Application for Section 1915(b) (4) Waiver
Fee-for-Service (FFS) Selective Contracting Program

Facesheet

The State of Maine requests a waiver under the authority of section 1915(b) of the Act. The designated Medicaid agency will directly operate the waiver.

*The **names of the waiver programs** are:* Home and Community-Based Services Across the Lifespan for Individuals with Intellectual Disabilities or Autism Spectrum Disorder

Type of request. *This is:*
[X] Initial request for new waiver. All sections are filled.
[ ] Request to amend an existing waiver (identify sections changed).
[ ] Renewal request.
Effective Dates: **This waiver is requested for a period of 3 years beginning 10/1/2026 and ending 9/30/2029**.
Medicaid agency contact: Thomas Leet, (207) 624-4068, thomas.leet@maine.gov
State operating agency contact: Derek Fales, (207) 287-6656, Derek.Fales@maine.gov

Section A – Waiver Program Description

Part I: Program Overview

Tribal Consultation

The State began Tribal consultation by giving notice on July 3, 2025, and again on February 6, 2026, during the State monthly conference call with the Tribes. The State sent follow-up letters on April 14, 2026. The Policy Director attends monthly Tribal meetings. Tribal representation participates on the MaineCare Advisory Committee (MAC).

Maine will comply with section 5006(e) of ARRA and will solicit Tribal advice on an ongoing basis and prior to any future SPA, waiver, or demonstration proposals that may directly affect Indians, Indian health programs, or Urban Indian Organizations.

Program Description

Maine currently operates two federal Home and Community-Based Services (HCBS) 1915(c) waivers (ME.0159 (Section 21) and ME.0467 (Section 29)) serving adults 18 years of age and older with Intellectual Disabilities (ID) and Autism Spectrum Disorders (ASD) who meet institutional level of care. The State proposes to add Home and Community-Based Services Across the Lifespan waiver (the Lifespan waiver - (INSERT WAIVER CALL #) also under 1915(c) authority. The Lifespan waiver is designed to serve applicants 14 years of age and older with ID and ASD using the same eligibility criteria as ME.0159 and MR.0467.

The State proposes this 1915(b)(4) waiver to operate concurrently with the proposed new 1915(c) Lifespan waiver to restrict the number of case management providers under the Lifespan waiver. In accordance with 42 CFR § 440.180, the State proposes to deliver Community Resource Coordination (CRC) (comprehensive case management) as a waiver service.

The State is requesting 1915(b)(4) authority to waive freedom of choice of providers solely for the CRC service. This will enable the state to selectively contract with qualified providers through a competitive request for proposal (RFP) process. By selectively contracting for case management services, the State proposes to improve and standardize service quality, ensure consistent statewide service delivery, and strengthen monitoring and oversight

through uniform contract expectations. This application does not establish a risk-based or comprehensive managed care model under 1915(a) or 1915(b)(1).

Under this approach, only contracted providers will be permitted to furnish CRC. The State will award contracts based on a provider's demonstrated capacity to meet state-defined requirements such as staffing and service capability, geographic coverage, quality standards, reporting, and compliance with state and federal regulations, including waiver requirements. Participants will select from among participating CRC providers to receive this service.

The State plans to implement this 1915(b)(4) authority and the Lifespan waiver following CMS approval. Implementation includes initiating the RFP process, awarding and executing provider contracts, ensuring systems readiness, notifying and educating participants about choice among contracted providers, and enrolling or transitioning participants onto the Lifespan waiver.

The Office of MaineCare Services (OMS) is the single state Medicaid agency authorized to administer Maine's 1915(c) Lifespan waiver and this 1915(b)(4) waiver. OMS delegates operating authority for both waivers to Maine's Department of Health of Human Services (DHHS), Office of Aging and Disability Services (OADS).
The State estimates enrolling 1,446 individuals in the 1915(c) Lifespan waiver by the end of WY3 and 2252 by the end of WY5.

Waiver Services:
Please list all existing State Plan services the State will provide through this selective contracting waiver.

The State will not offer any State Plan services through this selective contracting waiver. The selective contracting authority applies to CRC only.

A. Statutory Authority
1. Waiver Authority

The State seeks authority under:
[X] 1915(b)(4) – FFS Selective Contracting Program

Sections of §1902 waived:
[ ] 1902(a)(1) – Statewideness (check only if limiting to less than statewide)
[ ] 1902(a)(10)(B) – Comparability (use only if justified)
[X] 1902(a)(23) – Freedom of Choice
[ ] Other sections (specify): [ ]

B. Delivery Systems
1. Reimbursement
[ ] Same as State Plan
[X] Different than State Plan

The State currently reimburses State Plan Targeted Case Management (TCM) services for ME.0159 and ME.0467 waiver participants at a 15-minute unit rate. The State proposes to reimburse 1915(c) Lifespan CRC services at a monthly unit rate (Per Member Per Month (PMPM)). The State contracted Burns and Associates, a division of Health Management

Associates, to conduct a comprehensive rate study and develop a PMPM methodology for CRC services.

