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State of Maine  
 ONE HUNDRED AND TWENTY-FIFTH LEGISLATURE  
 COMMITTEE ON HEALTH AND HUMAN SERVICES

MEMORANDUM

To: Sen. Richard W. Rosen, Senate Chair  
 Rep. Patrick S. A. Flood, House Chair  
 Joint Standing Committee on Appropriations and Financial Affairs

From: Sen. Earle L. McCormick, Senate Chair  
 Rep. Meredith N. Strang Burgess, House Chair  
 Joint Standing Committee on Health and Human Services *jo*

Date: February 1, 2011

Re: Recommendations on LD 100, An Act To Make Supplemental Appropriations and Allocations for the Expenditures of State Government, and To Change Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Year Ending June 30, 2011

The Health and Human Services Committee is pleased to provide their report on LD 100, the supplemental budget for FY11. As Chairs of the committee we are pleased to report the unanimous agreement of committee members on 113 of the 117 items in the budget and majority support for the remaining 4 items.

We are pleased to provide the attached HHS Committee Program spreadsheet, which is attached as Attachment A. We will comment briefly on the items for which the committee vote was divided.

**Item 101, deappropriation of \$60,000 from the Breast and Cervical Health Program**, in the Maternal and Child Health Block Grant match account. Committee members voted 7-6 in favor of this initiative.

**Item 110, deappropriation of \$358,865 from transportation services**, in the Purchased Social Services account. Committee members voted 8-5 in favor of this initiative.

**Item 112, Language Part G**, establishing for FY11 only a new mechanism for the State Budget Officer to use to adjust the funding among programs funded by the Fund for a Healthy Maine. Committee members voted 7-6 in favor of this initiative as amended. The amendment clarifies that calculation on the basis of "allocation balances" means calculation on the basis of "unexpended balances," as provided in Attachment B.

**Item 115, Language Part T**, extending to 90 days the time period for the Department of Health and Human Services to make eligibility determinations on applications for MaineCare coverage based on

disability upon amendment of the *Polk v. Longley* consent decree but beginning no earlier than July 1, 2011, and directing the department to pursue legal action necessary for implementation. Committee members voted 8-5 in favor of this initiative as amended. The amendment corrects a drafting error in the statutory language, adds reference to the amendment of the consent decree and clarifies the expiration date of temporary coverage, as provided in Attachment C. The majority notes their support in FY12 and 13 for providing additional staff statewide to the Office of Integrated Access and Support, as was done in FY11 in 2 pilot offices, so that OIAS can achieve compliance with the statutory time period as successfully as has been done in the pilot offices.

The committee held 2 work sessions on LD 100 and thanks the Department of Health and Human Services for the packets of information dated January 26 and 27 which they provided to our committee and to the Appropriations Committee.

Minority members of the committee wish to bring to the attention of the Appropriations Committee the basis of their objections on Part G and Part T.

- With regard to Part G, minority members feel strongly that the services that are funded through the Fund for a Healthy Maine are critical supports of the social services network and of the safety net for basic needs. At a time when basic needs are at their highest because of the economy it would be preferable to make reductions elsewhere in the budget, including in the payment of MaineCare settlements to hospitals.
- With regard to Part T, minority members note the success of the pilot initiative that has provided extra eligibility workers in DHHS, qualified applicants on a much more timely basis and produced a net savings, after paying for the workers, of \$500,000 per calendar quarter. Minority members note that moving the time limit for eligibility determinations based on disability from 45 to 90 days will delay the issuance of a temporary MaineCare card, delay necessary health care for applicants, shift the care from a lower cost setting to a higher cost setting, increase the burden on hospital charity care and unpaid care for providers and increase the burden on General Assistance in the municipalities. Minority members oppose all of these negative results.

As we look forward to the biennial budget, committee members note the existence of waiting lists for services from the Department of Health and Human Services. In particular, from testimony on LD 100, we note that there are 578 adults with intellectual disabilities who are on waiting lists for MaineCare developmental services under Section 21 and 29 and that, of that group, 189 have been determined by the Department of Health and Human Services to be at significant risk for health and safety. There are 103 more adults with physical disabilities waiting for MaineCare Section 22 services. Funding for waiting list services should be accorded priority status in the FY12-13 budget.

Committee members are prepared to discuss this report with you. Thank you for your consideration.

cc: Members, Health and Human Services Committee  
Acting Commissioner Russell Begin  
Mary C. Mayhew, Office of the Governor  
Maureen Dawson, OFPR  
Christopher Nolan, OFPR  
Jane Orbeton, OPLA

## ATTACHMENT B

Health and Human Services Committee LD 100 Report to Appropriations Committee  
February 3, 2011

### PART G

**Sec. G-1. Fund for a Healthy Maine; adjustment to allocations; fiscal year 2010-11.** Notwithstanding the Maine Revised Statutes, Title 22, section 1511, subsection 12, for fiscal year 2010-11 only, if actual revenue collections for the fiscal year are less than the approved legislative allocations, the State Budget Officer shall review the programs receiving funds from the Fund for a Healthy Maine and shall adjust the funding in the All Other line category to stay within available resources. These adjustments must be calculated in proportion to each account's allocation in the All Other line category in relation to the total All Other allocation for fund programs based on ~~allocation~~ unexpended balances remaining in each account on March 1, 2011. Notwithstanding any other provision of law, the allocation for the identified amounts may be reduced by financial order upon the recommendation of the State Budget Officer and approval of the Governor.

### SUMMARY

This amendment clarifies that the mechanism to be used in adjusting program allocations from the Fund for a Healthy Maine if there is a shortfall in the account in FY12 is based on unexpended balances in each program allocation.

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HHS Line	Prg. Code	Program	Bill Part	Initiative Number	Initiative Text	Initiative Justification	Notes	Subject Sort	Fund	Unit	Ref Num	HHS Com.	HHS Com.	Personal Services	All Other FY11	Position Count	Transfer FY11	Total FY 11 Impact	AFA Com.
1	105	Riverview Psychiatric Center	A	I-A-1194	Provides funding for continued operations at Riverview Psychiatric Center.	This initiative will provide funding to Riverview Psychiatric Center for operating costs.		Adult MH	General Fund	50	51	IN	Unam.	\$0	\$956,929	0.00	\$0	\$956,929	
2	732	Mental Health Services - Community Medicaid	A	I-A-1407	Adjusts funding related to the rate reduction for outpatient services under the MaineCare Benefits Manual, Chapters II and III, Section 65, Behavioral Health Services included in Public Law 2009, chapter 571.	Public Law 2009, c. 571, Part A reduced funding through the reduction of rates for Section 65 Outpatient Services. Only funding in the Mental Health Services - Community Medicaid program was reduced when in fact, other MaineCare accounts should have been adjusted as well. This initiative corrects the distribution of those savings.	See HHS lines 5 and 111	Adult MH	General Fund	14	72	IN	Unam.	\$0	\$451,719	0.00	\$0	\$451,719	
3	121	Mental Health Services - Community	A	I-A-1435	Reduces funding for involuntary hospitalization services. This initiative relates to curtailment of allotments ordered by the Governor pursuant to the Maine Revised Statutes, Title 5, section 1668.	Savings are available from contracted non-MaineCare involuntary hospitalization services.	Request for additional documentation from DHHS	Adult MH	General Fund	2	53	IN	Unam.	\$0	(\$190,795)	0.00	\$0	(\$190,795)	
4	105	Riverview Psychiatric Center	A	I-A-1439	Provides funding for an Office of the Inspector General audit settlement.	This initiative provides funding to settle the Office of the Inspector General's Review of Medicaid Disproportionate Share Hospital Payments made by Maine to the Riverview Psychiatric Center (RPC) Draft Report Number A-01-09-00011. \$1,339,349 was identified by the federal Office of the Inspector General as the federal share of the DHHS overdraw of the FY 2008 hospital-specific disproportionate share hospital limit for RPC. This overdraw was caused because the State didn't limit allowable costs to those incurred by Medicaid and uninsured patients and to costs associated with beds certified for Medicare participation. The same audit found that in FY 2007, the Federal Government underpaid RPC by \$418,568 (federal share). The net of these 2 amounts is the basis for the request. The Federal Government has already reduced the amount that DHHS can draw down in this fiscal year by this \$920K amount.	Funds owed as result of overbilling caused by decertifying 5 beds to provide for security needs in forensic unit, for FY07 and 08. Taking steps to recertify these beds.	Adult MH	General Fund	50	50	IN	Unam.	\$0	\$920,781	0.00	\$0	\$920,781	
5	731	Mental Health Services - Child Medicaid	A	I-A-1407	Adjusts funding related to the rate reduction for outpatient services under the MaineCare Benefits Manual, Chapters II and III, Section 65, Behavioral Health Services included in Public Law 2009, chapter 571.	Public Law 2009, c. 571, Part A reduced funding through the reduction of rates for Section 65 Outpatient Services. Only funding in the Mental Health Services - Community Medicaid program was reduced when in fact, other MaineCare accounts should have been adjusted as well. This initiative corrects the distribution of those savings.	See HHS lines 2 and 111	Children's Services	General Fund	17	67	IN	Unam.	\$0	(\$343,401)	0.00	\$0	(\$343,401)	
6	137	IV-E Foster Care/Adoption Assistance	A	I-A-7351	Reduces funding no longer required as a result of available balances from the previous fiscal year. This initiative relates to curtailment of allotments ordered by the Governor pursuant to the Maine Revised Statutes, Title 5, section 1668.	Year-end balances are available that will be carried forward from fiscal year 2009-10 and will allow this deappropriation.		Children's Services	General Fund	1	277	IN	Unam.	\$0	(\$4,000,000)	0.00	\$0	(\$4,000,000)	

