**Section 21 Annual Waiting List Notification**

MaineCare rules for Section 21 require the Member and/or Guardian to confirm their interest in the Member remaining on the Waiting List on an annual basis. (MaineCare Benefits Manual, 21.03-D) The notification form is Section I of the [Section 21 Waiver Information Form](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/documents/Section-21-Waiver-Information-Form%202.12.docx).

* Letters and the notification form will be mailed out by the Department to the Member and/or Guardian in the month the member was found Medically Eligible for Section 21.
* The Department will send an email and attach the form to the Member’s Case Manager, if known.
* The Member has **6 months** to Confirm Interest in Remaining on the Section 21 Waiting List; the Member and/or Guardian or the Case Manager can complete the form and send it to the Waiver Specialist. Case Managers are encouraged to complete the form electronically and attach the form to an email.
* If the form is not received, the Department will send out a **2nd Notice** to the Member and/or Guardian and their Case Manager 45 days after the Initial Notice to Remind the Member to **Confirm Interest**.
* If the Department has not received a response within **6 months** the Member will be **removed** from the **Waiting List** and a Letter documenting the removal will be mailed to the Member and/or Guardian.
* The Member can re-apply for Section 21 at any time.

**The Case Manager Must:**

1. Convene a Meeting (phone or in-person) Include the Member, Guardian and/or other individuals the Member Designates to Discuss the Member’s Needs (if Necessary);
2. Discuss whether Section 21 Funding is still required to meet the Member’s Needs; and
3. Assist the Guardian/and or Member fill out the Waiver Information Form or send the form to HCBS.Waiver@maine.gov.

The Waiver Specialist will confirm receipt of the form within 2 business days of receiving the form. If you do not receive an email from one of the Waiver Specialists confirming receipt of the form, please contact the Waiver Specialist at HCBS.Waiver@maine.gov.

**Please complete Section I only of the** [**Section 21 Waiver Information Form**](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/documents/Section-21-Waiver-Information-Form%202.12.docx)**.**

**No additional documentation and/or assessments needed.**

**The form must be emailed to the** **Developmental Services Waiver Assistant**