2. Procurement

[X] Competitive procurement
[ ] Open cooperative procurement
[ ] Sole source procurement
[] Other (describe):

C. Restriction of Freedom of Choice

1. Provider Limitations

[ ] Beneficiaries will be limited to a single provider in their service area.

[X] Beneficiaries will be given a choice of providers in their service area.

The State will implement the Lifespan waiver statewide across all sixteen (16) counties in the Maine. Under the 1915(b) authority, the State will award contracts to at least two (2) providers within a defined service area to furnish CRC services. All eligible participants will have equal access to services regardless of geographic location including Maine's four federally recognized Wabanaki tribes . The State assures that it will comply with 42 CFR §431.55(f).

2. State Standards

The State will hold CRC providers accountable to higher standards for reimbursement, quality, and utilization as compared to other State Plan programs in the following areas:

A. Reimbursement
1. The CRC service will be paid on a Per Member Per Month (PMPM) basis as described in B.1. above.

B. Caseload Size
1. CRC providers will be expected to provide services to no more than 27 participants at any time.

C. Training Requirements
1. Enhanced training on unique features of the Lifespan Waiver related to individual budget.

D. Monitoring Requirements
1. The CRC conducts at least one (1) meaningful contact (in person, by telephone, or by secure video) each month with the participant and documents the contact in OADS' data management system.
2. The CRC conducts an in-person visit at least once every quarter. At least two (2) of the required quarterly in-person visits must take place in the participant's place of residence. The quarterly in-person contacts must be documented in OADS' date management system.

E. Transportation
1. When necessary, CRCs will transport participants within the community.

D. Populations Affected by Waiver

Included Populations

[ ] Section 1931 Children and Related Populations
[ ] Section 1931 Adults and Related Populations

[X] Blind/Disabled Adults and Related Populations
[X] Blind/Disabled Children and Related Populations
[ ] Aged and Related Populations
[ ] Foster Care Children
[ ] Title XXI CHIP Children
[X] Other (specify):

Individuals with intellectual disability or autism who qualify for an Intermediate Care Facility for Individuals with Intellectual Disability or Related Conditions (ICF/IID or ICF/ID/RC) level of care, age 14 and older (no upper age limit).

Excluded Populations

[ ] Dual Eligibles
[ ] Poverty Level Pregnant Women
[ ] Individuals with other insurance
[X] Individuals residing in a nursing facility or ICF/IID
[ ] Individuals enrolled in a managed care program
[X] Individuals participating in another HCBS Waiver program
[ ] American Indians/Alaskan Natives
[ ] Special Needs Children (State-defined)
[ ] Individuals receiving retroactive eligibility
[] Other –

Part II: Access, Provider Capacity, and Utilization Standards

A. Timely Access Standards

1. The following timely access standards apply to the Lifespan waiver:
    a. Providers must accept referrals within 10 business days once the participant selects an agency and OADS has made the appropriate referral.
    b. OADS must assign a state-staff CRC within five (5) business days when a participant does not select or accept the available agency CRC provider.
    c. OADS assigns a state-staff CRC or refers the participant to another agency CRC when the participant loses their agency CRC for any reason (voluntary or involuntary).

Emergency and family planning services remain unrestricted.

OADS measures timely Medicaid beneficiary access to the contracted services through its data management system using date-stamped referral, acceptance, assignment, and replacement events; results are calculated quarterly by region and agency.

2. If any timely access standards fall below 90% for two consecutive quarters, OADS meets with the provider agency and issues a Plan of Corrective Action (POCA)to the CRC agency. The agency must implement the POCA and resolve deficiencies within two quarters (180 days).

    Additional remedies for access/capacity shortfalls include the following:
    a. Temporarily limit new assignments to under-performing CRC providers while the POCA is in effect.

b. Temporarily allow CRCs to exceed the average caseload limit to preserve access when needed.
c. OADS may temporarily assign State-staff CRCs to ensure continuity of service for participants.
d. Conduct an RFP to increase the number of contracted CRC providers if CRC providers' non-compliance persists beyond two quarters after a Plan of Corrective Action has been issued.