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7	139	State-funded Foster Care/Adoption Assistance	V	Part V Transfer	Transfers \$2,000,000 of unexpended funds from the State-funded Foster Care/Adoption Assistance program, General Fund account, All Other line category to the unappropriated surplus of the General Fund no later than June 30, 2011.			Children's Services	General Fund	1	280	IN	Unam.	\$0	\$0	0.00	#####	(\$2,000,000)	
8	122	Developmental Services - Community	A	I-A-1427	Reduces funding for legal services. This initiative relates to curtailment of allotments ordered by the Governor pursuant to the Maine Revised Statutes, Title 5, section 1668.	This initiative reduces funding no longer needed for legal services related to the consent decree - \$199,673.		Developmental Services	General Fund	60	55	IN	Unam.	\$0	(\$199,673)	0.00	\$0	(\$199,673)	
9	139	State-funded Foster Care/Adoption Assistance	A	I-A-1471	Transfers 5 Human Services Caseworker positions, one Human Services Caseworker Supervisor position, 3 Social Services Program Specialist II positions and one Secretary Supervisor position from the State-funded Foster Care/Adoption Assistance program to other programs within the Office of Child and Family Services based upon changes in federal regulations. The additional Personal Services costs in the General Fund are offset by reductions in All Other. Position detail is on file in the Bureau of the Budget.	The Federal Government has clarified that 10% of a IV-B grant award can be used for administrative costs. These positions are clearly administrative and need to be moved to meet federal requirements. Moving these costs out will be accompanied or offset by moving other eligible costs in from the General Fund child welfare expenditures. Non-administrative expenditures will be transferred from the General Fund to the grant award, resulting in no additional General Fund cost. This change is necessary due to changes in IV-B regulations.		DHHS Management	Federal Expend. Fund	1	279	IN	Unam.	(\$769,303)	\$0	-10.00	\$0	(\$769,303)	
10	307	Bureau of Child and Family Services - Central	A	I-A-1471	Transfers 5 Human Services Caseworker positions, one Human Services Caseworker Supervisor position, 3 Social Services Program Specialist II positions and one Secretary Supervisor position from the State-funded Foster Care/Adoption Assistance program to other programs within the Office of Child and Family Services based upon changes in federal regulations. The additional Personal Services costs in the General Fund are offset by reductions in All Other. Position detail is on file in the Bureau of the Budget.	The Federal Government has clarified that 10% of a IV-B grant award can be used for administrative costs. These positions are clearly administrative and need to be moved to meet federal requirements. Moving these costs out will be accompanied or offset by moving other eligible costs in from the General Fund child welfare expenditures. Non-administrative expenditures will be transferred from the General Fund to the grant award, resulting in no additional General Fund cost. This change is necessary due to changes in IV-B regulations.		DHHS Management	Federal Expend. Fund	1	338	IN	Unam.	\$90,102	\$7,333	1.00	\$0	\$97,435	

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11	307	Bureau of Child and Family Services - Central	A	I-A-1471	Transfers 5 Human Services Caseworker positions, one Human Services Caseworker Supervisor position, 3 Social Services Program Specialist II positions and one Secretary Supervisor position from the State-funded Foster Care/Adoption Assistance program to other programs within the Office of Child and Family Services based upon changes in federal regulations. The additional Personal Services costs in the General Fund are offset by reductions in All Other. Position detail is on file in the Bureau of the Budget.	The Federal Government has clarified that 10% of a IV-B grant award can be used for administrative costs. These positions are clearly administrative and need to be moved to meet federal requirements. Moving these costs out will be accompanied or offset by moving other eligible costs in from the General Fund child welfare expenditures. Non-administrative expenditures will be transferred from the General Fund to the grant award, resulting in no additional General Fund cost. This change is necessary due to changes in IV-B regulations.		DHHS Management	General Fund	1	337	IN	Unam.	\$251,421	(\$251,421)	3.00	\$0	\$0	
12	452	Bureau of Child and Family Services - Regional	A	I-A-1471	Transfers 5 Human Services Caseworker positions, one Human Services Caseworker Supervisor position, 3 Social Services Program Specialist II positions and one Secretary Supervisor position from the State-funded Foster Care/Adoption Assistance program to other programs within the Office of Child and Family Services based upon changes in federal regulations. The additional Personal Services costs in the General Fund are offset by reductions in All Other. Position detail is on file in the Bureau of the Budget.	The Federal Government has clarified that 10% of a IV-B grant award can be used for administrative costs. These positions are clearly administrative and need to be moved to meet federal requirements. Moving these costs out will be accompanied or offset by moving other eligible costs in from the General Fund child welfare expenditures. Non-administrative expenditures will be transferred from the General Fund to the grant award, resulting in no additional General Fund cost. This change is necessary due to changes in IV-B regulations.		DHHS Management	General Fund	1	344	IN	Unam.	\$427,780	(\$427,780)	6.00	\$0	\$0	
13	Z035	Division of Purchased Services	A	I-A-1485	Adjusts funding to bring allocations in line with existing resources.	Federal Block Grant funds are no longer available for these accounts. This initiative will bring funding levels to \$0.		DHHS Management	Federal Block Grant Fund	1	355	IN	Unam.	\$0	(\$1,015)	0.00	\$0	(\$1,015)	
14	Z036	Division of Licensing and Regulatory Services	A	I-A-1485	Adjusts funding to bring allocations in line with existing resources.	Federal Block Grant funds are no longer available for these accounts. This initiative will bring funding levels to \$0.		DHHS Management	Federal Block Grant Fund	1	358	IN	Unam.	\$5,978	\$0	0.00	\$0	\$5,978	
15	129	Bureau of Medical Services	A	I-A-7350	Reduces funding for contracted services with the University of Maine System. This initiative relates to curtailment of allotments ordered by the Governor pursuant to the Maine Revised Statutes, Title 5, section 1668.	This initiative reduces a contract for mental health research on community integration and anti-stigma by \$40,325, a contract on youth development by \$107,278 and a contract for consultative services by \$73,000.		DHHS Management	General Fund	1	274	IN	Unam.	\$0	(\$40,325)	0.00	\$0	(\$40,325)	

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16	139	State-funded Foster Care/Adoption Assistance	A	I-A-7350	Reduces funding for contracted services with the University of Maine System. This initiative relates to curtailment of allotments ordered by the Governor pursuant to the Maine Revised Statutes, Title 5, section 1668.	This initiative reduces a contract for mental health research on community integration and anti-stigma by \$40,325, a contract on youth development by \$107,278 and a contract for consultative services by \$73,000.		DHHS Management	General Fund	1	280	IN	Unam.	\$0	(\$107,278)	0.00	\$0	(\$107,278)	
17	Z008	Maternal and Child Health Block Grant Match	A	I-A-7350	Reduces funding for contracted services with the University of Maine System. This initiative relates to curtailment of allotments ordered by the Governor pursuant to the Maine Revised Statutes, Title 5, section 1668.	This initiative reduces a contract for mental health research on community integration and anti-stigma by \$40,325, a contract on youth development by \$107,278 and a contract for consultative services by \$73,000.		DHHS Management	General Fund	1	353	IN	Unam.	\$0	(\$73,000)	0.00	\$0	(\$73,000)	
18	640	Department wide	A	I-A-7356	Reduces funding from salary savings. Notwithstanding any other provision of law, the State Budget Officer shall calculate the amount of savings in this Part that applies to each General Fund account in the Department of Health and Human Services and shall transfer the amounts by financial order upon the approval of the Governor. These transfers are considered adjustments to appropriations in fiscal year 2010-11.	Delays in filling vacant positions, due in part to the hiring freeze process, have resulted in salary savings across department accounts that are available for deappropriation.		DHHS Management	General Fund	1	347	IN	Unam.	(\$2,500,000)	\$0	0.00	\$0	(\$2,500,000)	
19	142	Office of Management and Budget	U	Part U Transfer	Transfers \$50,000 to the General Fund unappropriated surplus from the Office of Management and Budget (Audit Recovery) program in the Department of Health and Human Services.			DHHS Management	Other Spec. Rev. Funds	2		IN	Unam.	\$0	\$0	0.00	(\$50,000)	\$50,000	
20	142	Office of Management and Budget	U	Part U Transfer	Transfers \$50,000 to the General Fund unappropriated surplus from the Office of Management and Budget (Audit Recovery) program in the Department of Health and Human Services.			DHHS Management	General Fund	2	280	IN	Unam.	\$0	\$0	0.00	\$50,000	(\$50,000)	
21	845	Community Services Center	U	Part U Transfer	Transfers \$16,115 to the General Fund unappropriated surplus from the Community Services Center program in the Department of Health and Human Services.			DHHS Management	Other Spec. Rev. Funds	1		IN	Unam.	\$0	\$0	0.00	(\$16,115)	\$16,115	

