Program	Limits	Income/ Assets	Assessing Agency	Functional Eligibility Criteria	Services	Care Coordination, Authorization & Monitoring
MaineCare State Plan Services- Requires MaineCare (Medicaid) Financial Eligibility				**Regulations are located at http://www.maine.gov/sos/cec/rules/10/ch101.htm**		
Day Health Services (Section 26)	Level I: 16 hours per week Level II: 24 hours per week Level III: 40 hours per week	100% FPL, Assets: 2,000/1, 3,000/2 *$8,000/1 $12,000/2 Allowed savings exclusions > than asset limit above*	Assessing Services Agency*	**Level I:** Cueing for Eating, Toilet Use, Bathing and Dressing 7 days per week *or* limited assist & 1-person physical support with 2 ADLs **Level II:** Extensive assistance and 1-person physical support in 2 of 5 late loss ADLs *or* meets 2 out of 3 following criteria: cognition threshold, behavior threshold and limited assistance and 1-person physical assistance with 1 of 5 late loss ADLs **Level III:** Meets medical eligibility requirements for nursing facility services (Section 67.02)	Monitoring of health care, Supervision, Assistance with activities of daily living, Nursing, Rehabilitation, Health promotion activities, Exercise groups, Counseling Noon meals and snacks are provided as a part of day health services.	Provider develops/reviews plan of care every six months Assessment and Prior authorization required

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*Assessing Services Agency: 1.833.525.5784

Program	Limits	Income/ Assets	Assessing Agency	Functional Eligibility Criteria	Services	Care Coordination, Authorization & Monitoring
Private Duty Nursing/ Personal Care Services (Section 96)	Level I $1,929.00/month Level II $2,350.00/month Level III $3,974.00/month Level IV (under 21 years of age, only) $5,181.00/month Level V $33,749.00/month Level VIII $1077.00/month Level IX $3,463.00/month *Caps effective 1/1/2024*	100% FPL, Assets: 2,000/1, 3,000/2 *$8,000/1 $12,000/2 Allowed savings exclusions > than asset limit above*	Assessing Services Agency*	**Level I:** limited assistance and 1-person physical support in 2 of 7ADLs or cueing in 4 ADLs or limited assist & 1person physical support in 1ADL & physical assistance w/ 2 IADLS or a nursing need once a month **Level II:** Monthly nursing need + limited assistance and 1-person physical support in 2 ADLs or cueing in 4 ADLs **Level III:** Monthly nursing need and limited assistance and 1-person physical support in two of the following: bed mobility, transfer, locomotion, eating, toileting **Level IV**: age 18-21 and NF eligibility must be met (67.02-3)MCBM **Level V:** ventilator dependent or 24-hour care in 3 areas of skilled nursing **Level VIII:** Nursing services only for ID, ASD, Assisted Living & Adult Family Care Homes	Personal Care, Nursing Care Coordination Services. Participant Direct Option (PDO) includes Supports Brokerage, Financial Management Services (FMS) and skills training. RN, LPN, HHA, CNA, PSS Level VIII: RN only	Alpha One 1.800.640-7200 CareLync Maine 1.833.333.5962 SeniorsPlus 1.800.427.1241
Consumer Directed PA (Section 12)	Level I 12 hours/week Level II 18 hours/week Level III 28 hours/week	100% FPL, Assets: 2,000/1, 3,000/2 *$8,000/1 $12,000/2 Allowed savings exclusions > than asset limit above*	Assessing Services Agency*	**Level I**-Limited assistance and 1-person physical support in 2 ADLs and cognitively capable to self direct **Level II**- Limited assistance and 1-person physical support in 3 of 5 late loss ADLs & cognitively capable to self direct **Level III**-Extensive assistance & one-person physical assist in 2 of 5 late loss ADLs & limited assist in 2 of 7ADLs & cognitively capable to self direct	Care Coordination, Personal Attendant Supports Brokerage, FMS and Skills Training	Alpha One 1.800.640-7200 CareLync Maine 1.833.333.5962
MaineCare Waiver Services- Requires Long Term Care MaineCare (Medicaid) Financial Eligibility				**Regulations are located at http://www.maine.gov/sos/cec/rules/10/ch101.htm**		