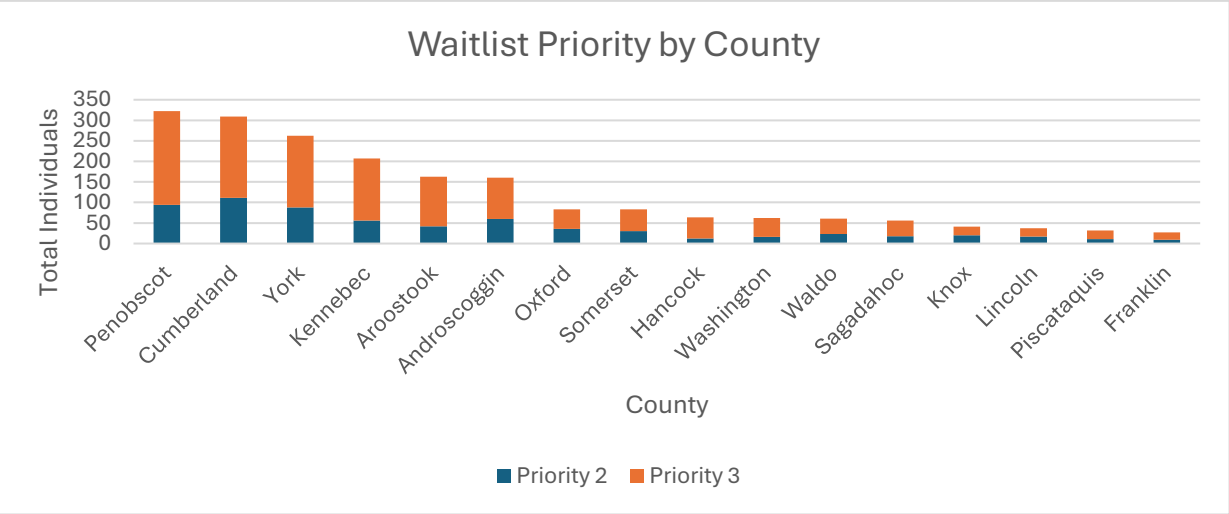
B. Provider Capacity Standards

1. *Provide a detailed capacity analysis of the number of providers (e.g., by type, or number of beds for facility-based programs), or vehicles (by type, per contractor for non-emergency transportation programs), needed per location or region to assure sufficient capacity under the selective contracting program.*

The State will ensure that its selective contracting program provides a sufficient supply of contracted providers to meet Medicaid beneficiaries' needs through its robust competitive RFP process in accordance with 5 M.R.S.A. §1825 A–E and 18-554 Ch. 110 & 120. The RFP process includes awarding at least two providers per service area. OADS monitors provider capacity through its case management data system.

In addition to this capacity analysis, the state will evaluate each respondent to the RFP on the description of their current capacity to provide CRC for Lifespan and their proposed plan for building CRC capacity within the designated time frame. Respondents will be asked to detail their catchment area for service delivery and their strategy for recruiting additional CRCs as enrollment increases. OADS will ensure statewide capacity by selecting one or more CRC providers to service statewide. Further, if any of Maine's four Wabanaki tribes express interest in becoming licensed and enrolling in MaineCare to deliver CRC services, OADS will support them through the RFP process.

Table #1: Regional dispersal of the target population, based on waiting list data analysis conducted in SFY22 illustrates that most people on the waiting list reside in Penobscot, York and Cumberland counties.



Note: Based on 1,972 individuals on the Section 21 waiting list in SFY22.

Table #2. Example of minimum capacity enrollment targets planned for the Lifespan waiver:
Year 1: total new enrollments 680 (≈56-57 per month); end-of-year total 680.
Year 2: new 393 (≈33/mo.); end-of-year 1073.
Year 3: new 331; end-of-year 1466.
Years 4–5 are included in the original planning table but the waiver period is 5 years.

	Year 1		Year 2		Year 3		Year 4		Year 5	
DHHS Enrollment Areas	**Waiver Enrollments**	**Annual total CRCs**	**New Waiver Enrol-lments**	**# of CRCs to be added**	**New Waiver Enrol-lments**	**# of CRCs to be added**	**New Waiver Enrol-lments**	**# of CRCs to be added**	**New Waiver Enrol-lments**	**# of CRCs to be added**
Enrollment Area 1: York	**93**	**3**	**54**	**3**	**54**	**3**	**54**	**3**	**54**	**3**
Enrollment Area 2: Cumberland	**103**	**4**	**59**	**2**	**59**	**2**	**59**	**2**	**59**	**2**
Enrollment Area 3:										
Androscoggin	60	2	35	1	35	1	35	1	35	1
Franklin	12	1	7	0	7	0	7	1	7	1
Oxford	24	1	14	1	14	1	14	1	14	1
Total	**96**	**4**	**56**	**2**	**56**	**2**	**56**	**3**	**56**	**3**
Enrollment Area 4:										
Knox	12	1	7	0	7	1	7	1	7	0

