a similar residential framework but would be from a non-related provider setting.

70. Can you explain the Supported Living Arrangement? Does it include 24-7 staffing coverage?

A Supported Living Arrangement is a residential option. In this option, a waiver member(s) lives in a residence that the waiver member owns or leases. The lease is with a landlord who is not a provider of waiver services. The residence may be a home, apartment, condominium, mobile home, or duplex. The waiver member may rent from a family member who owns the residence. A Supported Living service provider provides individualized supports for the waiver member(s). These supports are offered in their own residence. The supports can be one or a combination of different kinds of supports. They can include in-person, virtual and remote support technology supports. The supports are decided based on the preferences and needs of the waiver member(s). Virtual support and remote support technology can be utilized to promote the member's independence. It can provide more privacy than when direct support workers are present in the residence. Usually, people get a mix of these types of supports over the course of their week.

Updated or New January 2024:

71. Will people be able to choose who they live with in Supported Living situations?

The Supported Living framework allows a person to decide the unit or apartment complex where they would live. Choice is an important part of the HCBS policy objectives and Lifespan's goals.

Updated or New January 2024:

72. How will affordable housing, accessible if needed, be available to Lifespan participants who want to live in a Supported Living arrangement?

The Department intends to hire a Housing Coordinator who will work with developers and service providers and Maine Housing to grow affordable options for people with disabilities.

Updated or New January 2024:

73. How can Lifespan support the growth of Supported Living (SLS) by allowing SLS DSPs to be qualified to provide range of flexible supports an individual needs at home and in the community?

The SLS service definition is a comprehensive service definition that allows and expects DSPs delivering this service to provide a range of flexible and individualized supports that together reflect the member's choices and preferences for how they want to live their life. This unique service allows the SLS DSP to provide supports, as needed, at home and outside the home, as reflected in the SLS Service Implementation Plan for the member. This helps a member experience continuity as they live their lives. The implementation of Supported Living Services in Lifespan is expected to support DSPs for this service to have streamlined, cross-training that results in these DSPs having sufficient knowledge, training, skills and flexibility to provide a high quality Supported Living service.

74. If Supported Living Services is paid on per-diem, will a person getting this service be able to also get other services during their days? If yes, which services are considered included in SLS per-

diem and which services would they be eligible to receive along with SLS? Any services that are neither included in SLS nor can be received along with SLS?

This will be addressed in detail in the rate study recommendations and rate model/methodology proposed for Supported Living Services. Services available in addition to SLS will depend on what is included in the scope of the SLS Service Implementation Plan and what is not included. What is included cannot then also be authorized separately as this would be a duplication of service. The daily rate for SLS is expected to be based on the scope of the Service Implementation Plan.

Updated or New January 2024:

75. As more choices for housing are offered through Lifespan, how will we ensure we don't lose the housing stock we already have, particularly accessible homes?

The Department is working on a variety of strategies to expand housing options through home accessibility renovations. One concept the Department is interested in piloting is a modular unit that can be attached to existing housing. The design is pre-fabricated off-site and is accessible and can offer an additional living space for an elder or person with disabilities.

76. Can you explain the Supported Living Arrangement? Does it include 24-7 staffing coverage?

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SELF DIRECTION

Updated or New January 2024:

79. How will self-direction work in Lifespan?

The self-direction option will apply to certain services in each enrollment group and will allow members (with help as needed) to hire their own workers, as long as the workers meet the qualifications established in the waiver application for the service(s) they are being hired to provide. In self-direction, the member is given a budget amount for the service(s) they wish to self-direct based on the number of units of service they require and the reimbursement rate otherwise paid to agency providers for the same service. They use the budget to hire their own worker(s) to deliver the needed units of service, negotiating the worker wage within the minimum and maximum limits allowable based on the reimbursement rate for the service being provided. Any unspent funds go into a savings account which the member can use to purchase Individual Goods and Services that meet certain requirements and are not otherwise available to the member through their waiver services plan (person-centered plan). See the [Concept Paper](#) for more information.