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Program	Limits	Income/ Assets	Assessing Agency	Functional Eligibility Criteria	Services	Care Coordination, Authorization & Monitoring
Home and Community Benefits for the Elderly and Adults with Disabilities (Section 19)	$9,900 monthly program cap $4,500 Environmental Modification Cap per member per annual plan. $1,500 Asstive technology Cap per member per annual plan. $7,791.30 Annual Respite limit is value of 30 days in a NF at the Ch. III per deim rate of $259.71 *(as of 1/1/2024)*	200% FPL Assets $2,000 /1 $3,000 /2 $8,000 / 1 $12,000 / 2 *Allowed savings exclusions > than asset limit above*	Assessing Services Agency*	Daily Skilled nursing need or extensive assistance & physical support in three of the following ADLs: bed mobility, transfer, locomotion, eating and toileting **OR** A combination of three needs from: skilled nursing, cognition, behavior, and at least limited assist in1 ADL from the following ADLs: bed mobility, transfer, locomotion, eating and toileting *(MBM CH II Section 67.02)*	Assistive Technology Personal Care, Nursing, Respite, Emergency Response Systems (ERS), Environmental Mods, Non-emergency transport /escort, Care Coordination PDO includes Supports Brokerage, FMS and Skills Training, MOW, Living Well, Mater of Balance	Alpha One 1.800.640-7200 CareLync Maine 1.833.333.5962 SeniorsPlus 1.800.427.1241

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Program	Limits	Income/ Assets	Assessing Agency	Functional Eligibility Criteria	Services	Care Coordination, Authorization & Monitoring
Home and Community-Based Services for Adults with Brain Injury (Section18)	Equal to or less than 100% of a blended rate: 20% of ICFs/IID costs *and* 80% Nursing Facility Brain Injury units' costs	200% FPL	Assessing Services Agency*	A. Is age eighteen (18) or older; and B. Has a diagnosis of acquired brain injury which means an insult to the brain resulting directly or indirectly from trauma, anoxia, or vascular lesions, or infection, which is not of a degenerative or congenital nature, can produce a diminished or altered state of consciousness resulting in impairment of cognitive abilities and/or physical functioning, can result in the disturbance of behavioral or emotional functioning, can be either temporary or permanent, and can cause partial or total functional disability or psychosocial maladjustment. (Title 22 §3086); and C. The individual has received an assessment by a qualified neuropsychologist (as defined in the MaineCare Benefits Manual, Rehabilitative Services, Section 102.08-5 B) and/or a licensed physician who is Board certified or Board eligible in Physical Medicine and Rehabilitation, which: positively indicates the individual: is not in a persistent vegetative state; is able to demonstrate potential for physical and/or behavioral and/or cognitive rehabilitation; shows evidence of moderate to severe behavioral and/or cognitive and/or functional disabilities; and results in specific rehabilitation goals, based upon the findings of the assessment, describing types and frequencies of therapies and expected outcomes and timeframes; and D. Has a completed Department-approved Health and Safety Assessment administered by the Department with an overall score of 0.1 or higher. The Department approved Health and Safety Assessment evaluates cognitive, physical, and behavioral needs related to a person's brain injury. It assesses whether a person needs support for the three areas. Additionally, it assesses if the person needs cueing, direct support, or a behavioral support. Scores range from 0-1. The Department will only accept assessments conducted no more than three months prior to application; and E. Has completed Mayo-Portland Adaptability Inventory – 4 (or current Department approved version of the MPAI) with an item score of 3 or higher for two of the following items: a. Novel Problem Solving b. Impaired Self-Awareness c. Irritability, Anger, Aggression d. Inappropriate Social Interaction e. Fund of Information or Attention/Concentration or Memory	Assistive Technology, Home Supports, Employment Services, Work Supports, self-care/home management reintegration, Community/Work Reintegration, Care Coordination, Work Ordered Day Club House, Career Planning	Care Coordination provided by Enrolled Section 18 Care Coordination Providers. This service is a prior authorized service by OADS Care Monitors.

