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

MEMORANDUM

To: Senator G. William Diamond, Senate Chair
 Representative Emily Ann Cain, House Chair
 Joint Standing Committee on Appropriations and Financial Affairs

From: Joseph C. Brannigan, Senate Chair
 Anne C. Perry, House Chair
 Joint Standing Committee on Health and Human Services

Date: March 8, 2010

Re: HHS Committee recommendations on Change Package #2 to LD 1671

Thank you for providing the Health and Human Services Committee the opportunity to give the Appropriations Committee recommendations on Change Package #2 to LD 1671. We have worked on the Change Package and submit as our report this letter, the attached spreadsheets and the updated Appendix A list of adult mental health services nonMaineCare contracts, budget initiative F-A-7200.

The Health and Human Services Committee was pleased to see in the Change Package proposals to provide funding for identified needs. HHS Committee members oppose partial funding restorations where they feel that full restorations are needed.

We note that the Change Package restores some funding for contracts embedded in the adult mental health services nonMaineCare line that contains 17 contracts, budget initiative (F-A-7200). See Appendix A, adult mental health services nonMaineCare contracts.

- We support reversal of the cut and increased funding of \$100,000 for community integration in FY11 as proposed in the Change Package. Some members now oppose the cuts on this line in FY10.
- We support restoration of \$1,350,000 in FY11 to adult mental health mobile crisis services as proposed in the Change Package.
- We oppose partial restorations and continued initiatives that still provide cuts.

The Health and Human Services Committee has not yet reviewed the language portions of the Change Package that pertain to Riverview Psychiatric Center and Dorothea Dix Psychiatric Center and the Fund for a Healthy Maine.

Thank you for providing the Health and Human Services Committee this opportunity for input. We would be happy to speak with the Appropriations Committee at your convenience.

cc: Health and Human Services Committee members
Maureen Dawson, OFPR
Christopher Nolan, OFPR
Alex Avore, OFPR

Appendix A, Adult Mental Health Services nonMaineCare Contracts

	Original LD 1671		HHS 2-24-10 Votes		HHS 3-8-10 Votes		3-3-10 Change Package	
	FY 10	FY 11	FY 10	FY 11	FY 10	FY 11	FY 10	FY 11
Involuntary Hospitalization	(350,000)	(670,000)	(350,000)	(670,000)	(350,000)	(670,000)	(350,000)	(670,000)
Assertive Community Treatment (ACT)	(146,000)	(585,000)	0	0	0	0	(146,000)	(185,000)
Daily Living Support Services (DLSS)	(38,000)	(152,000)	0	0	0	0	(38,000)	(152,000)
Community Integration	(273,000)	(200,000)	(273,000)	(200,000)	(273,000)	100,000	(273,000)	100,000
Specialized Direct Services	(70,000)	(270,000)	0	0	0	0	(70,000)	(270,000)
NAMI	(55,000)	(220,000)	0	0	0	0	(55,000)	(100,000)
Advocacy	(34,430)	(137,723)	(34,430)	(105,138)	(34,430)	(105,138)	(34,430)	(137,723)
- Maine Center on Deafness								
- Maine Coalition Against Sexual Assault								
Outreach	(18,000)	(79,000)	(18,000)	(79,000)	(18,000)	(79,000)	(18,000)	(79,000)
Court Master	(125,000)	0	(125,000)	0	(125,000)	0	(125,000)	0
Warm Line	(18,000)	(72,000)	(18,000)	(72,000)	(18,000)	(72,000)	(18,000)	(72,000)
QIC	0	(5,000)	0	(5,000)	0	(5,000)	0	(5,000)
Professional Services	(55,684)	(108,246)	(55,684)	(108,246)	(55,684)	(108,246)	(55,684)	(108,246)
Portland Identification and Early Referral (PIER)	(8,750)	(35,000)	0	0	0	0	(8,750)	(35,000)
MCD - CSSP	0	(113,000)	0	(113,000)	0	(113,000)	0	(113,000)
Center for Learning/Muskie	(150,000)	(300,000)	(150,000)	(300,000)	(150,000)	(300,000)	(150,000)	(300,000)
Mobile Crisis Services	0	(1,350,000)	0	0	0	0	0	0
Transportation	0	(282,500)	0	0	0	0	0	(282,500)
	(1,341,864)	(4,579,469)	(1,024,114)	(1,652,384)	(1,024,114)	(1,352,384)	(1,341,864)	(2,409,469)