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22	845	Community Services Center	U	Part U Transfer	Transfers \$16,115 to the General Fund unappropriated surplus from the Community Services Center program in the Department of Health and Human Services.			DHHS Management	General Fund	1	280	IN	Unam.	\$0	\$0	0.00	\$16,115	(\$16,115)	
23	Z036	Division of Licensing and Regulatory Services	U	Part U Transfer	Transfers \$100,000 to the General Fund unappropriated surplus from the Division of Licensing and Regulatory Services (Hospital Assessments) program in the Department of Health and Human Services.			DHHS Management	Other Spec. Rev. Funds	3		IN	Unam.	\$0	\$0	0.00	(\$100,000)	\$100,000	
24	Z036	Division of Licensing and Regulatory Services	U	Part U Transfer	Transfers \$88,265 to the General Fund unappropriated surplus from the Division of Licensing and Regulatory Services (State Sanction) program in the Department of Health and Human Services.			DHHS Management	Other Spec. Rev. Funds	6		IN	Unam.	\$0	\$0	0.00	(\$88,265)	\$88,265	
25	Z036	Division of Licensing and Regulatory Services	U	Part U Transfer	Transfers \$100,000 to the General Fund unappropriated surplus from the Division of Licensing and Regulatory Services (Hospital Assessments) program in the Department of Health and Human Services.			DHHS Management	General Fund	3	280	IN	Unam.	\$0	\$0	0.00	\$100,000	(\$100,000)	
26	Z036	Division of Licensing and Regulatory Services	U	Part U Transfer	Transfers \$88,265 to the General Fund unappropriated surplus from the Division of Licensing and Regulatory Services (State Sanction) program in the Department of Health and Human Services.			DHHS Management	General Fund	6	280	IN	Unam.	\$0	\$0	0.00	\$88,265	(\$88,265)	
27	129	Bureau of Medical Services	B		RECLASSIFICATIONS			DHHS Management	Federal Expend. Fund	1	275	IN	Unam.	\$1,012	\$27	0.00	\$0	\$1,039	
28	140	Office of Elder Services Central Office	B		RECLASSIFICATIONS			DHHS Management	General Fund	1	282	IN	Unam.	\$3,483	(\$3,483)	0.00	\$0	\$0	
29	143	Health - Bureau of	B		RECLASSIFICATIONS			DHHS Management	Federal Expend. Fund	3	284	IN	Unam.	\$6,942	\$186	0.00	\$0	\$7,128	
30	191	Maternal and Child Health	B		RECLASSIFICATIONS			DHHS Management	Federal Block Grant Fund	1	326	IN	Unam.	\$81,140	\$2,168	0.00	\$0	\$83,308	



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31	196	OMB Division of Regional Business Operations	B		RECLASSIFICATIONS			DHHS Management	General Fund	1	328	IN	Unam.	\$2,451	(\$2,451)	0.00	\$0	\$0	
32	307	Bureau of Child and Family Services - Central	B		RECLASSIFICATIONS			DHHS Management	Federal Expend. Fund	1	340	IN	Unam.	\$4,905	\$172	0.00	\$0	\$5,077	
33	452	Bureau of Child and Family Services - Regional	B		RECLASSIFICATIONS			DHHS Management	General Fund	1	345	IN	Unam.	\$23,459	(\$23,459)	0.00	\$0	\$0	
34	Z035	Division of Purchased Services	B		RECLASSIFICATIONS			DHHS Management	General Fund	1	356	IN	Unam.	\$2,806	(\$2,806)	0.00	\$0	\$0	
35	Z037	Division of Data, Research and Vital Statistics	B		RECLASSIFICATIONS			DHHS Management	Other Spec. Rev. Funds	1	361	IN	Unam.	\$6,377	\$170	0.00	\$0	\$6,547	
36	Z037	Division of Data, Research and Vital Statistics	B		RECLASSIFICATIONS			DHHS Management	General Fund	1	360	IN	Unam.	\$19,194	(\$19,194)	0.00	\$0	\$0	
37	420	Long Term Care - Human Services	A	I-A-1433	Eliminates funding for assessments for independent support services. This initiative relates to curtailment of allotments ordered by the Governor pursuant to the Maine Revised Statutes, Title 5, section 1668.	This proposal eliminates the assessments for the Independent Support Services (formerly Homemakers) program. The maximum number of hours a person may receive under this program is 10 hours making it less important for this program to fall under the single assessment process.	Request for additional info on assessments and waiting lists.	Elder Services	General Fund	1	342	IN	Unam.	\$0	(\$86,000)	0.00	\$0	(\$86,000)	
38	211	Independent Housing with Services	A	I-A-1434	Reduces funding no longer necessary as a result of funding available from the prior year. This initiative relates to curtailment of allotments ordered by the Governor pursuant to the Maine Revised Statutes, Title 5, section 1668.	This proposal reduces funding due to balances available to be carried forward from a prior year.	Waiting lists?	Elder Services	General Fund	1	333	IN	Unam.	\$0	(\$450,000)	0.00	\$0	(\$450,000)	
39	211	Independent Housing with Services	V	Part V Transfer	Transfers \$100,000 of unexpended funds from the Independent Housing with Services program, General Fund account, All Other line category to the unappropriated surplus of the General Fund no later than June 30, 2011.		Waiting lists?	Elder Services	General Fund	1	280	IN	Unam.	\$0	\$0	0.00	\$100,000	(\$100,000)	

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40	921	Fund for a Healthy Maine	A	I-A-7024	Provides funding to offset a deallocation made in Public Law 2009, chapter 571, Part TTT, section 2. A pro rata adjustment to the individual Fund for a Healthy Maine accounts is not required since the balance in the fund on June 30, 2010 was sufficient to cover the deallocation.	Public Law 2009, c. 571, Part TTT deallocated \$1,380,582 from the Fund for a Healthy Maine account in the Department of Administrative and Financial Services . The State Budget Officer was charged with adjusting individual subsidiary Fund for a Healthy Maine accounts by financial order in fiscal year 2010-11 if unexpended balances at the end of fiscal year 2009-10 were not sufficient to cover the deallocated amount. A pro rata adjustment is not required because there was sufficient cash on hand at June 30, 2010 to cover the allocation.	<i>Ryan Low, Acting Commissioner of DAFS, testified that the deallocation of \$1,380,582 was not necessary at the end of FY10. This allocation reverses that deallocation. Information from OFPR indicates that with the revenue forecast from December, 2010 the FHM will end the year short by \$3,484,000. See Part G language.</i>	FHM	Fund for a Healthy Maine	1	16	IN	Unam.	\$0	\$1,380,582	0.00	\$0	\$1,380,582	
41	523	Disability Rights Center	A	I-A-1	Reduces funding to the Disability Rights Center for the special education team.	The Disability Rights Center's special education team must reduce statewide travel to attend and represent parents and children at meetings to develop, implement and enforce an Individualized Educational Plan.	<i>Diane Smith, Disability Rights Center, provided information but did not oppose cut of \$1249 from appropriation of \$137,000.</i>	HHS Other	General Fund	1	153	IN	Unam.	\$0	(\$1,249)	0.00	\$0	(\$1,249)	
42	663	Maine Hospice Council	A	I-A-1	Reduces funding for the Maine Hospice Council's operating budget.	The initiative will result in a reduction in the Maine Hospice Council operating budget. Within the past year we have already reduced our staffing from 5 FTEs to 2 FTEs and have cut back on educational outreach. Because we operate on such a limited budget, additional reductions will further limit our ability to carry out the mission of the organization. Volunteer programs rely on fundraising to sustain their operations. Hospice volunteers provide vulnerable families with respite services and save the health care system thousands of dollars. Many volunteer programs use the state allocation for education and training initiatives; whereas, others use the money to reimburse volunteers for their mileage.	<i>Kandyce Powell, Maine Hospice Council, said that MHC will absorb this cut of \$630.</i>	HHS Other	General Fund	1	253	IN	Unam.	\$0	(\$630)	0.00	\$0	(\$630)	
43	129	Bureau of Medical Services	A	I-A-1193	Adjusts funding based on the unbundling of rates as required by the Maine Integrated Health Management Solution (MIHMS) system.	This initiative transfers funding from the Medical Care - Payment to Providers program to the Office of MaineCare Services administrative account in order to fund contracts. As rates were unbundled, it was determined that a portion of the rate was administrative in nature and should be paid for via contract and reimbursable with Medicaid administrative match.		MaineCare Admin	General Fund	1	268	IN	Unam.	\$0	\$258,860	0.00	\$0	\$258,860	
44	129	Bureau of Medical Services	A	I-A-1193	Adjusts funding based on the unbundling of rates as required by the Maine Integrated Health Management Solution (MIHMS) system.	This initiative transfers funding from the Medical Care - Payment to Providers program to the Office of MaineCare Services administrative account in order to fund contracts. As rates were unbundled, it was determined that a portion of the rate was administrative in nature and should be paid for via contract and reimbursable with Medicaid administrative match.		MaineCare Admin	Federal Expend. Fund	1	269	IN	Unam.	\$0	\$258,860	0.00	\$0	\$258,860	