	Year 1		Year 2		Year 3		Year 4		Year 5	
DHHS Enrollment Areas	**Waiver Enrollments**	**Annual total CRCs**	**New Waiver Enrol-lments**	**# of CRCs to be added**	**New Waiver Enrol-lments**	**# of CRCs to be added**	**New Waiver Enrol-lments**	**# of CRCs to be added**	**New Waiver Enrol-lments**	**# of CRCs to be added**
Lincoln	12	1	7	0	7	1	7	1	7	0
Sagadahoc	12	1	6	0	6	1	6	1	6	0
Waldo	24	1	13	1	13	0	13	1	13	0
Total	**60**	**4**	**33**	**1**	**33**	**3**	**33**	**4**	**33**	**0**
Enrollment Area 5:										
Kennebec	72	3	39	1	39	1	39	1	39	1
Somerset	24	1	13	0	13	1	13	0	13	1
Total	**99**	**4**	**52**	**1**	**52**	**2**	**52**	**1**	**52**	**2**
Enrollment Area 6										
Penobscot	113	4	58	2	58	2	58	2	58	2
Piscataquis	12	1	6	0	6	1	6	0	6	1
Total	**125**	**5**	**64**	**2**	**64**	**3**	**64**	**2**	**64**	**3**

	Year 1		Year 2		Year 3		Year 4		Year 5	
DHHS Enrollment Areas	**Waiver Enrollments**	**Annual total CRCs**	**New Waiver Enrol-lments**	**# of CRCs to be added**	**New Waiver Enrol-lments**	**# of CRCs to be added**	**New Waiver Enrol-lments**	**# of CRCs to be added**	**New Waiver Enrol-lments**	**# of CRCs to be added**
Enrollment Area 7										
Hancock	24	1	12	0	12	1	12	0	12	1
Washington	24	1	12	0	12	1	12	0	12	1
Total	**58**	**2**	**24**	**0**	**24**	**2**	**24**	**0**	**24**	**2**
Enrollment Area 8: Aroostook	**59**	**3**	**28**	**1**	**28**	**3**	**28**	**1**	**28**	**3**
New Enrollment Growth	N/A		393		393		393		393	
Totals of Waiver Participants	680		1073		1466		1859		2252	
Total estimated new CRCs required		27		12		18		16		16

2. *Describe how the State will evaluate and ensure on an ongoing basis that providers are appropriately distributed throughout the geographic regions covered by the selective contracting program so that Medicaid beneficiaries have sufficient and timely access throughout the regions affected by the program.*

OADS will monitor the data points listed below to ensure sufficient and timely access standards are met.

1. Date an applicant is determined eligible for the Lifespan Waiver. OADS confirms a minimum of two (2) CRC providers available in the applicant's region/county as of the applicant's date of eligibility determination.
2. Date the applicant chose an available CRC provider or chose to rely on OADS for Community Resource Coordination
3. Choice made by applicant: CRC provider name or OADS
4. Date CRC provider accepted referral of applicant for Community Resource Coordination services
5. Date OADS assigned a CRC

6. Name of current CRC and effective date of assignment
7. Name of former CRC
8. Length of time between termination of former CRC and assignment to new CRC

Data points 1, 2, 3, 4, 5 and 6 will be entered by OADS personnel. Data points 7, 8, and 9 will be entered and kept up to date by the CME (or OADS as applicable).

C. Utilization Standards

1. *How will the State regularly monitor(s) the selective contracting program to determine appropriate Medicaid beneficiary utilization, as defined by the utilization standard described above?*

The State will measure CRC agency utilization against contract standards using defined data elements from the client management database and adjudicated claims. Utilization will be calculated monthly as the proportion of eligible members who receive required CRC services within contract-defined timeframes and service parameters. CRC agencies must meet the utilization standard in at least 90% of measurement periods (e.g., months/quarters) or as otherwise specified in the contract.

Consistency with access, quality, efficiency, and economy: These standards support access by ensuring members receive timely CRC services, support quality by promoting appropriate service delivery aligned with member needs and contract requirements and support efficient and economic provision by monitoring service patterns to identify underutilization (access gaps) and overutilization (potential waste) and enabling targeted improvement actions.

2. *Describe the remedies the State has or will put in place in the event that Medicaid beneficiary utilization falls below the utilization standards described above.*

OADS reviews quarterly post-payment claims to ensure uninterrupted CRC. If >10% of an Agency's participants have a claims gap in a quarter (≥1 month without a paid claim), OADS triggers an inquiry leading to a POCA with monitoring for compliance.