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1	734	Disproportionate Share - Dorothea Dix Psychiatric Center	CP2	Eliminates the following vacant positions: 3 Licensed Practical Nurse positions, one Chaplain II position, one Occupational Therapist II position, 2 Public Service Manager II positions, one Psychiatric Social Worker I position, 6 Mental Health Worker I positions, 2 Mental Health Worker II positions, 3 Office Associate II positions, one part-time Nurse IV position, one Team Leader position and one Assistant Team Leader position.		Added in CP2.	Adult MH	General Fund	1		UNK	Y	UNK	\$0	(\$425,062)
3	121	Mental Health Services - Community	CP2	Provides funding for services for approximately 75 people on the Bridging Rental Assistance Program waitlist and to expand access to community integration services to approximately 80 people.		Added in CP2.	Adult MH	General Fund	1		UNK	Y	UNK	\$0	\$650,000
6	732	Mental Health Services - Community Medicaid	CP2-MH-CS	Reduces funding for the MaineCare Benefits Manual, Section 17, Community Support Services by lowering reimbursement rates by 4%. The corresponding federal funding reduction is in the Medical Care - Payments to Providers program.		Added in CP2.	Adult MH	General Fund	14		UNK	N, 10-1	UNK	\$0	(\$675,344)
10	732	Mental Health Services - Community Medicaid	CP2-MH-PNMI	Reduces funding by standardizing the reimbursement rates for private nonmedical institutions billing under the MaineCare Benefits Manual Section 97, Appendix B - Substance Abuse Treatment Facilities and Appendix E - Community Residences for Persons with Mental Illness.		Added in CP2.	Adult MH	General Fund	14		UNK	Y, 10-1	UNK	\$0	(\$425,159)
12	121	Mental Health Services - Community	F-A-7200 CP2	Reduces funding for non-MaineCare services other than housing and medication management and in fiscal year 2010-11 allows \$1,350,000 for mobile crisis services, \$120,000 for NAMI Maine to perform family support, \$400,000 for assertive community treatment services and \$300,000 for community intervention services.	This initiative reduces funding that provides coverage for MaineCare-like services to people who are not eligible for MaineCare. The impact will be: 40 people will no longer receive ACT services, 13 people will no longer receive living supports, 364 people will no longer receive community integration and various contracts with advocacy and support organizations will be ended.	Policy Committee adopted (\$1,024,114) in FY 10 and (\$1,352,384) in FY 11. See separate listing. CP2 changed the initiative description and reduced the FY 11 deappropriation. Original FY 11 amount was (\$4,579,469). These are CP2 amounts, not the policy recommendation.	Adult MH	General Fund	2	150	AMD	N, 10-1	UNK	(\$1,341,864)	(\$2,409,469)
17	732	Mental Health Services - Community Medicaid	F-A-7272 CP2-CP1	Reduces funding based on a 10% reduction to the rates paid to providers under all sections of MaineCare policy except Section 21 residential services which are reduced 4% and hospital, physician, pharmacy and dental services.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	Deleted in CP2.	Adult MH	General Fund	14	192	OUT	Y	UNK	\$0	(\$4,525,641)