Updated or New January 2024:

80. How is the Support Broker in Lifespan different from the Community Resource Coordinator?

The Support Broker provides a service that is available only to those waiver participants electing to self-direct some or all of their services. The Support Broker helps the member only with regard to self-direction. The CRC has a limited role in supporting self-direction, whereas the Support Broker has a significant role in supporting self-direction. The CRC has a significant role in supporting all aspects of the waiver member's life and the development and implementation of their comprehensive person-centered plan, including coordination of a broad range of supports and services. In contrast, the Support Broker's focused role helps the member manage their self-direction budget and recruit, hire,

train, and manage their self-direction workers. The waiver participant hires the Support Broker to work on their behalf, but the Support Broker's cost is not part of the member's annual budget allocation whereas the CRC's cost is part of the member's annual budget allocation.

Updated or New January 2024:

81. Can Supported Living Services be self-directed in Lifespan?

Yes. Supported Living is a residential option designed to maximize an individual's independence through living options including owning one's own home or getting an apartment with other people. This service would provide supports for individuals who want to manage their own living situation. See the [Concept Paper](#) on p55 for more information.

REMOTE SUPPORTS

Updated or New January 2024:

82. Will Remote Supports be a separate service in Lifespan?

Yes. Remote Supports is a distinct service. It is defined as the provision of supports to a waiver participant at their place of residence by Remote Support staff housed at a remote location and who are engaged with the person through equipment with the capability for live, two-way communication. For more information, see the [Concept Paper](#) on p.49.

STAFFING LIFESPAN AND STAFF TRAINING:

83. How are workforce needs being addressed?

The Department is collaborating with the Maine Department of Labor on several initiatives to increase availability of qualified direct support workers. The Department's efforts were summarized in a recent [blog post](#), and are described in greater detail in the second annual update on [Efforts and Progress in Implementing the Recommendations of the Commission to Study Long-term Care Workforce Issues](#). In the past year, payments to providers increased significantly, media campaigns were launched and expanded, and progress was made on streamlining and updating curricula.

Updated or New January 2024:

84. How is DHHS focusing efforts on ensuring better trained, specialist DSPs are available to support individuals with exceptional behavioral health or medical support needs?

Better trained specialists can offer better quality, and more effective services. With specific certifications for supporting individuals with exceptional behavioral needs or supporting individuals with exceptional medical needs, the type of support a person needs will be more readily available to them.

Additional skills allow a certified DSP to provide a response that might normally require a nursing assistant or advanced behavioral specialist who might not be on site. To support this approach, there is a proposed plan to establish reimbursement rates in a way that allows for tiered rates of pay for DSPs, increasing the wage earned for DSPs with a certain amount of experience and/or advanced training to meet specific needs (e.g., exceptional medical or behavioral needs). In addition, this is expected to make supports more effective and provide career advancement opportunities and promote retention for staff.

Updated or New January 2024:

85. Will DSPs be able to choose the additional they want to pursue, or will they be told they must complete certain additional training?

The additional certification and advanced training options being developed will be available but not mandated across the board by the state. However, qualifications to serve people who need more specialized support may require completion of certain additional certification or advanced training. Employers of DSPs may dictate which certifications/trainings a DSP is required to complete, just as other employers do with their employees. Since the proposed plan involves higher wages anticipated for DSPs that complete additional certification or advance training, the Department expects DSPs will be interested in completing these additional certifications or trainings.

Updated or New January 2024:

86. If there are so many DSP vacancies, how will the DSPs working have time for training?

Feeling unprepared for the work is one reason DSPs leave their jobs. Effective training is not only required, but also essential to reduce the DSP turnover that is occurring. Agencies that want to serve people with higher needs and capture higher reimbursement rates for doing so, and for having DSPs with additional training beyond the minimum, will typically consider paying overtime to DSPs to complete the training.

Updated or New January 2024:

87. Can I keep my TCM if I go into Lifespan? If not, can my TCM become my CRC for Lifespan?

Due to Federal rules, there cannot be duplication of services; therefore, providing a person with both TCM and CRC is not allowable. If an individual's TCM agency is also a contracted Lifespan provider of CRC services, the individual will have the option to keep the same agency. However, because the TCM and CRC roles serve different waivers and the caseload maximum size is expected to be different, it is expected that a TCM will not also function as a CRC and vice versa. A TCM could become a CRC by completing any supplemental training specific to the CRC role. If your TCM converts to a CRC then, an individual could keep their current person in a case management role in Lifespan.

Updated or New January 2024:

88. Will CRCs be state employees in Lifespan?

That decision has not been made yet, but it is expected that state-employed CRCs, in addition to contracted agency CRCs will be necessary to ensure statewide availability without delays, and to increase choice for Lifespan waiver participants.