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45	147	Medical Care - Payments to Providers	A	I-A-1193	Adjusts funding based on the unbundling of rates as required by the Maine Integrated Health Management Solution (MIHMS) system.	This initiative transfers funding from the Medical Care - Payment to Providers program to the Office of MaineCare Services administrative account in order to fund contracts. As rates were unbundled, it was determined that a portion of the rate was administrative in nature and should be paid for via contract and reimbursable with Medicaid administrative match.		MaineCare Admin	General Fund	1	292	IN	Unam.	\$0	(\$258,860)	0.00	\$0	(\$258,860)	
46	147	Medical Care - Payments to Providers	A	I-A-1193	Adjusts funding based on the unbundling of rates as required by the Maine Integrated Health Management Solution (MIHMS) system.	This initiative transfers funding from the Medical Care - Payment to Providers program to the Office of MaineCare Services administrative account in order to fund contracts. As rates were unbundled, it was determined that a portion of the rate was administrative in nature and should be paid for via contract and reimbursable with Medicaid administrative match.		MaineCare Admin	Federal Expend. Fund	1	293	IN	Unam.	\$0	(\$258,860)	0.00	\$0	(\$258,860)	
47	129	Bureau of Medical Services	A	I-A-1436	Reduces funding by reducing select contract expenditures by 5%. This initiative relates to curtailment of allotments ordered by the Governor pursuant to the Maine Revised Statutes, Title 5, section 1668.	This proposal reduces contracts with Schaller Anderson, Goold Health Systems and APS by 5%.		MaineCare Admin	General Fund	1	271	IN	Unam.	\$0	(\$318,952)	0.00	\$0	(\$318,952)	
48	129	Bureau of Medical Services	A	I-A-1436	Reduces funding by reducing select contract expenditures by 5%. This initiative relates to curtailment of allotments ordered by the Governor pursuant to the Maine Revised Statutes, Title 5, section 1668.	This proposal reduces contracts with Schaller Anderson, Goold Health Systems and APS by 5%.		MaineCare Admin	Federal Expend. Fund	1	272	IN	Unam.	\$0	(\$750,791)	0.00	\$0	(\$750,791)	
49	129	Bureau of Medical Services	U	Part U Transfer	Transfers \$150,000 to the General Fund unappropriated surplus from the Bureau of Medical Services (Prescription Drug Privacy) program in the Department of Health and Human Services.			MaineCare Admin	Other Spec. Rev. Funds	5		IN	Unam.	\$0	\$0	0.00	(\$150,000)	\$150,000	
50	129	Bureau of Medical Services	U	Part U Transfer	Transfers \$550,000 to the General Fund unappropriated surplus from the Bureau of Medical Services (Clinical Drug Trials) program in the Department of Health and Human Services.			MaineCare Admin	Other Spec. Rev. Funds	4		IN	Unam.	\$0	\$0	0.00	(\$550,000)	\$550,000	
51	129	Bureau of Medical Services	U	Part U Transfer	Transfers \$150,000 to the General Fund unappropriated surplus from the Bureau of Medical Services (Prescription Drug Privacy) program in the Department of Health and Human Services.			MaineCare Admin	General Fund	5	280	IN	Unam.	\$0	\$0	0.00	\$150,000	(\$150,000)	

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52	129	Bureau of Medical Services	U	Part U Transfer	Transfers \$550,000 to the General Fund unappropriated surplus from the Bureau of Medical Services (Clinical Drug Trials) program in the Department of Health and Human Services.			MaineCare Admin	General Fund	4	280	IN	Unam.	\$0	\$0	0.00	\$550,000	(\$550,000)	
53	147	Medical Care - Payments to Providers	A	I-A-1484	Provides funding for the change in the Federal Medical Assistance Percentage.	This proposal recognizes the end of the enhanced Federal Medical Assistance Percentage (FMAP) which had been available through the American Recovery and Reinvestment Act. In PL 2009, c. 571, continued enhancement was expected through June 2011. In August of 2010, Congress passed an extension to the enhanced FMAP. The extension is not a full replacement of the \$86 million savings booked in PL 2009, c. 571, as the new legislation "steps down" the enhanced rate. The enhanced Medicaid match rate is phased down from 6.2 to 3.2 percentage points for the period January 1, 2011 through March 31, 2011 and to 1.2 percentage points for the period April 1, 2011 through June 30, 2011.	Does not sum to zero across programs -546,365	MaineCare FMAP	General Fund	1	286	IN	Unam.	\$0	\$17,100,449	0.00	\$0	\$17,100,449	
54	147	Medical Care - Payments to Providers	A	I-A-1484	Provides funding for the change in the Federal Medical Assistance Percentage.	This proposal recognizes the end of the enhanced Federal Medical Assistance Percentage (FMAP) which had been available through the American Recovery and Reinvestment Act. In PL 2009, c. 571, continued enhancement was expected through June 2011. In August of 2010, Congress passed an extension to the enhanced FMAP. The extension is not a full replacement of the \$86 million savings booked in PL 2009, c. 571, as the new legislation "steps down" the enhanced rate. The enhanced Medicaid match rate is phased down from 6.2 to 3.2 percentage points for the period January 1, 2011 through March 31, 2011 and to 1.2 percentage points for the period April 1, 2011 through June 30, 2011.	Does not sum to zero across programs -546,365	MaineCare FMAP	Federal Expend. Fund ARRA	1	287	IN	Unam.	\$0	(\$27,561,031)	0.00	\$0	(\$27,561,031)	
55	148	Nursing Facilities	A	I-A-1484	Provides funding for the change in the Federal Medical Assistance Percentage.	This proposal recognizes the end of the enhanced Federal Medical Assistance Percentage (FMAP) which had been available through the American Recovery and Reinvestment Act. In PL 2009, c. 571, continued enhancement was expected through June 2011. In August of 2010, Congress passed an extension to the enhanced FMAP. The extension is not a full replacement of the \$86 million savings booked in PL 2009, c. 571, as the new legislation "steps down" the enhanced rate. The enhanced Medicaid match rate is phased down from 6.2 to 3.2 percentage points for the period January 1, 2011 through March 31, 2011 and to 1.2 percentage points for the period April 1, 2011 through June 30, 2011.		MaineCare FMAP	General Fund	1	319	IN	Unam.	\$0	\$5,416,713	0.00	\$0	\$5,416,713	

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56	148	Nursing Facilities	A	I-A-1484	Provides funding for the change in the Federal Medical Assistance Percentage.	This proposal recognizes the end of the enhanced Federal Medical Assistance Percentage (FMAP) which had been available through the American Recovery and Reinvestment Act. In PL 2009, c. 571, continued enhancement was expected through June 2011. In August of 2010, Congress passed an extension to the enhanced FMAP. The extension is not a full replacement of the \$86 million savings booked in PL 2009, c. 571, as the new legislation "steps down" the enhanced rate. The enhanced Medicaid match rate is phased down from 6.2 to 3.2 percentage points for the period January 1, 2011 through March 31, 2011 and to 1.2 percentage points for the period April 1, 2011 through June 30, 2011.		MaineCare FMAP	Federal Expend. Fund ARRA	1	320	IN	Unam.	\$0	(\$5,416,713)	0.00	\$0	(\$5,416,713)	
57	705	Medicaid Services - Developmental Services	A	I-A-1484	Provides funding for the change in the Federal Medical Assistance Percentage.	This proposal recognizes the end of the enhanced federal medical assistance percentage (FMAP) which had been available through the American Recovery and Reinvestment Act. In PL 2009, c. 571, continued enhancement was expected through June 2011. In August of 2010, Congress passed an extension to the enhanced FMAP. The extension is not a full replacement of the \$86 million booked in PL 2009, c. 571, as the new legislation "steps down" the enhanced rate. The enhanced Medicaid match rate is phased down from 6.2 to 3.2 percentage points for the period January 1, 2011 through March 31, 2011 and to 1.2 percentage points for the period April 1, 2011 through June 30, 2011.		MaineCare FMAP	General Fund	12	57	IN	Unam.	\$0	\$3,483,162	0.00	\$0	\$3,483,162	
58	731	Mental Health Services - Child Medicaid	A	I-A-1484	Provides funding for the change in the Federal Medical Assistance Percentage.	This proposal recognizes the end of the enhanced federal medical assistance percentage (FMAP) which had been available through the American Recovery and Reinvestment Act. In PL 2009, c. 571, continued enhancement was expected through June 2011. In August of 2010, Congress passed an extension to the enhanced FMAP. The extension is not a full replacement of the \$86 million booked in PL 2009, c. 571, as the new legislation "steps down" the enhanced rate. The enhanced Medicaid match rate is phased down from 6.2 to 3.2 percentage points for the period January 1, 2011 through March 31, 2011 and to 1.2 percentage points for the period April 1, 2011 through June 30, 2011.		MaineCare FMAP	General Fund	17	68	IN	Unam.	\$0	\$1,158,033	0.00	\$0	\$1,158,033	