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18	732	Mental Health Services - Community Medicaid	F-A-7272 CP2	Reduces funding for the MaineCare Benefits Manual, Section 65, Behavioral Health Services by 10%, excluding children's comprehensive community support and multi-systems therapy which will be reduced by 4% and outpatient therapy and children's assertive community treatment services which will not be reduced. Reimbursement rates for crisis services will be standardized to achieve the equivalent of 10% savings. The corresponding state funding decreases are in the Mental Health Services - Child Medicaid program and the Mental Health Services - Community Medicaid program.		Added in CP2 - subsequently corrected to add additional - \$62,046 from OSA. See Children's Services for remaining items of this initiative. Original 10% amount was (\$4,525,641).	Adult MH	General Fund	14	UNK	N, 9-2	UNK		\$0	(\$937,965)
22	137	IV-E Foster Care/Adoption Assistance	CP2	Adjusts funding on a one-time basis as a result of the receipt of additional funding from the American Recovery and Reinvestment Act of 2009.		Source of ARRA funding?	Children's Services	General Fund	1	UNK	Y	UNK		(\$2,866,740)	(\$839,000)
24	147	Medical Care - Payments to Providers	CP2-CS-PNMI	Reduces funding by lowering reimbursement rates under the MaineCare Benefits Manual Section 97, Appendix D - Principles of Reimbursement for Child Care Facilities by 3% for treatment foster care and 2% for other facilities. The reductions to treatment foster care rates are not to be passed on as reductions to the foster parents.		CP2 Added.	Children's Services	General Fund	1	UNK	Y	UNK		\$0	(\$622,049)
30	147	Medical Care - Payments to Providers	F-A-7208 CP2	Reduces funding to reflect the savings associated with the creation of a children's waiver.	Children's Behavioral Health Services will work with the federal Centers for Medicare and Medicaid Services and the Office of MaineCare Services to implement a new section of MaineCare policy to serve children. It is anticipated that there would be approximately 40 children across Children's Behavioral Health and Child Welfare Services that would be served in the waiver program at a state expenditure of approximately \$29,720 per child/per year. These children would otherwise be receiving services in a facility such as a private nonmedical institution (PNMI) at an annual state expenditure of \$59,097. This initiative would generate savings of \$29,377 per child per year or up to \$979,560 in General Fund expenditures for 40 children after being adjusted for the PNMI tax.	CP2 modifies. Original proposal for FY 11 was - \$979,560 for 010; -\$2,116,258 for 013, and -\$160,698 for 020. AFA had voted original proposal IN on 3/1/10	Children's Services	General Fund	1	724 IN	Y	UNK		\$0	(\$489,780)
34	136	Mental Health Services - Children	F-A-7224 CP2	Reduces funding for non-MaineCare children's crisis services.	This budget initiative will be undertaken in collaboration with the Office of Adult Mental Health Services in order to achieve the best efficiencies. Reductions are proposed for fiscal year 2009-10 by taking an across-the-board cut across the 6 community agencies that currently provide children's mobile crisis services. Funding reductions in fiscal year 2010-11 will be achieved by creating a statewide administrative structure.	FY 10 deappropriation equals amount contained in the curtailment order dated November 20, 2009. CP2 deleted the FY 11 reduction. Original proposal included a deappropriation of \$840,000 in FY 11. The policy committee accepted the FY 10 reduction and rejected the FY 11 reduction.	Children's Services	General Fund	7	165 AMD	Y	UNK		(\$310,000)	\$0