Updated or New January 2024:

89. How can self-direction make it easier to recruit and retain DSPs?

Self-direction allows for pay rates that are expected to make it easier to recruit and retain DSPs, if the individual self-directing chooses to pay the maximum pay rate allowable for the services the self-direction worker will be providing. DSPs that are self-direction workers also have choice with regard to who they work with because they are making a commitment to work for a specific individual(s) as opposed to an agency. This is also expected to have a positive impact on recruitment and retention. For example, family members or friends might be willing to be a self-direction worker for a specific waiver member but would not be interested in working for an agency. By having self-direction as an option, these types of people can be engaged in providing services whereas if agency DSPs were the only option, these types of people would not typically be successfully recruited.

Updated or New January 2024:

90. How can we prevent existing TCMs leaving TCM to become a CRC in Lifespan and this causing a shortage of TCMs for those who need them?

The Department is working to build a satisfying array of roles for the TCM to advance their careers into more specialized services with advanced training. In addition, these tiers of skills will be designed to result in higher levels of pay. Rates of pay are directly tied to the current TCM shortages, and we hope to be able to provide incentives for providers to offer more competitive wages to staff.

Updated or New January 2024:

91. Are the expectations for documentation contributing to TCM turnover?

The Department hopes to reduce paperwork by establishing rates of reimbursement for the CRC role in Lifespan that are by day or by month instead of fifteen minute intervals, for example. Increasing the billable unit size will reduce the documentation requirements.

Updated or New January 2024:

92. . What else other than pay and benefits might make DSPs want to stay in their role?

High quality supervision and work supports for DSPs contribute to a work environment that can be

fulfilling. The Department intends to incentivize adequate supervision, so they have the resources support staff needs to be successful. As mentioned earlier in this FAQ, a tiered structure of certifications will allow DSP's to gain additional skills to be able to grow in the role. Additional opportunities for growth can be meaningful motivations to continue in the career.

Updated or New January 2024:

93. Even with effective recruitment maximized, will Lifespan support providers to better adapt to having less total DSPs available?

There are several strategies available. One is the enhanced use of Remote Supports. OADS is currently running several pilot projects to evaluate how Remote Supports work in different situations. The plan is to enhance Maine's ability to use Remote Supports to serve rural areas and for other conditions such as for medical services. By using Remote Supports, a provider agency is not required to have people on-site at all times, while retaining proper safety protections. This will reduce the dependence on DSP's in some situations and therefore overall the system may need fewer overall DSP's.

SUPPORTS INTENSITY SCALE FOR ADULTS (SIS-A)- 2ND EDITION

Please note that the SIS-A has its own FAQ for items specific to it. Please find that FAQ on the [Needs Assessment](#) web page at: [SIS-A FAQ](#)

Questions that relate to how the SIS-A is currently planned to be used in Lifespan include:

Updated or New January 2024:

94. Is the SIS-A mandatory for anyone enrolling in Lifespan? If yes, why? What is the benefit?

The SIS-A will be required for enrollment in Lifespan. The Department needs an equitable way to determine individual supports needs through a conflict-free process. Benefits include:

- a. The assessment has been scientifically researched to be valid and reliable.
- b. It will be conflict-free. The vendor conducting the assessment has no interest in the outcomes of the assessment, only the quality of the delivery of the assessment.
- c. It is high-quality data to support the Person-Centered Plan.

Updated or New January 2024:

95. What is the process for understanding whether you should apply to Lifespan? Will I be able to take a SIS-A and then decide if I want to apply for Lifespan?

The Department proposes that individuals could take the SIS-A and review their score with their planning team and then determine whether or not the services in Lifespan will meet their needs prior to choosing to transfer to the Lifespan waiver. Further development of this transition request policy will occur with feedback from providers and other stakeholders.

Updated or New January 2024:

96. Will the SIS-A decide the hours you get for services or the budget you get in Lifespan?

There are no individual budgets in Lifespan. The SIS-A will be part of identifying exceptional medical or behavioral support needs. If there are exceptional needs, the SIS will help identify how much supports are needed for a person. If a service is tiered, like tiered Shared Living, the SIS-A will identify the right tier to get the right level of service. However, the vast majority of services will not be tiered so have no relation to the SIS-A. For all the other services that are not tiered, everyone will have the same budget limit in each enrollment group. Eligibility for enrollment Group 4, which is for people who can't live independently with related or unrelated supports, will need a SIS- A. A clinical review team will review all exceptional need requests and determine access to Enrollment Group 4.