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59	732	Mental Health Services - Community Medicaid	A	I-A-1484	Provides funding for the change in the Federal Medical Assistance Percentage.	This proposal recognizes the end of the enhanced federal medical assistance percentage (FMAP) which had been available through the American Recovery and Reinvestment Act. In PL 2009, c. 571, continued enhancement was expected through June 2011. In August of 2010, Congress passed an extension to the enhanced FMAP. The extension is not a full replacement of the \$86 million booked in PL 2009, c. 571, as the new legislation "steps down" the enhanced rate. The enhanced Medicaid match rate is phased down from 6.2 to 3.2 percentage points for the period January 1, 2011 through March 31, 2011 and to 1.2 percentage points for the period April 1, 2011 through June 30, 2011.		MaineCare FMAP	General Fund	14	73		IN	Unam.	\$0	\$2,151,951	0.00	\$0	\$2,151,951	
60	844	Office of Substance Abuse - Medicaid Seed	A	I-A-1484	Provides funding for the change in the Federal Medical Assistance Percentage.	This proposal recognizes the end of the enhanced federal medical assistance percentage (FMAP) which had been available through the American Recovery and Reinvestment Act. In PL 2009, c. 571, continued enhancement was expected through June 2011. In August of 2010, Congress passed an extension to the enhanced FMAP. The extension is not a full replacement of the \$86 million booked in PL 2009, c. 571, as the new legislation "steps down" the enhanced rate. The enhanced Medicaid match rate is phased down from 6.2 to 3.2 percentage points for the period January 1, 2011 through March 31, 2011 and to 1.2 percentage points for the period April 1, 2011 through June 30, 2011.		MaineCare FMAP	General Fund	1	81		IN	Unam.	\$0	\$162,163	0.00	\$0	\$162,163	
61	987	Developmental Services Waiver - MaineCare	A	I-A-1484	Provides funding for the change in the Federal Medical Assistance Percentage.	This proposal recognizes the end of the enhanced federal medical assistance percentage (FMAP) which had been available through the American Recovery and Reinvestment Act. In PL 2009, c. 571, continued enhancement was expected through June 2011. In August of 2010, Congress passed an extension to the enhanced FMAP. The extension is not a full replacement of the \$86 million booked in PL 2009, c. 571, as the new legislation "steps down" the enhanced rate. The enhanced Medicaid match rate is phased down from 6.2 to 3.2 percentage points for the period January 1, 2011 through March 31, 2011 and to 1.2 percentage points for the period April 1, 2011 through June 30, 2011.		MaineCare FMAP	General Fund	16	89		IN	Unam.	\$0	\$2,599,105	0.00	\$0	\$2,599,105	

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62	Z006	Developmental Services Waiver - Supports	A	I-A-1484	Provides funding for the change in the Federal Medical Assistance Percentage.	This proposal recognizes the end of the enhanced federal medical assistance percentage (FMAP) which had been available through the American Recovery and Reinvestment Act. In PL 2009, c. 571, continued enhancement was expected through June 2011. In August of 2010, Congress passed an extension to the enhanced FMAP. The extension is not a full replacement of the \$86 million booked in PL 2009, c. 571, as the new legislation "steps down" the enhanced rate. The enhanced Medicaid match rate is phased down from 6.2 to 3.2 percentage points for the period January 1, 2011 through March 31, 2011 and to 1.2 percentage points for the period April 1, 2011 through June 30, 2011.		MaineCare FMAP	General Fund	1	92	IN	Unam.	\$0	\$352,656	0.00	\$0	\$352,656	
63	Z042	Traumatic Brain Injury Seed	A	I-A-1484	Provides funding for the change in the Federal Medical Assistance Percentage.	This proposal recognizes the end of the enhanced federal medical assistance percentage (FMAP) which had been available through the American Recovery and Reinvestment Act. In PL 2009, c. 571, continued enhancement was expected through June 2011. In August of 2010, Congress passed an extension to the enhanced FMAP. The extension is not a full replacement of the \$86 million booked in PL 2009, c. 571, as the new legislation "steps down" the enhanced rate. The enhanced Medicaid match rate is phased down from 6.2 to 3.2 percentage points for the period January 1, 2011 through March 31, 2011 and to 1.2 percentage points for the period April 1, 2011 through June 30, 2011.		MaineCare FMAP	General Fund	1	94	IN	Unam.	\$0	\$7,147	0.00	\$0	\$7,147	
64	147	Medical Care - Payments to Providers	A	I-A-7352	Provides funding for hospital settlements.	This initiative will provide funding to process settlement payments for all hospital cost reports received through November 5, 2010. It provides \$248M in state and federal funds to 36 hospitals for settlements dating back to 2006. As a result, hospital settlements will be paid through June, 2009 for all hospitals and May 31, 2010 for four hospitals on the list.	<i>JM asked for list of hospitals to be paid, how much each? DH asked which hospitals laid off how many employees because of late payments and how many employees will be rehired. Behavioral health providers questioned parity with hospitals when they have unpaid balances from the MAP account. Goodall Hospital testified to having eliminated 31 positions, will probably rehire 10, have also reduced benefits short term, MaineCare is 23%. Federal match rate has been 70% and is declining on a fixed schedule.</i>	MaineCare Hospitals	Federal Expend. Fund	1	299	IN	Unam.	\$0	\$158,590,876	0.00	\$0	\$158,590,876	

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65	147	Medical Care - Payments to Providers	A	I-A-7352	Provides funding for hospital settlements.	This initiative will provide funding to process settlement payments for all hospital cost reports received through November 5, 2010. It provides \$248M in state and federal funds to 36 hospitals for settlements dating back to 2006. As a result, hospital settlements will be paid through June, 2009 for all hospitals and May 31, 2010 for four hospitals on the list.		MaineCare Hospitals	Federal Expend. Fund ARRA	1	300	IN	Unam.	\$0	\$20,457,726	0.00	\$0	\$20,457,726	
66	147	Medical Care - Payments to Providers	A	I-A-7352	Provides funding for hospital settlements.	This initiative will provide funding to process settlement payments for all hospital cost reports received through November 5, 2010. It provides \$248M in state and federal funds to 36 hospitals for settlements dating back to 2006. As a result, hospital settlements will be paid through June, 2009 for all hospitals and May 31, 2010 for four hospitals on the list.		MaineCare Hospitals	General Fund	1	298	IN	Unam.	\$0	\$69,526,439	0.00	\$0	\$69,526,439	
67	147	Medical Care - Payments to Providers	A	I-A-7360	Reduces funding from expediting the conversion of hospital inpatient services payments from the prospective interim payment methodology to the diagnostic-related group methodology for certain acute care hospitals.	This initiative will expedite the conversion of hospital inpatient services payments for several noncritical access hospitals from the prospective interim payment methodology to the diagnostic related group methodology. The conversions for these hospitals were originally scheduled to occur in July 2011 but will be moved up to June 2011.	DHHS - speeds up conversion of payment method to diagnostic related groups (DRG's).	MaineCare Hospitals	Federal Expend. Fund	1	314	IN	Unam.	\$0	(\$767,626)	0.00	\$0	(\$767,626)	
68	147	Medical Care - Payments to Providers	A	I-A-7360	Reduces funding from expediting the conversion of hospital inpatient services payments from the prospective interim payment methodology to the diagnostic-related group methodology for certain acute care hospitals.	This initiative will expedite the conversion of hospital inpatient services payments for several noncritical access hospitals from the prospective interim payment methodology to the diagnostic related group methodology. The conversions for these hospitals were originally scheduled to occur in July 2011 but will be moved up to June 2011.		MaineCare Hospitals	Federal Expend. Fund ARRA	1	315	IN	Unam.	\$0	(\$76,402)	0.00	\$0	(\$76,402)	
69	147	Medical Care - Payments to Providers	A	I-A-7360	Reduces funding from expediting the conversion of hospital inpatient services payments from the prospective interim payment methodology to the diagnostic-related group methodology for certain acute care hospitals.	This initiative will expedite the conversion of hospital inpatient services payments for several noncritical access hospitals from the prospective interim payment methodology to the diagnostic related group methodology. The conversions for these hospitals were originally scheduled to occur in July 2011 but will be moved up to June 2011.		MaineCare Hospitals	General Fund	1	313	IN	Unam.	\$0	(\$359,148)	0.00	\$0	(\$359,148)	
70	147	Medical Care - Payments to Providers	A	I-A-1196	Adjusts funding to distribute a portion of the funding provided to adjust MaineCare rates that was included in Public Law 2009, chapter 571, Part RRRR.	Public Law 2009, chapter 571, Part RRRR provided a General Fund appropriation to adjust and restore MaineCare rates for services subject to the 10% reduction, where necessary and applicable, to actuarially based rates. This initiative transfers a portion of that funding.		MaineCare Providers	General Fund	1	291	IN	Unam.	\$0	(\$828,053)	0.00	\$0	(\$828,053)	
71	731	Mental Health Services - Child Medicaid	A	I-A-1196	Adjusts funding to distribute a portion of the funding provided to adjust MaineCare rates that was included in Public Law 2009, chapter 571, Part RRRR.	Public Law 2009, chapter 571, Part RRRR provided a General Fund appropriation to adjust and restore MaineCare rates for services subject to the 10% reduction, where necessary and applicable, to actuarially based rates. This initiative transfers a portion of that funding.		MaineCare Providers	General Fund	17	66	IN	Unam.	\$0	\$537,530	0.00	\$0	\$537,530	