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39	731	Mental Health Services - Child Medicaid	F-A-7272-CP2	Reduces funding based on a 10% reduction to the rates paid to providers under the following MaineCare Benefits Manual sections: 3, Ambulatory Care Clinic Services; 13, Targeted Case Management Services; 15, Chiropractic Services; 23, Developmental and Behavioral Evaluation Clinics; 28, Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations; 30, Family Planning Agency Services; 35, Hearing Aids and Services; 37, Children's Home Based Mental Health; 46, Psychiatric Hospital Services; 62, Genetic Testing and Clinical Genetic Services; 68, Occupational Therapy Services; 85, Physical Therapy Services; 95, Podiatric Services; 109, Speech and Hearing Services; 113, Transportation Services; 150, STD Screening Clinic Services; and 190, Boarding Home and Related.		Added in CP2. Original 10% reduction was \$1,544,951.	Children's Services	General Fund	17		UNK	N, 10-1	UNK	\$0	(\$553,367)
40	731	Mental Health Services - Child Medicaid	F-A-7272-CP2	Reduces funding for the MaineCare Benefits Manual, Section 65, Behavioral Health Services by 10%, excluding children's comprehensive community support and multi-systems therapy which will be reduced by 4% and outpatient therapy and children's assertive community treatment services which will not be reduced. Reimbursement rates for crisis services will be standardized to achieve the equivalent of 10% savings. The corresponding state funding decreases are in the Mental Health Services - Child Medicaid program and the Mental Health Services - Community Medicaid program.		Added in CP2.	Children's Services	General Fund	17		UNK	N, 10-1	UNK	\$0	(\$602,578)
41	731	Mental Health Services - Child Medicaid	F-A-7272-CP2-CP1	Reduces funding based on a 10% reduction to the rates paid to providers under all sections of MaineCare policy except Section 21 residential services which are reduced 4% and hospital, physician, pharmacy and dental services.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$24,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	Deleted in CP2.	Children's Services	General Fund	17	186	OUT	Y	UNK	\$0	(\$1,544,951)
51	987	Mental Retardation Waiver - MaineCare	CP2-21-A	Provides funding to increase enrollment in the MaineCare Benefits Manual, Section 21, Home and Community Benefits for Members with Mental Retardation or Autistic Disorder by approximately 100 members and in the MaineCare Benefits Manual, Section 29, Community Support Benefits for Members with Mental Retardation and Autistic Disorder by approximately 60 members. The corresponding federal funding increase is in the Medical Care - Payments to Providers program.		Added in CP2.	Developmental Services	General Fund	16		UNK	Y	UNK	\$0	\$1,571,889

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52	Z006	Mental Retardation Waiver - Supports	CP2-21-A	Provides funding to increase enrollment in the MaineCare Benefits Manual, Section 21, Home and Community Benefits for Members with Mental Retardation or Autistic Disorder by approximately 100 members and in the MaineCare Benefits Manual, Section 29, Community Support Benefits for Members with Mental Retardation and Autistic Disorder by approximately 60 members. The corresponding federal funding increase is in the Medical Care - Payments to Providers program.		Added in CP2.	Developmental Services	General Fund		16	UNK	Y	UNK		\$0	\$255,714
56	987	Mental Retardation Waiver - MaineCare	CP2-21-B	Reduces funding for the MaineCare Benefits Manual, Section 21, Home and Community Benefits for Members with Mental Retardation or Autistic Disorder. Reimbursement rates will be reduced by 2% for day habilitation and work supports and 1% for residential providers; all other services will be reduced by 10%. The corresponding federal funding reduction is in the Medical Care - Payments to Providers program.		Added in CP2.	Developmental Services	General Fund		16	UNK	N, 8-3	UNK		\$0	(\$1,204,153)
57	122	Mental Retardation Services - Community	F-A-7202 CP2	Reduces funding by decreasing room and board subsidies.	Developmental Services provides rent subsidy to offset the room and board costs that are not sufficiently covered by the individuals' SSI or other benefits for group homes. The department proposes curtailing current contracts and reducing fiscal year 2010-11 contracts.	FY 10 deappropriation equals amount contained in the curtailment order dated November 20, 2009. CP2 reduced the FY 11 deappropriation. Original amount was (\$1,022,207).	Developmental Services	General Fund		60 157	OUT	N, 10-1	UNK		(\$808,256)	(\$349,357)
65	987	Mental Retardation Waiver - MaineCare	F-A-7204 CP2	Reduces funding by centralizing the administration of shared living services. The corresponding federal funding decrease is in the Medical Care - Payments to Providers program.	There are 452 individuals who reside in 'shared living' homes. The current model reimbursed through the comprehensive waiver is designed to contract with qualified agencies who recruit, screen, arrange respite and provide quality assurance oversight to the adult care provider. This proposal would reduce the administrative expense associated with shared living. Six new employees will be required to oversee this effort. There would be little impact to consumers who are receiving supports in this model. The foster parents (shared living provider) will be affected by a change in the relationship with their current oversight model. The greatest impact will be to those provider agencies whose entire business model is shared living. They would have to close. There are other agency providers who have some shared living homes and they would be impacted by a loss of funds in their administrative overhead.	CP2 Modified Original reduction was (\$2,324,551). Related to HHS Lines 30,31,32, 33, 34 and 35. Policy Committee reduction was (\$852,551).	Developmental Services	General Fund		16 211	AMD	Y	UNK		\$0	(\$1,023,449)