Updated or New January 2024:

97. Can you explain the role of the SIS-A in determining services for people as compared to the role of the Person-Centered Planning team?

SIS-A information will be available to inform the Person-Centered Planning (PCP) team. It will be one of many sources of information used in the person-centered planning process. The individual decides, with the support of their PCP team on their goals for the coming year. The team works together to identify the natural and community supports the person has – or can be supported to develop - to achieve these goals. They will then identify the paid services the person needs to achieve their goals, including services from the Lifespan waiver and other sources. In Lifespan, the SIS-A will also help identify members with exceptional needs. It will provide access to resources and services to meet those needs. For example, the SIS-A has a medical needs module that can be used. It can determine when additional nursing services are needed beyond what is available through Section 96.

Updated or New January 2024:

98. How will exceptional medical and/or behavioral needs be determined? How will SIS-A factor into this determination?

The SIS-A will establish whether a person has exceptional medical and/or behavioral needs that increase their support needs.

Updated or New January 2024:

99. Will SIS-A be tied to Charting the Life Course framework? If yes, how?

There is a published map of the SIS-A domains to the domains of the Charting the Lifecourse framework. Case managers in Maine have been trained in the use of this map for planning.

Updated or New January 2024:

100. How will the SIS-A assessment process be improved to address feedback from people who have been through it thus far?

A satisfaction survey is offered to everyone who participates in the SIS-A to provide feedback. These comments are reviewed and considered by OADS and the vendor, Maximus in adjusting the process. In addition the Department receives comment or input on the process through the project email and will review these comments to determine if adjustments need to be made.

WAITING LISTS

101. Will there be a separate waitlist for the new waiver, or will it be combined with the current Sections 21 or 29 waitlists?

When Lifespan opens all new individuals with IDD and autism who want wavier services, will be enrolled in Lifespan. Section 21 and 29 waivers will be closed to new enrollments when Lifespan opens. Any waiting list necessary to maintain after Lifespan opens will be managed as a single Lifespan waiting list. When Lifespan opens, anyone still on the Section 21 or 29 waiting lists will be automatically transferred to the Lifespan waiting list.

Updated or New January 2024:

102. How is the Department currently working to end the Section 29 waiting list before Lifespan opens?

The Maine Legislature funded up to 50 slots a month to reduce the current waiting list on Section 29. It is anticipated that the Department will meet this goal.

Updated or New January 2024:

103. How will Lifespan be able to address the waiting lists for youth who need Applied Behavior Analysis and Assertive Community Treatment services? Will a youth be able to keep these services if they enroll in Lifespan?

These Children's services will continue to be available for youth. Lifespan is intended to provide wrap-around supports beyond the existing Children's supports and will not duplicate these services.

Updated or New January 2024:

104. When Lifespan opens, who will be enrolled if there is no Section 29 waiting list anymore?

There is a proposed enrollment prioritization that is outlined in the Concept Paper. Youth will be given a certain number of slots per year as a priority, as will individuals who are eligible for Lifespan or the other

waivers but have not received any services. The full prioritization strategy is listed below from the Concept Paper:

The state proposes to create 540 enrollment slots in the Lifespan Waiver initially. The state proposes to reserve a specific number of these enrollment slots each year for people in certain circumstances:

- a. Individuals who choose to leave an ICF/IID or long-term nursing home placement or state psychiatric hospital setting;
- b. Individuals under 21 in out-of-state residential placements;
- c. Incapacitated or dependent adults who require adult protective services to alleviate the risk of serious harm from abuse, neglect and/or exploitation;
- d. Individuals determined to be at imminent risk of harm to self and/or others; and
- e. The state proposes to create 540 enrollment slots in the Lifespan Waiver initially

The number of enrollment slots reserved for each of the four listed categories above would be updated whenever the waiver is renewed or amended, based on the overall number of waiver slots and recent trends in need for each category of reserve slot.

Beyond reserving slots for the above categories, the state proposes allocating 56% of available slots to adults (ages 18+) and 44% to youth (ages 14-17). These slots will be offered based on the following prioritization policy:

- a. Adults on the waiting list that are receiving no HCBS (i.e., those not already enrolled in another HCBS waiver);
- b. Youth as they apply and are found eligible. Once all slots allocated to youth are filled, youth will be enrolled as slots become available, with those who have waited for the longest being enrolled first; and
- c. Adults on the waiting list, with those who have waited the longest being enrolled first.
- d. Individuals determined to be at imminent risk of harm to self and/or others.