Part III: Quality

A. Quality Standards and Contract Monitoring

1. *Describe the State's quality measurement standards specific to the selective contracting program.*
   a. Describe how the State will:
      i. Regularly monitor(s) the contracted providers to determine compliance with the State's quality standards for the selective contracting program.
      ii. Take(s) corrective action if there is a failure to comply.

Quality measurement focuses on PCSP timeliness, annual budget, continued eligibility determinations, IST convening at least annually, at least meaningful monthly contact (more often as requested), PCSP updates at least annually or as circumstances change, and satisfaction (e.g., CAHPS).

2. *Describe the State's contract monitoring process specific to the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).*
   a. *Describe how the State will:*
      i. Regularly monitor(s) the contracted providers to determine compliance with the contractual requirements of the selective contracting program.
      ii. Take(s) corrective action if there is a failure to comply.

Monitoring activities include case record reviews, post-payment audits and reviews, quarterly performance reports, quality improvement and remediation plans, quality meeting with contracted providers, licensing and certification requirements. Corrective action focuses on successful remediation and prevention.

a. i. The OADS Contract Administrator and the OADS Program Manager oversee all contracts and conduct monthly oversight activities to ensure the CRCs meet performance expectations as defined in their contract.

a. ii. The state may issue sanctions for failure to comply with contract standards through a defined corrective action process. Failure to remediate successfully may result in contract termination and the state initiating an RFP for the affected service area.

B. Coordination and *Continuity of Care Standards*

Describe how the State assures that coordination and continuity of care is not negatively impacted by the selective contracting program.

The state's proposed selective process includes ensuring choice of at least two CRC service agencies per service area and at least one CRC providing statewide coverage.

Part IV: Program Operations

A. Beneficiary Information

Describe how beneficiaries will get information about the selective contracting program.

The State posts information publicly on the OADS website including a provider directory linking to provider sites. During eligibility determination, OADS provides information on contracted CRC providers. CRC providers furnish public-facing materials for participants annually.

B. Individuals with Special Needs

The State has special processes in place for persons with special needs (Please provide detail).

All participants in the Lifespan 1915(c) waiver meet the designation of having special needs based on disability; protections are embedded within the PCSP and access standards.

Section B – Waiver Cost-Effectiveness & Efficiency

Efficient and economic provision of covered care and services:

1. Provide a description of the State's efficient and economic provision of covered care and services (if additional space is needed, please supplement your answer with a Word attachment).

The 1915(b)(4) program maintains FFS payment while improving network management and oversight. Trend assumptions reflect historical/projected experience. See the approved methodology/attachment.

2. Project the waiver expenditures for the upcoming waiver period.

Year 1: 10/1/2026 to 9/30/2027
Trend rate from current expenditures (or historical): N/A This is a new waiver with rates based on new rate study and utilization based on requirements that differ from historical requirements.
Projected pre-waiver cost: $1,797,525.60
Projected waiver cost: $1,797,525.60
Difference: $0

Year 2: 10/1/2027 to 9/30/2028
Trend rate from current expenditures (or historical): N/A This is a new waiver with rates based on new rate study and utilization based on requirements that differ from historical requirements.
Projected pre-waiver cost: $4,357,379.25
Projected waiver cost: $4,357,379.25
Difference: $0

Year 3: 10/1/2028 to 9/30/2029
Trend rate from current expenditures (or historical): N/A This is a new waiver with rates based on new rate study and utilization based on requirements that differ from historical requirements.
Projected pre-waiver cost: $6,275,282.13
Projected waiver cost: $6,275,282.13
Difference: $0

Table #3: Projected Lifespan waiver enrollments for WY1-WY5

Region	County	Year 1	Year 2	Year 3	Year 4	Year 5
1	York	93	54	54	54	54
2	Cumberland	103	59	59	59	59
3	Androscoggin	60	35	35	35	35
3	Franklin	12	7	7	7	7
3	Oxford	24	14	14	14	14
4	Knox	12	7	7	7	7
4	Lincoln	12	7	7	7	7
4	Sagadahoc	12	6	6	6	6
4	Waldo	24	13	13	13	13
5	Kennebec	72	39	39	39	39
5	Somerset	24	13	13	13	13
6	Penobscot	113	58	58	58	58
6	Piscataquis	12	6	6	6	6
7	Hancock	24	12	12	12	12
7	Washington	24	12	12	12	12
8	Aroostook	59	28	28	28	28
Total		680	1073	1466	1859	2252