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66	122 Mental Retardation Services - Community	F-A-7205-CP2	Establishes 6 Social Services Program Specialist II positions to administer shared living homes in an effort to centralize and reduce administrative costs. These positions are allocated 50% General Fund and 50% Other Special Revenue Funds in the Mental Retardation Services - Community program.	There are 452 individuals who reside in 'shared living' homes. The current model reimbursed through the comprehensive waiver is designed to contract with qualified agencies who recruit, screen, arrange respite and provide quality assurance oversight to the adult care provider. This proposal would reduce the administrative expense associated with shared living. The 6 Social Services Program Specialist II positions in this initiative will be required to oversee this effort. There would be little impact to consumers who are receiving supports in this model. The foster parents (shared living provider) will be affected by a change in the relationship with their current oversight model. The greatest impact will be to those provider agencies whose entire business model is shared living. They would have to close. There are other agency providers who have some shared living homes and they would be impacted by a loss of funds in their administrative overhead.	Deleted in CP2.	Developmental Services	General Fund	60	158	OUT	Y	UNK	-	\$0	\$224,551
72	705 Medicaid Services - Mental Retardation	F-A-7265-CP1-CP2	Reduces funding for intermediate care facilities for persons with mental retardation or autism. The corresponding federal reduction is in the Medical Care Payments to Providers program.		Added in 2-10-10 change Package. Initiative description changed; dollar reduction remained the same. Policy Committee voted OUT the original proposal and the CP1 change. CP2 deleted the proposal.	Developmental Services	General Fund	12		OUT	Y	UNK	-	\$0	(\$743,573)
76	705 Medicaid Services - Mental Retardation	F-A-7272-CP1-CP2	Reduces funding based on a 10% reduction to the rates paid to providers under all sections of MaineCare policy except Section 21 residential services which are reduced 4% and hospital, physician, pharmacy and dental services.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	Deleted in CP2.	Developmental Services	General Fund	12	177	OUT	Y	UNK	-	\$0	(\$399,793)