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72	Z006	Developmental Services Waiver - Supports	A	I-A-1196	Adjusts funding to distribute a portion of the funding provided to adjust MaineCare rates that was included in Public Law 2009, chapter 571, Part RRRR.	Public Law 2009, chapter 571, Part RRRR provided a General Fund appropriation to adjust and restore MaineCare rates for services subject to the 10% reduction, where necessary and applicable, to actuarially based rates. This initiative transfers a portion of that funding.		MaineCare Providers	General Fund	1	91	IN	Unam.	\$0	\$290,523	0.00	\$0	\$290,523	
73	147	Medical Care - Payments to Providers	A	I-A-1199	Transfers funding for interpretation and translation services from the Mental Health Services - Child Medicaid program and the Mental Health Services - Community program to the Medical Care - Payments to Providers program.	This initiative transfers funding for interpretation and translation services from various MaineCare medical services accounts to the Medical Care - Payments to Providers program. Per federal regulations, these services are allowable as an administrative expense at a higher federal participation rate (75%). Currently the interpretation and translation service expenditure charges to the same account as the main service being provided. Moving the expenditures to one account will allow the department to better track and report the expenditures in order to receive the higher match rate.	<i>Question whether appropriation should be from DHHS administrative account.</i>	MaineCare Providers	General Fund	1	290	IN	Unam.	\$0	\$31,888	0.00	\$0	\$31,888	
74	731	Mental Health Services - Child Medicaid	A	I-A-1199	Transfers funding for interpretation and translation services from the Mental Health Services - Child Medicaid program and the Mental Health Services - Community Medicaid program to the Medical Care - Payments to Providers program.	This initiative transfers funding for interpretation and translation services from various MaineCare medical services accounts to the Medical Care - Payments to Providers program. Per federal regulations, these services are allowable as an administrative expense at a higher federal participation rate (75%). Currently the interpretation and translation service expenditure charges to the same account as the main service being provided. Moving the expenditures to one account will allow the department to better track and report the expenditures in order to receive the higher match rate.		MaineCare Providers	General Fund	17	65	IN	Unam.	\$0	(\$26,575)	0.00	\$0	(\$26,575)	
75	732	Mental Health Services - Community Medicaid	A	I-A-1199	Transfers funding for interpretation and translation services from the Mental Health Services - Child Medicaid program and the Mental Health Services - Community Medicaid program to the Medical Care - Payments to Providers program.	This initiative transfers funding for interpretation and translation services from various MaineCare medical services accounts to the Medical Care - Payments to Providers program. Per federal regulations, these services are allowable as an administrative expense at a higher federal participation rate (75%). Currently the interpretation and translation service expenditure charges to the same account as the main service being provided. Moving the expenditures to one account will allow the department to better track and report the expenditures in order to receive the higher match rate.		MaineCare Providers	General Fund	14	71	IN	Unam.	\$0	(\$5,313)	0.00	\$0	(\$5,313)	

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76	147	Medical Care - Payments to Providers	A	I-A-1410	Provides funding to offset the loss of supplemental rebates due to the federal Patient Protection and Affordable Care Act.	The Patient Protection and Affordable Care Act increases the minimum rebate percentage from 15.1% to 23.1% of the average manufacturer price (AMP) and the minimum rebate percentage for generic drugs from 11% to 13% of AMP. The increases apply to rebate periods after December 31, 2009. The increases in the rebates go solely to the federal government, and the Secretary of the United States Department of Health and Human Services is instructed to reduce payments to the states by the amount of the increase in the minimum rebate amount. The amount of the reduction is to be "estimated by the Secretary based on utilization and other data." The payment reduction "shall be deemed an overpayment" that will be disallowed against the states' regular quarterly draw and is "not subject to reconsideration" before the federal Departmental Appeals Board. This change results in a loss of rebates to the State of Maine.		MaineCare Providers	General Fund	1	295	IN	Unam.	\$0	\$3,577,130	0.00	\$0	\$3,577,130	
77	147	Medical Care - Payments to Providers	A	I-A-1410	Provides funding to offset the loss of supplemental rebates due to the federal Patient Protection and Affordable Care Act.	The Patient Protection and Affordable Care Act increases the minimum rebate percentage from 15.1% to 23.1% of the average manufacturer price (AMP) and the minimum rebate percentage for generic drugs from 11% to 13% of AMP. The increases apply to rebate periods after December 31, 2009. The increases in the rebates go solely to the federal government, and the Secretary of the United States Department of Health and Human Services is instructed to reduce payments to the states by the amount of the increase in the minimum rebate amount. The amount of the reduction is to be "estimated by the Secretary based on utilization and other data." The payment reduction "shall be deemed an overpayment" that will be disallowed against the states' regular quarterly draw and is "not subject to reconsideration" before the federal Departmental Appeals Board. This change results in a loss of rebates to the State of Maine.		MaineCare Providers	Other Spec. Rev. Funds	5	296	IN	Unam.	\$0	(\$3,577,130)	0.00	\$0	(\$3,577,130)	
78	147	Medical Care - Payments to Providers	A	I-A-1490	Provides funding to the Medical Care - Payments to Providers program for Medicare Part B payments, which is offset by reducing funding for the Low-cost Drugs To Maine's Elderly program.	This initiative reduces funding for Medicare Part D by reducing Wellcare and AARP contracts by \$250,000 each. Growth in the Qualified Medicare Beneficiary program (QMB) and Specified Low-Income Medicare Beneficiary program (SLMB) means less Medicare Part D funding is required while more is needed for Medicare Part B payments to the Centers for Medicare and Medicaid Services.		MaineCare Providers	General Fund	1	289	IN	Unam.	\$0	\$500,000	0.00	\$0	\$500,000	

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79	202	Low-cost Drugs To Maine's Elderly	A	I-A-1490	Provides funding to the Medical Care - Payments to Providers program for Medicare Part B payments, which is offset by reducing funding for the Low-cost Drugs To Maine's Elderly program.	This initiative reduces funding for Medicare Part D by reducing Wellcare and AARP contracts by \$250,000 each. Growth in the Qualified Medicare Beneficiary program (QMB) and Specified Low-Income Medicare Beneficiary program (SLMB) means less Medicare Part D funding is required while more is needed for Medicare Part B payments to the Centers for Medicare and Medicaid Services.		MaineCare Providers	General Fund	1	330	IN	Unam.	\$0	(\$500,000)	0.00	\$0	(\$500,000)	
80	147	Medical Care - Payments to Providers	A	I-A-7353	Provides funding for the growth in the MaineCare program.	The expenditure growth is based on increased enrollment by category times the average per member per month cost and totals \$137.6 million (state and federal) in fiscal year 2010-11. Calculations are based on caseload and per member/per month costs from the period of 7/08 through 5/10. During this period, caseload (exclusive of individuals with state-funded drugs for the elderly benefits only) increased by 33,500 individuals (from 300,847 to 334,399). As of 7/10 caseload had risen to 335,298. Either of the caseload highs, when compared to the 5/08 level, represents about an 11% increase in caseload.	<i>DHHS says enrollment growth is slowing. PF asked for information on latest date new funding is needed. JM asked for information on effect on MaineCare providers and relationship to provider tax payments.</i>	MaineCare Shortfall	General Fund	1	303	IN	Unam.	\$0	\$21,202,497	0.00	\$0	\$21,202,497	
81	147	Medical Care - Payments to Providers	A	I-A-7353	Provides funding for the growth in the MaineCare program.	The expenditure growth is based on increased enrollment by category times the average per member per month cost and totals \$137.6 million (state and federal) in fiscal year 2010-11. Calculations are based on caseload and per member/per month costs from the period of 7/08 through 5/10. During this period, caseload (exclusive of individuals with state-funded drugs for the elderly benefits only) increased by 33,500 individuals (from 300,847 to 334,399). As of 7/10 caseload had risen to 335,298. Either of the caseload highs, when compared to the 5/08 level, represents about an 11% increase in caseload.		MaineCare Shortfall	Federal Expend. Fund	1	304	IN	Unam.	\$0	\$85,378,332	0.00	\$0	\$85,378,332	
82	147	Medical Care - Payments to Providers	A	I-A-7353	Provides funding for the growth in the MaineCare program.	The expenditure growth is based on increased enrollment by category times the average per member per month cost and totals \$137.6 million (state and federal) in fiscal year 2010-11. Calculations are based on caseload and per member/per month costs from the period of 7/08 through 5/10. During this period, caseload (exclusive of individuals with state-funded drugs for the elderly benefits only) increased by 33,500 individuals (from 300,847 to 334,399). As of 7/10 caseload had risen to 335,298. Either of the caseload highs, when compared to the 5/08 level, represents about an 11% increase in caseload.		MaineCare Shortfall	Federal Block Grant Fund	1	305	IN	Unam.	\$0	\$2,409,251	0.00	\$0	\$2,409,251	

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83	147	Medical Care - Payments to Providers	A	I-A-7353	Provides funding for the growth in the MaineCare program.	The expenditure growth is based on increased enrollment by category times the average per member per month cost and totals \$137.6 million (state and federal) in fiscal year 2010-11. Calculations are based on caseload and per member/per month costs from the period of 7/08 through 5/10. During this period, caseload (exclusive of individuals with state-funded drugs for the elderly benefits only) increased by 33,500 individuals (from 300,847 to 334,399). As of 7/10 caseload had risen to 335,298. Either of the caseload highs, when compared to the 5/08 level, represents about an 11% increase in caseload.		MaineCare Shortfall	Federal Expend. Fund ARRA	1	306		IN	Unam.	\$0	\$10,030,901	0.00	\$0	\$10,030,901	
84	202	Low-cost Drugs To Maine's Elderly	A	I-A-7353	Provides funding for the growth in the MaineCare program.	The expenditure growth is based on increased enrollment by category times the average per member per month cost and totals \$137.6 million (state and federal) in fiscal year 2010-11. Calculations are based on caseload and per member/per month costs from the period of 7/08 through 5/10. During this period, caseload (exclusive of individuals with state-funded drugs for the elderly benefits only) increased by 33,500 individuals (from 300,847 to 334,399). As of 7/10 caseload had risen to 335,298. Either of the caseload highs, when compared to the 5/08 level, represents about an 11% increase in caseload.		MaineCare Shortfall	General Fund	1	331		IN	Unam.	\$0	\$145,034	0.00	\$0	\$145,034	
85	705	Medicaid Services - Developmental Services	A	I-A-7353	Provides funding for the growth in the MaineCare program.	The expenditure growth is based on increased enrollment by category times the average per member per month cost and totals \$137.6 million (state and federal) in fiscal year 2010-11. Calculations are based on caseload and per member/per month costs from the period of 7/08 through 5/10. During this period, caseload (exclusive of individuals with state-funded drugs for the elderly benefits only) increased by 33,500 individuals (from 300,847 to 334,399). As of 7/10 caseload had risen to 335,298. Either of the caseload highs, when compared to the 5/08 level, represents about an 11% increase in caseload.	<i>Request for additional notification of funding shortfall timing.</i>	MaineCare Shortfall	General Fund	12	58		IN	Unam.	\$0	\$7,320,412	0.00	\$0	\$7,320,412	
86	731	Mental Health Services - Child Medicaid	A	I-A-7353	Provides funding for the growth in the MaineCare program.	The expenditure growth is based on increased enrollment by category times the average per member per month cost and totals \$137.6 million (state and federal) in fiscal year 2010-11. Calculations are based on caseload and per member/per month costs from the period of 7/08 through 5/10. During this period, caseload (exclusive of individuals with state-funded drugs for the elderly benefits only) increased by 33,500 individuals (from 300,847 to 334,399). As of 7/10 caseload had risen to 335,298. Either of the caseload highs, when compared to the 5/08 level, represents about an 11% increase in caseload.		MaineCare Shortfall	General Fund	17	69		IN	Unam.	\$0	\$10,327,204	0.00	\$0	\$10,327,204	