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Program	Limits	Income/ Assets	Assessing Agency	Functional Eligibility Criteria	Services	Care Coordination, Authorization & Monitoring
Home and Community-Based Services for Adults with Other Related Conditions (Section 20)	100% average cost of care for an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)	200% FPL	Assessing Services Agency*	A. Is age twenty-one (21) or older; and B. Has a Related Condition within the meaning of 42 C.F. R. §435.1010. A "Related Condition" must meet all of the following conditions: 1. It is attributable to; a. Cerebral Palsy or Epilepsy; or b. Any other condition, other than mental illness, found to be closely related to Intellectual Disabilities because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with Intellectual Disabilities and requires treatment or services similar to these required for these persons. These conditions include but are not limited to Neurofibromatosis, Other Choreas, Anoxic Brain Damage, Cerebral Laceration and Contusion, Subarachnoid- Subdural and Extradural Hemorrhage following injury, Other and Unspecified Intracranial Hemorrhage following injury or Intracranial injury and unspecified nature. Any other conditions will be reviewed for eligibility by the Office of MaineCare Services Medical Director. 2. It is manifested before the person reaches age twenty-two (22). 3. It is likely to continue indefinitely. 4. It results in substantial functional limitation in three (3) or more of the following areas of major life activity: Self-care, understanding and use of language, learning, mobility, self-direction, and/or capacity for independent living; and meets the medical eligibility criteria for admission to an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) as set forth under the MaineCare Benefits Manual, Chapter II, Section 50	Care coordination, community support, home support, personal care, work support, employment specialist services, assistive technology, communication aids, consultation services (speech, occupational therapy, physical therapy, psychological, behavioral), Home accessibility adaptations, specialized medical equipment, maintenance therapy (occupation, speech, physical), non-traditional communication services	Care Coordination provided by Enrolled Section 20 Care Coordination Providers. This service is a prior authorized service by OADS Care Monitors.

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Program	Limits	Income/ Assets	Assessing Agency	Functional Eligibility Criteria	Services	Care Coordination, Authorization & Monitoring
Home and Community Benefits for Members with Intellectual Disabilities (ID) or Autism Spectrum Disorder (ASD) (Section 21) Comprehensive Waiver	State/Federal	200% FPL	Members must be approved for DS services through the Intake Process before an application can be submitted OADS Assessment (BMS-99) is used for medical eligibility DHHS will maintain a waiting list of eligible MaineCare members who cannot access Home and Community Benefits because a funded opening is not available. Members who are on the waiting list for the benefit services shall be served in accordance with the priority level. At the time a member is offered a funded opening the member will be removed from the waiting list.	A. Is age eighteen (18) or older (members who were younger than age 18 and were already receiving services under this Section as of December 30, 2007 may continue to receive benefits under this Section); and B. Has an Intellectual Disability as defined in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association) (DSM) or Autism Spectrum Disorder as defined in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders*, (American Psychiatric Association) or Rett Syndrome as defined by the DSM; and C. Meets the medical eligibility criteria for admission to an ICF/IID as set forth under the *MaineCare Benefits Manual*, Chapter II, Section 50; and D. Does not receive services under any other federally approved MaineCare home and community-based waiver program; and E. Meets all MaineCare eligibility requirements as set forth in the *MaineCare Eligibility Manual*; and F. The estimated annual cost of the member's services under the waiver is equal to or less than two hundred percent (200%) of the state-wide average annual cost of care for an individual in an ICF/IID, as determined by the DHHS. In order to determine medical eligibility, the member and Case Manager must provide to DHHS the following: A. A completed copy of the assessment form (BMS 99) or current functional assessment approved by the DHHS; and B. A copy of the member's Personal Plan developed, approved and signed by the member, guardian and the Case Manager within the preceding six months of the effective plan date and any other relevant material indicating the member's service needs. Based on review of the Assessment Form and the member's Personal Plan, a QIDP designated by DHHS will determine the member's medical eligibility for services under this Section.	Assistive Technology, Career Planning, Communication Aids, Community Support, Counseling, Consultation Services (OT, PT, SLP, Behavioral, Psychological), Crisis Assessment, Crisis Intervention Services, Employment Specialist , Home Accessibility Adaptations, Home Support-Agency Per Diem, Home Support-Family-Centered Support, Home Support-Quarter Hour, Home Support-Remote Support, Non-Medical Transportation, Non-Traditional Communication Assessments, Non-Traditional Communication Consultation, Occupational Therapy (Maintenance), Physical Therapy (Maintenance), Shared Living, Specialized Medical Equipment and Supplies, Speech Therapy (Maintenance), Work Support-Group, Work Support-Individual	Sec 13 TCM – Adult, Children's (age 18-21), or Mental Health Case Management; or State ISC if no MaineCare or cannot access TCM Prior authorization required for all waiver services. For most services, CM submits request packet to their Resource Coordinator (OADS staff). Some services require Clinical Review Team approval. Agency Group Home Prior Authorizations are entered by KEPRO.