ProgramC	Program	Initiative #	InitiativeText	Initiative Justification	Initiative Notes	Secondary Class	Fund	Unit	Line #	HHS Action	HHS Vote 3/4	AFA Action	AFA Vote	FY 10 Total	FY 11 Total
78	987	Mental Retardation Waiver - MaineCare	F-A-7272-CP1-CP2	Reduces funding based on a 10% reduction to the rates paid to providers under all sections of MaineCare policy except Section 21 residential services which are reduced 4% and hospital, physician, pharmacy and dental services.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	Deleted in CP2.	Developmental Services	General Fund	16	214	OUT	Y	UNK	\$0	(\$4,744,375)
231	420	Long Term Care - Human Services	CP2	Provides funding for home-based services in the Office of Elder Services.	CP Added	Elder Services	General Fund	1			UNK	Y	UNK	\$0	\$1,000,000
232	148	Nursing Facilities	CP2	Reduces funding by eliminating staff enhancement payments to nursing facilities.	CP2 Added. HHS, 10-1, opposes funding cut, supports elimination of staff enhancement payments and amending principles of reimbursement to include this funding. 1 vote supports CP initiative fully.	Elder Services	General Fund	1			UNK	N, 10 amend. Y, 1.	UNK	\$0	(\$2,888,390)
236	147	Medical Care - Payments to Providers	CP2-ES-PNMI	Adjusts funding by allowing the program allowance to be part of personal care services when developing rates for MaineCare Benefits Manual Section 97, Appendix C, Medical Care and Remedial Care Facilities.	CP2 added. Adjustment in FY10 possible? equal to FY 11? ARRA \$ equal?	Elder Services	General Fund	1			UNK	Y	UNK	\$1,248,575	\$1,248,575
239	Z009	MR/Elderly PNMI Room and Board	CP2-ES-PNMI	Adjusts funding by allowing the program allowance to be part of personal care services when developing rates for MaineCare Benefits Manual Section 97, Appendix C, Medical Care and Remedial Care Facilities.	CP 2 Added. Can FY 10 savings be achieved? equal to FY 11 savings?	Elder Services	General Fund	1			UNK	Y	UNK	(\$2,252,111)	(\$2,252,111)
240	147	Medical Care - Payments to Providers	CP2-ES-PNMI2	Provides funding for MaineCare Benefits Manual Section 97, Appendix C, Medical Care and Remedial Care Facilities to reverse an initiative that was included in Public Law 2009, chapter 213.	CP2 added. Chk c. 213 initiative.	Elder Services	General Fund	1			UNK	Y	UNK	\$0	\$2,292,299
244	Z043	Consumer-directed Services	F-A-7203-CP2	Reduces funding for administrative costs in the Consumer-directed Services program.	The department proposes to reduce the state-funded Consumer Directed Services program by reducing the number of hours per consumer and providing support consistent with MaineCare regulations.	FY 10 deappropriation equals amount contained in the curtailment order dated November 20, 2009. CP2 amended the initiative description and reduced the FY 11 deappropriation only. The original FY 11 reduction was (\$500,000).	Elder Services	General Fund	1	221	OUT	Y, 10, 1 abstain	UNK	(\$125,000)	(\$250,000)
245	420	Long Term Care - Human Services	F-A-7209-CP2	Reduces funding by managing utilization of the homemakers program.	The Independent Support Services Program serves approximately 2,000 people. The department will manage the utilization of this program which assists with meal preparation, grocery shopping and housekeeping.	Modified in CP2. Original proposal was -\$750,000 in FY 11.	Elder Services	General Fund	1	859	OUT	N, 10-1	UNK	(\$187,500)	(\$250,000)