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87	844	Office of Substance Abuse - Medicaid Seed	A	I-A-7353	Provides funding for the growth in the MaineCare program.	The expenditure growth is based on increased enrollment by category times the average per member per month cost and totals \$137.6 million (state and federal) in fiscal year 2010-11. Calculations are based on caseload and per member/per month costs from the period of 7/08 through 5/10. During this period, caseload (exclusive of individuals with state-funded drugs for the elderly benefits only) increased by 33,500 individuals (from 300,847 to 334,399). As of 7/10 caseload had risen to 335,298. Either of the caseload highs, when compared to the 5/08 level, represents about an 11% increase in caseload.		MaineCare Shortfall	General Fund	1	82	IN	Unam.	\$0	\$384,458	0.00	\$0	\$384,458	
88	147	Medical Care - Payments to Providers	A	I-A-7354	Adjusts funding in the various MaineCare accounts to reflect modifications to projections of MaineCare-dedicated tax revenues, to comport with Revenue Forecasting Committee rejections.	The Revenue Forecasting Committee reprojected the revenue of the nursing facilities tax and several of the service provider taxes at its November 2010 meeting. This initiative adjusts the applicable Other Special Revenue Funds accounts as necessary.		MaineCare Taxes	General Fund	1	310	IN	Unam.	\$0	\$379,606	0.00	\$0	\$379,606	
89	147	Medical Care - Payments to Providers	A	I-A-7354	Adjusts funding in the various MaineCare accounts to reflect modifications to projections of MaineCare-dedicated tax revenues, to comport with Revenue Forecasting Committee rejections.	The Revenue Forecasting Committee reprojected the revenue of the nursing facilities tax and several of the service provider taxes at its November 2010 meeting. This initiative adjusts the applicable Other Special Revenue Funds accounts as necessary.		MaineCare Taxes	Other Spec. Rev. Funds	1	311	IN	Unam.	\$0	(\$379,606)	0.00	\$0	(\$379,606)	
90	148	Nursing Facilities	A	I-A-7354	Adjusts funding in the various MaineCare accounts to reflect modifications to projections of MaineCare-dedicated tax revenues, to comport with Revenue Forecasting Committee rejections.	The Revenue Forecasting Committee reprojected the revenue of the nursing facilities tax and several of the service provider taxes at its November 2010 meeting. This initiative adjusts the applicable Other Special Revenue Funds accounts as necessary.		MaineCare Taxes	General Fund	1	322	IN	Unam.	\$0	(\$2,240,543)	0.00	\$0	(\$2,240,543)	
91	148	Nursing Facilities	A	I-A-7354	Adjusts funding in the various MaineCare accounts to reflect modifications to projections of MaineCare-dedicated tax revenues, to comport with Revenue Forecasting Committee rejections.	The Revenue Forecasting Committee reprojected the revenue of the nursing facilities tax and several of the service provider taxes at its November 2010 meeting. This initiative adjusts the applicable Other Special Revenue Funds accounts as necessary.		MaineCare Taxes	Other Spec. Rev. Funds	2	323	IN	Unam.	\$0	\$2,240,543	0.00	\$0	\$2,240,543	
92	705	Medicaid Services - Developmental Services	A	I-A-7354	Adjusts funding in the various MaineCare accounts to reflect modifications to projections of MaineCare-dedicated tax revenues, to comport with Revenue Forecasting Committee rejections.	The Revenue Forecasting Committee reprojected the revenue of the nursing facilities tax and several of the service provider taxes at its November 2010 meeting. This initiative adjusts the applicable Other Special Revenue Funds accounts as necessary.		MaineCare Taxes	General Fund	12	59	IN	Unam.	\$0	(\$375,005)	0.00	\$0	(\$375,005)	

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93	705	Medicaid Services - Developmental Services	A	I-A-7354	Adjusts funding in the various MaineCare accounts to reflect modifications to projections of MaineCare-dedicated tax revenues, to comport with Revenue Forecasting Committee rejections.	The Revenue Forecasting Committee reprojected the revenue of the nursing facilities tax and several of the service provider taxes at its November 2010 meeting. This initiative adjusts the applicable Other Special Revenue Funds accounts as necessary.		MaineCare Taxes	Other Spec. Rev. Funds	42	60	IN	Unam.	\$0	(\$56,630)	0.00	\$0	(\$56,630)	
94	705	Medicaid Services - Developmental Services	A	I-A-7354	Adjusts funding in the various MaineCare accounts to reflect modifications to projections of MaineCare-dedicated tax revenues, to comport with Revenue Forecasting Committee rejections.	The Revenue Forecasting Committee reprojected the revenue of the nursing facilities tax and several of the service provider taxes at its November 2010 meeting. This initiative adjusts the applicable Other Special Revenue Funds accounts as necessary.		MaineCare Taxes	Other Spec. Rev. Funds	52	61	IN	Unam.	\$0	\$125,916	0.00	\$0	\$125,916	
95	732	Mental Health Services - Community Medicaid	A	I-A-7354	Adjusts funding in the various MaineCare accounts to reflect modifications to projections of MaineCare-dedicated tax revenues, to comport with Revenue Forecasting Committee rejections.	The Revenue Forecasting Committee reprojected the revenue of the nursing facilities tax and several of the service provider taxes at its November 2010 meeting. This initiative adjusts the applicable Other Special Revenue Funds accounts as necessary.		MaineCare Taxes	General Fund	14	74	IN	Unam.	\$0	(\$166,228)	0.00	\$0	(\$166,228)	
96	732	Mental Health Services - Community Medicaid	A	I-A-7354	Adjusts funding in the various MaineCare accounts to reflect modifications to projections of MaineCare-dedicated tax revenues, to comport with Revenue Forecasting Committee rejections.	The Revenue Forecasting Committee reprojected the revenue of the nursing facilities tax and several of the service provider taxes at its November 2010 meeting. This initiative adjusts the applicable Other Special Revenue Funds accounts as necessary.		MaineCare Taxes	Other Spec. Rev. Funds	44	75	IN	Unam.	\$0	(\$146,825)	0.00	\$0	(\$146,825)	
97	732	Mental Health Services - Community Medicaid	A	I-A-7354	Adjusts funding in the various MaineCare accounts to reflect modifications to projections of MaineCare-dedicated tax revenues, to comport with Revenue Forecasting Committee rejections.	The Revenue Forecasting Committee reprojected the revenue of the nursing facilities tax and several of the service provider taxes at its November 2010 meeting. This initiative adjusts the applicable Other Special Revenue Funds accounts as necessary.		MaineCare Taxes	Other Spec. Rev. Funds	46	76	IN	Unam.	\$0	\$313,053	0.00	\$0	\$313,053	
98	844	Office of Substance Abuse - Medicaid Seed	A	I-A-7354	Adjusts funding in the various MaineCare accounts to reflect modifications to projections of MaineCare-dedicated tax revenues, to comport with Revenue Forecasting Committee rejections.	The Revenue Forecasting Committee reprojected the revenue of the nursing facilities tax and several of the service provider taxes at its November 2010 meeting. This initiative adjusts the applicable Other Special Revenue Funds accounts as necessary.		MaineCare Taxes	General Fund	1	83	IN	Unam.	\$0	\$21,763	0.00	\$0	\$21,763	
99	844	Office of Substance Abuse - Medicaid Seed	A	I-A-7354	Adjusts funding in the various MaineCare accounts to reflect modifications to projections of MaineCare-dedicated tax revenues, to comport with Revenue Forecasting Committee rejections.	The Revenue Forecasting Committee reprojected the revenue of the nursing facilities tax and several of the service provider taxes at its November 2010 meeting. This initiative adjusts the applicable Other Special Revenue Funds accounts as necessary.		MaineCare Taxes	Other Spec. Rev. Funds	1	84	IN	Unam.	\$0	(\$21,763)	0.00	\$0	(\$21,763)	