Support Services for Adults with Intellectual Disabilities (ID) or Autism Spectrum Disorder (ASD) (Section29) Support Waiver	State/Federal	200% FPL	Members must be approved for DS services through the Intake Process before an application can be submitted OADS Assessment (BMS-99) is used for medical eligibility DHHS will maintain a waiting list of eligible MaineCare members who cannot get access to Section 29 Services because a funded opening is not available. Members who are on the waiting list for the benefit services shall be served chronologically based on the date the Designated Representative determines eligibility for the waiver. At the time when a member is offered a funded opening, the member will be removed from the waiting list.	A. Is age eighteen (18) or older (members who were younger than age 18 and were already receiving services under this Section as of December 30, 2007 may continue to receive benefits under this Section); and B. Has an Intellectual Disability as defined in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association) (DSM) or Autism Spectrum Disorder as defined in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders*, (American Psychiatric Association) or Rett Syndrome as defined by the DSM; and C. Meets the medical eligibility criteria for admission to an ICF/IID as set forth under the *MaineCare Benefits Manual*, Chapter II, Section 50; and D. Does not receive services under any other federally approved MaineCare home and community-based waiver program; and E. Meets all MaineCare eligibility requirements as set forth in the *MaineCare Eligibility Manual*; and F. The estimated annual cost of the member's services under the waiver is equal to or less than two hundred percent (200%) of the state-wide average annual cost of care for an individual in an ICF/IID, as determined by the DHHS. In order to determine medical eligibility, the member and Case Manager must provide to DHHS the following: A. A completed copy of the assessment form (BMS 99) or current functional assessment approved by the DHHS; and B. A copy of the member's Personal Plan developed, approved and signed by the member, guardian and the Case Manager within the preceding six months of the effective plan date and any other relevant material indicating the member's service needs. Based on review of the Assessment Form and the member's Personal Plan, a QIDP designated by DHHS will determine the member's medical eligibility for services under this Section.	Assistive Technology, Career Planning, Community Support, Employment Specialist, Home Accessibility Adaptations, Home Support-Quarter Hour, Home Support-Remote Support, Non-Medical Transportation, Shared Living, Work Support-Group, Work Support-Individual	Sec 13 TCM – Adult, Children's (age 18-21), or Mental Health Case Management; or State ISC if no MaineCare or cannot access TCM Prior authorization required for all waiver services. CM submits request packet to their CM submits request packet to their Resource Coordinator (OADS staff). Some services require Clinical Review Team approval. Agency Group Home Prior Authorizations are entered by KEPRO.