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247	140 Office of Elder Services Central Office	F-A-7210 CP2	Reduces funding for non-MaineCare adult day services and other supportive and administrative services and allowing for \$500,000 in fiscal year 2010-11 for day services and consultations for adult protective services clients.	This initiative reduces funding for adult day services by reducing hours of support; reduces a contract for case aides by \$103,000 and reduces contracts for occupational therapy consultation.	CP revises language and reduces net savings in FY 11 from originally proposed - \$775,000.	Elder Services	General Fund	1	598	OUT	N, 10-1	UNK		(\$250,000)	(\$275,000)
248	202 Low-cost Drugs To Maine's Elderly	F-A-7217 CP2	Reduces funding for the pharmacy incentive payment.	MaineCare pays a supplemental dispensing fee for prescriptions provided to members residing in rural areas in an attempt to assure continuing access to prescription services. The Pharmacy Incentive Payment dispensing fee ranges from \$0.55 to \$0.65 per prescription and changes on a quarterly basis to reflect the number of prescriptions filled in the prior quarter. This initiative will reduce the pharmacy incentive payment from an annual amount of \$2 million to \$1.57 million.	Deleted in CP2	Elder Services	General Fund	1	829	OUT	Y	UNK		\$0	(\$50,490)
251	Z009 MR/Elderly PNMI Room and Board	F-A-7272 CP2	Reduces funding based on a 10% reduction to the rates paid to providers under the following MaineCare Benefits Manual sections: 3, Ambulatory Care Clinic Services; 13, Targeted Case Management Services; 15, Chiropractic Services; 23, Developmental and Behavioral Evaluation Clinics; 28, Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations; 30, Family Planning Agency Services; 35, Hearing Aids and Services; 37, Children's Home Based Mental Health; 46, Psychiatric Hospital Services; 62, Genetic Testing and Clinical Genetic Services; 68, Occupational Therapy Services; 85, Physical Therapy Services; 95, Podiatric Services; 109, Speech and Hearing Services; 113, Transportation Services; 150, STD Screening Clinic Services; and 190, Boarding Home and Related.		CP2 Added	Elder Services	General Fund	1		UNK	N, 10-1	UNK		\$0	(\$225,909)
252	148 Nursing Facilities	F-A-7272 CP2	Reduces funding based on a 10% reduction to the rates paid to providers under all sections of MaineCare policy except Section 21 residential services which are reduced by 4% and hospital, physician, pharmacy and dental services.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	CP2 Deleted. CPI changed. blippie. HHS voted out prior to CP1. HHS Committee did support a new initiative to reduce the assessment costs by \$500,000.	Elder Services	General Fund	1	807	OUT	Y	UNK		\$0	(\$6,647,068)
256	921 Fund for a Healthy Maine	CP2	Reduces funding to reflect a fundwide reduction to the Fund for a Healthy Maine in fiscal year 2010-11		See Part TTT Language	FHM	Fund for a Healthy Maine	1		UNK	N, 9-1	UNK		\$0	(\$1,330,582)
266	129 Bureau of Medical Services	CP2	Provides funding to begin the necessary planning for managed care.		CP2 Added One-time?	MaineCare Admin	General Fund	1		UNK	Y, 9-2	UNK		\$0	\$1,000,000