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100	978	Residential Treatment Facilities Assessment	A	I-A-7354	Adjusts funding in the various MaineCare accounts to reflect modifications to projections of MaineCare-dedicated tax revenues, to comport with Revenue Forecasting Committee rejections.	The Revenue Forecasting Committee reprojected the revenue of the nursing facilities tax and several of the service provider taxes at its November 2010 meeting. This initiative adjusts the applicable Other Special Revenue Funds accounts as necessary.		MaineCare Taxes	Other Spec. Rev. Funds	1	87	IN	Unam.	\$0	\$305,719	0.00	\$0	\$305,719	
101	Z008	Maternal and Child Health Block Grant Match	A	I-A-1409	Reduces funding for recruitment and outreach in the Maine Breast and Cervical Health Program.	Reduces funding for recruitment and outreach in the Maine Breast and Cervical Health Program (BCHP). This money was dedicated to funding six contracts with community agencies to conduct BCHP recruitment and outreach. Current emphasis of BCHP is now on increasing screenings, and contract functions are no longer meeting the program needs. Contracts were terminated 6/29/2010 and no plans are in place to renew them.		Public Health	General Fund	1	349	IN	7-6	\$0	(\$60,000)	0.00	\$0	(\$60,000)	
102	Z008	Maternal and Child Health Block Grant Match	A	I-A-1412	Reduces funding for lead screening tests for children who are uninsured or whose insurance will not cover the cost of the lead screening test.	This proposal eliminates funding that supports the costs of lead screening tests for children who are uninsured or whose insurance will not cover the cost of the lead screening test. Approximately 600 children will not receive the tests. Funding for these services is also available in the Lead Poisoning Prevention Fund.	<i>Request for additional information on impact and availability other funds.</i>	Public Health	General Fund	1	350	IN	Unam.	\$0	(\$9,000)	0.00	\$0	(\$9,000)	
103	Z008	Maternal and Child Health Block Grant Match	A	I-A-1413	Reduces funding for specialty medical foods for both children and adults with inborn errors of metabolism. This initiative relates to curtailment of allotments ordered by the Governor pursuant to the Maine Revised Statutes, Title 5, section 1668.	This program pays for specialty medical foods for both children and adults with inborn errors of metabolism. The department proposes to pay for these expenditures from the Other Special Revenue Funds account related to the Newborn Bloodspot Program. Moving the cost of foods for specific conditions that require special medical foods is appropriate. Specialty medical foods are essential for the overall health of individuals with inborn errors of metabolism; without these foods an individual would develop irreversible mental retardation and other conditions that would put a greater strain on the health care system.		Public Health	General Fund	1	351	IN	Unam.	\$0	(\$60,000)	0.00	\$0	(\$60,000)	
104	Z008	Maternal and Child Health Block Grant Match	A	I-A-1423	Reduces funding for screening, assessing, training and consultation for primary care providers in the injury prevention program. This initiative relates to curtailment of allotments ordered by the Governor pursuant to the Maine Revised Statutes, Title 5, section 1668.	This proposal reduces funding intended for screening and assessing training and consultation for primary care providers, leaving a balance of \$23,000. No other funding sources exist. This program has not yet been implemented. No contract exists for the services.		Public Health	General Fund	1	352	IN	Unam.	\$0	(\$32,000)	0.00	\$0	(\$32,000)	
105	76	Bone Marrow Screening Fund	U	Part U Transfer	Transfers \$25,150 to the General Fund unappropriated surplus from the Bone Marrow Screening Fund program in the Department of Health and Human Services.			Public Health	General Fund	1	280	IN	Unam.	\$0	\$0	0.00	\$25,150	(\$25,150)	

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106	76	Bone Marrow Screening Fund	U	Part U Transfer	Transfers \$25,150 to the General Fund unappropriated surplus from the Bone Marrow Screening Fund program in the Department of Health and Human Services.			Public Health	Other Spec. Rev. Funds	1		IN	Unam.	\$0	\$0	0.00	(\$25,150)	\$25,150	
107	143	Health - Bureau of	U	Part U Transfer	Transfers \$350,000 to the General Fund unappropriated surplus from the Bureau of Health (Lead Poisoning Prevention Fund) program in the Department of Health and Human Services.			Public Health	General Fund	8	280	IN	Unam.	\$0	\$0	0.00	\$350,000	(\$350,000)	
108	143	Health - Bureau of	U	Part U Transfer	Transfers \$350,000 to the General Fund unappropriated surplus from the Bureau of Health (Lead Poisoning Prevention Fund) program in the Department of Health and Human Services.			Public Health	Other Spec. Rev. Funds	8		IN	Unam.	\$0	\$0	0.00	(\$350,000)	\$350,000	
109	Z008	Maternal and Child Health Block Grant Match	V	Part V Transfer	Notwithstanding any other provision of law, \$73,315 of unexpended funds from the Maternal and Child Health Block Grant Match program, General Fund account, Personal Services line category, and \$100,000 of unexpended funds from the Maternal and Child Health Block Grant Match program, General Fund account, All Other line category, shall lapse to the unappropriated surplus of the General Fund no later than June 30, 2011.			Public Health	General Fund	1	280	IN	Unam.	\$0	\$0	0.00	\$173,315	(\$173,315)	
110	228	Purchased Social Services	A	I-A-1429	Reduces funding for transportation services. This initiative relates to curtailment of allotments ordered by the Governor pursuant to the Maine Revised Statutes, Title 5, section 1668.	Reduces funding for contracted transportation services. Contracted services in several fiscal year 2010-11 transportation contracts were reduced, resulting in these savings.	Request for additional information on volunteer driver rates and impact of proposal on recipients.	Social Services	General Fund	1	335	IN	8-5	\$0	(\$358,865)	0.00	\$0	(\$358,865)	
111	844	Office of Substance Abuse - Medicaid Seed	A	I-A-1407	Adjusts funding related to the rate reduction for outpatient services under the MaineCare Benefits Manual, Chapters II and III, Section 65, Behavioral Health Services included in Public Law 2009, chapter 571.	Public Law 2009, c. 571, Part A reduced funding through the reduction of rates for Section 65 Outpatient Services. Only funding in the Mental Health Services - Community Medicaid program was reduced when in fact, other MaineCare accounts should have been adjusted as well. This initiative corrects the distribution of those savings.	See HHS lines 2 and 5	Substance Abuse	General Fund	1	80	IN	Unam.	\$0	(\$108,318)	0.00	\$0	(\$108,318)	



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112		Language		Part G		Part G changes the methodology to be used by the State Budget Officer insure that allocations stay within existing resources for Fund for a Healthy Maine programs. For fiscal year 2010-11 only, if actual revenue collections are less than approved legislative allocations, the adjustment must be a proportionate calculation based on All Other allocation balances remaining on March 1, 2011. <b>HHS Committee amendment clarifies intent that "allocation balances" are "unexpended allocation balances"</b>	<i>Testimony NFNA and questioning temporary change (making deallocation based on March 1 balance in All Other account) from present law at Title 22, section 1511, subsection 12 (making deallocation based on annual allocation).</i>						AMD	7-6						
113		Language		Part O		Part O authorizes any balance remaining in the Traumatic Brain Injury Seed account within the Department of Health and Human Services to carry at the end of any fiscal year.							IN	Unam.						
114		Language		Part S		Part S exempts the Department of Health and Human Services, Disproportionate Share – Riverview and the Disproportionate Share – Dorothea Dix Psychiatric Hospital accounts and the Department of Education, Education in the Unorganized Territory account from the provision of the Maine Revised Statutes, Title 5, section 1582, subsection 4 that lapses unexpended General Fund Personal Services appropriations to the Salary Plan program, General Fund account at the close of each fiscal year. It also amends the language in Title 34-B that allows Personal Services balances in the Riverview Psychiatric Center and Dorothea Dix Psychiatric Center disproportionate share accounts to be transferred to All Other to remove a notwithstanding provision that is no longer necessary.							IN	Unam.						

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115		Language		Part T		Part T changes the disability determination cut-off from 45 days to 90 days effective July 1, 2011. It also directs the Department of Health and Human Services to pursue any necessary legal actions upon the effective date of this Act. <b>HHS Committee amendment clarifies that the 90 day time period only applies to applications on the basis of disability and the change would not be effective until the Polk vs. Longley consent decree is amended.</b>	<i>MC asked for information on staff added last year (temporary positions). DHHS says that if DHHS delays determinations of MaineCare eligibility based on disability beyond 45 days Maine will be required by federal CMS to pay MaineCare benefits for people found not eligible with 100% GF funds. DW asked for impact on General Assistance. This proposal was rejected by the Legislature last year. PF asked for information on savings. JM questioned whether this initiative belongs in supplemental budget.</i>						AMD	8-5						
		Language		Part T			<i>Testimony opposed based on need for Medicaid coverage in a timely manner, lack of health care while awaiting determination and requirement that person, when found Social Security disabled and receives first disability check pays back GA for benefits received. Question raised about projected savings for FY12 and 13. Question raised about current DHHS performance with regard to time of determinations, whether change is an eligibility limit prohibited by ARRA maintenance of effort requirements and whether draft should not apply to all MaineCare applicants. Question raised about conflict with Polk case consent decree 45-day limit and AG input into its applicability.</i>													

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116		Language		Part U		Part U transfers balances from several Other Special Revenue Funds accounts within the Department of Health and Human Services to General Fund unappropriated surplus by June 30, 2011.	<i>Transfers balances. DW asked for information on the funds and why the balances are available.</i>						IN	Unam.							
117		Language		Part V		Part V lapses unexpended funds in several Department of Health and Human Services General Fund carrying accounts to the General Fund unappropriated surplus no later than June 30, 2011.	<i>Transfers of balances.</i>						IN	Unam.							