Updated or New January 2024:

105. How is ending the waiting list going to reduce crises?

The current policy has resulted in a large number of people on Section 29 to also apply for the Section 21 waitlist, which is limited for access with priority for individuals who have acute or urgent needs. This results in individuals on the Section 29 waitlist having to wait until they have an urgent need or crisis to receive Section 21 services. The Lifespan waiver proposes to both eliminate waitlists on the existing waivers and provide a mechanism to anticipate life changes to prevent crises.

Updated or New January 2024:

106. Why are attrition/reserve slots from existing waivers needed for Lifespan if there will be no waiting list anymore?

In terms of the reserve slots for Lifespan - because the existing waivers will be closed to new members, individuals with acute need or crisis situations will need the services in Lifespan that would normally be offered in Section 21.

Regarding attrition slots - the State must specify the unduplicated number of members that will be served in each year of the waiver(s), as members leave Section 21. That vacated slot in Section 21 will be added to the unduplicated number of members that the Lifespan waiver will serve. This allows ongoing growth of LifeSpan as members leave Section 21.

YOUTH IN TRANSITION TO ADULT SERVICES

Updated or New January 2024:

107. How will Lifespan help ensure planning for adulthood starts earlier for children with disabilities, even earlier than age 14 if possible?

The Department supports early planning for children with disabilities. There are new roles in OADS called "Transition Liaisons" who are specifically tasked with supporting schools, children's case managers and families with tools and information to support planning and decision-making. The Department is working with the Department of Education to coordinate these discussions in schools. (Education campaign/materials on website?)

Lifespan services can build on the outcomes of high school by supporting a continued focus on independent living skills, financial skills and relationship skills, as well as continued opportunities for community involvement and integrated employment. The array of services proposed for the Lifespan waiver will keep the focus on growth and development, including support for the pursuit of opportunities for post-secondary education, in supporting youth transitioning to adulthood and adult roles.

Updated or New January 2024:

108. If Lifespan is going to serve individuals 14 and older, when is the earliest eligibility determination can start?

Determination could begin as early as age 13 ½. The specifics of how this would function will be defined through rules and operational procedures, but these have not yet been established.

Updated or New January 2024:

109. Will Lifespan allow for the CRC case manager to bill for time to attend the school Individualized Education Program (IEP) meetings?

We intend this to be billable. The Department will be proposing rule clarifications/changes that ensure billing for attendance at IEP meetings is allowable.

110. What happens if children need residential support prior to age 18?

There will be no change. Children with residential support needs will continue to access state plan services as they do now.

Updated or New January 2024:

111. How will OADS reach youth as early as 14 so they know about Lifespan and the opportunity to enroll and get help from CRC and the waiver during transition?

OADS Transition Liaisons are currently working with our partners in the Department of Education (DOE) Office of Special Services and Inclusive Education (OSSIE) to provide education and resources to educators, families, and youth about OADS services and an introduction to the proposed Lifespan waiver. OADS Transition Liaisons are also training community case managers on the proposed Lifespan waiver and are an ongoing resource of support for them in the transition process. OADS and OSSIE are also working to develop a more formalized engagement process between Community Resource Coordinators and IEP Teams, with the goal of piloting it prior to the implementation of the Lifespan waiver.

Updated or New January 2024:

112. How is DOE involved in the development of Lifespan and how will they be involved once Lifespan opens?

DOE OSSIE has been involved from very early on in the development of Lifespan). DOE OSSIE representatives have participated in our Spring 2023 Stakeholder Advisory Group which helped to guide the concepts behind the Lifespan Concept Paper. Throughout 2023, representatives from OSSIE, CBHS, and OADS have been meeting weekly to discuss transition practices, clarifying policies within each department, and identifying how the Lifespan waiver can best support any identified gaps. It is anticipated that this group will continue to meet at least through the beginning of the Lifespan waiver in order to support the transition to this new model of support for transition age youth.

Updated or New January 2024:

113. Can a youth who enrolls in Lifespan continue to receive Section 28, including school-based Section 28 services?

Section 28 provides Medicaid State Plan services. These must be used first to meet a Lifespan member's needs. If necessary, non-duplicative Lifespan services can wrap around Section 28 services.