State Funded Long Term Care				Regulations are located at http://www.maine.gov/sos/cec/rules/10/chaps10.htm		
Program	**Limits**	**Income/ Assets**	**Assessing Agency**	**Functional Eligibility Criteria**	**Services**	**Care Coordination, Authorization & Monitoring**
Adult Day Services (Section 61)	Maximum 30 hours per week.	Assets less <$50,000 for 1 <$75,000 for 2	Adult Day Provider	Limited assistance and 1-person physical support in 1 ADL or cueing 7 days/wk for eating, toilet use, bathing, and dressing.	ADL assistance, Provision of snacks, meals, activities, socialization and stimulation. Transportation necessary to perform activities and socialization described in plan of care.	Adult Day Provider
Home Based Services and Supports (Section 63)	Level I $2,152 Level II $2,702 Level III $4,346 Level IV $7,655 Level V 14hours/week ***Caps as of 1/1/2023*** $3,799 Annual Respite limit is value of 15 days in a NF at the per deim rate of $253.28 in Section 19	Assets less <$50,000 for 1, <$75,000 for 2	Assessing Services Agency*	Minimum threshold: Total of 3 - w/min of 1 ADL (ADL, IADLs, nursing service) **or** cueing in 4 ADLs	Personal Care, Nursing, Respite, ERS, Environment Mods, Non-emergency transport / escort, Adult Day, Care Coordination Consumer Directed personal care includes Supports Brokerage, FMS and Skills Training	Alpha One 1.800.640-7200 SeniorsPlus 1.800.427.1241

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Independent Support Services (A.K.A. Homemaker Services) (Section 69)	8 hours monthly (10 on months with 5 weeks)	Assets less <$50,000 for 1, <$75,000 for 2	ISS Provider	Needs assistance, done with help in 3 IADLs: main meal prep, routine cleaning, grocery shopping or laundry or limited assistance and one-person physical support in 1 ADL & 1 IADL from above	Service Coordination, Homemaking, chore, grocery shopping, laundry, incidental personal care, transportation	Catholic Charities Maine 1.888.477.2263

Program	Limits	Income/ Assets	Assessing Agency	Functional Eligibility Criteria	Services	Care Coordination, Authorization & Monitoring
Independent Housing with Services (IHSP) Section 62	Limited to services in authorized plan of care developed by Provider.	Assets less <$50,000 for 1, <$75,000 for 2	Provider Agency	Requires assistance/done with help plus physical assistance with at least three (3) IADL from the following: main meal preparation, routine housework, grocery shopping, and laundry; or Requires limited assistance plus a one-person physical assist with at least one (1) ADL from the following: bed mobility, transfer, locomotion, eating, toilet use, dressing, and bathing and assistance/done with help plus physical assistance with at least two (2) IADL from the following: main meal preparation, routine housework, grocery shopping, and laundry: or Requires limited assistance plus a one-person physical assist with at least two (2) ADLs from the following: bed mobility, transfer, locomotion, eating, toilet use, dressing, and bathing;	Service Coordination, Homemaking Services, Meals, Personal Care Assistance, Personal Emergency Response System, Transportation	OADS, Provider Agency

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Affordable Assisting Living Program	For MaineCare Members receiving in home services under PDN Level IX: Maximum $2,149 per member per month. For Non-MaineCare Members receiving in home services under HBC Level V, services are limited to a maximum of: - 3 med passes per day - 14 hours PSS per week	PDN IX- 100% FPL, Assets: 2,000/1, 3,000/2 *$8,000/1 $12,000/2 Allowed savings exclusions > than asset limit above* Section 63 Level V - Assets less <$50,000 for 1, <$75,000 for 2	Assessing Services Agency*	PDN IX - Requires daily assistance with medication administration for routine prescription medications delivered by a CRMA and physical assistance with at least 2 IADLs and resides in one of the 7 ALFs or Requires daily assistance with medication administration for routine prescription medications delivered by a CRMA and physical assistance with at least 1 ADL and resides in one of the 7 ALFs Sec 63 Level V - Requires daily assistance with medication administration for routine prescription medications delivered by a CRMA and physical assistance with at least 2 IADLs and resides in one of the 7 ALFs or Requires daily assistance with medication administration for routine prescription medications delivered by a CRMA and physical assistance with at least 1 ADL and resides in one of the 7 ALFs or The individual meets eligibility for Level I, II or III under this Section and resides and in one of the 7 ALFs.	Personal Care Services for Members with Daily Medication Needs, CRMA	OADS, Provider Agency

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