**Applications for Section 21 and Section 29 Waiver Services**

* The Team meets in person or by telephone to discuss the Member’s health, safety, and functional needs and to recommend specific services to meet those needs. Team also discusses levels of care needed for each service (for example, home support: agency per diem, shared living, quarter hour).
* The Case Manager updates the Personal Plan Narrative and the Case Management Service Description Form and CM “Service Planning Narrative” to document the Member’s needs, services, and levels of care as discussed in above bullet.
* The Member/Guardian reviews the Person-Centered Plan and signs the **PCP Face Sheet** approving the service descriptions and goals entered into the plan.
  + The Case Manager creates the DS\_HCB Waiver assessment for the specific Waivers(s) for which the Member is applying. All dropdowns must have a level of support identified; if a member has not experienced one of the subdomains, the CM determines the level of support based on the PCP discussion that would be needed (for example: coworkers – what level of support will be needed when the member has a job?).
    - DS Comprehensive HCB Assessment (**Section 21**)
    - DS Support HCB Assessment (**Section 29**)

**Do not Lock or End-Date the Assessment**

The Case Manager submits:

**Section 21:**

1. [Section 21 Waiver Information Form (Word)](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Section-21-Waiver-Information-Form%201.28.19.docx)
2. A copy of the OADS Personal Plan **Face Sheet** signed by Member/Guardian and Case Manager

1. [Yearly Cost Estimate for Services (Excel)](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Updated-Cost-Estimate.xlsx)
2. The DS\_HCB Comprehensive Waiver Assessment in EIS (NOT locked, NOT end-dated)
3. Any relevant documents that would assist in determining eligibility and/or priority level

**Section 29:**

1. [Section 29 Cover Sheet (Word)](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Section-29-Cover-Sheet%208.4.20.docx)
2. OADS Personal Plan **Face Sheet** signed by Member/Guardian and Case Manager
3. The DS \_ HCB Support Waiver Assessment in EIS (NOT locked, NOT end-dated)
4. [Yearly Cost Estimate for Services (Excel)](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Updated-Cost-Estimate.xlsx)

**Complete Application Packets must be sent by email to** [**HCBS.Waiver@maine.gov**](mailto:HCBS.Waiver@maine.gov)**.**

**The Waiver Specialist will confirm receipt of the email within 2 business days. If you do not receive an email confirmation, please send an unencrypted email without any client information to** [**HCBS.Waiver@maine.gov**](mailto:HCBS.Waiver@maine.gov) **and ask if the application you submitted (include the date you sent it) was received.**