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ProgramC	Program	Initiative #	InitiativeText	Initiative Justification	Initiative Notes	Secondary Class	Fund	Unit	Line #	HHS Action	HHS Vote 3/4	AFA Action	AFA Vote	FY 10 Total	FY 11 Total
300	147 Medical Care - Payments to Providers	F-A-7215 CP1 CP2	Adjusts funding to reflect an update of the hospital tax base year from 2006 to 2008.	The department proposes to change the base year on which hospitals pay tax, moving the base year from 2006 to 2008.	CP1 and CP2 correct to gross amount. CP2 deletes following from blippie "and the exclusion of municipally funded hospitals from the tax beginning July 1, 2010". CP1 changed to two initiatives -- gross OSR revenue of \$13,482,557 and equal GF deappropri, partially offset by GF approp of \$2,771,612.	MaineCare Hospitals	General Fund	1	751	IN	Y, 5 N, 5 1 abstain	TBL	3/1/10	\$0	(\$13,482,557)
308	147 Medical Care - Payments to Providers	F-A-7261 CP1 CP2	Reduces funding for hospital outpatient services.	The department proposes to eliminate reimbursement for hospital visits/tests/procedures when a member has received over 15 services per year, except for HIV, neoplasms (cancer treatment), prenatal care, kidney failure and transplants. This initiative will produce General Fund savings of \$1,480,214 in fiscal year 2010-11.	CP2 deletes. HHS report Voted 7-2 to support some savings and endorse continued discussions among all interested parties. Original GF amounts was \$1,480,214 in FY 11. CP1 changed blippie and added ARRA allocation.	MaineCare Hospitals	General Fund	1	761	AMD	Y	UNK	-	\$0	\$0
315	147 Medical Care - Payments to Providers	CP2	Adjusts funding as the result of the disallowance of federal financial participation for targeted case management claims in fiscal years 2001-02 and 2002-03.		CP 2 Added. Should this be fund transfer instead af appropriation?	MaineCare Other	General Fund	1		UNK	Y	UNK		\$29,736,437	(\$29,736,437)
316	147 Medical Care - Payments to Providers	CP2	Reduces funding from savings realized from the application of the enhanced federal medical assistance percentage to state Medicare Part D payments.		CP 2 Added. Federal allocations needed?	MaineCare Other	General Fund	1		UNK	Y	UNK		(\$11,708,148)	(\$16,128,958)
326	147 Medical Care - Payments to Providers	F-A-1919 CP2	Provides funding for the increased cost of Medicare Part D payments.	The State of Maine participates in the Medicare Part D program with the federal government and contributes a phased-down percentage. Based on projections by the federal Centers for Medicare and Medicaid Services (CMS) and the growth of participation the department projects an increased need to fully fund the payments to CMS.	CP2 changes amounts. Original proposal was \$195,264 in FY 10 and \$370,528 in FY 11. HHS Committee told by DHHS no longer needed. given US HHS Clawback decision.	MaineCare Other	General Fund	1	720	OUT	Y	UNK		\$0	\$320,079
340	147 Medical Care - Payments to Providers	CP2	Provides funding to address a federal compliance issue with the reimbursement of ambulance services.		CP2 Added	MaineCare Providers	General Fund	1		UNK	Y	UNK		\$0	\$889,449
346	147 Medical Care - Payments to Providers	F-A-7217 CP2	Reduces funding for the pharmacy incentive payment.	MaineCare pays a supplemental dispensing fee for prescriptions provided to members residing in rural areas in an attempt to assure continuing access to prescription services. The Pharmacy Incentive Payment dispensing fee ranges from \$0.55 to \$0.65 per prescription and changes on a quarterly basis to reflect the number of prescriptions filled in the prior quarter. This initiative will reduce the pharmacy incentive payment from an annual amount of \$2 million to \$1.57 million.	CP 2 deletes	MaineCare Providers	General Fund	1	739	OUT	Y	UNK	-	\$0	(\$114,510)

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351	147 Medical Care - Payments to Providers	F-A-7266-CP2	Reduces funding by limiting reimbursement for laboratory and x-ray services to 15 per year.	The department proposes to eliminate reimbursement for lab and x-ray visits/tests/procedures when a member has received over 15 services per year, except for HIV, neoplasms (cancer treatment), prenatal care, kidney failure and transplants. This initiative will produce General Fund savings of \$169,000 in fiscal year 2010-11.	CP2 Deletes.	MaineCare Providers	General Fund	1	769	OUT	Y	UNK	-	\$0	(\$169,000)
353	147 Medical Care - Payments to Providers	F-A-7272-CP1-CP2	Reduces funding based on a 10% reduction to the rates paid to providers under all sections of MaineCare policy except Section 21 residential services which are reduced by 4% and hospital, physician, pharmacy and dental services.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	CP2 deletes and replaces. CP1 blippie change. HHS voted prior to CP1.	MaineCare Providers	General Fund	1	782	OUT	Y	UNK	-	\$0	(\$14,519,175)
357	147 Medical Care - Payments to Providers	F-A-7272-CP1-CP2	Reduces funding based on a 10% reduction to the rates paid to providers under the following MaineCare Benefits Manual sections: 3, Ambulatory Care Clinic Services; 13, Targeted Case Management Services; 15, Chiropractic Services; 23, Developmental and Behavioral Evaluation Clinics; 28, Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations; 30, Family Planning Agency Services; 35, Hearing Aids and Services; 37, Children's Home Based Mental Health; 46, Psychiatric Hospital Services; 62, Genetic Testing and Clinical Genetic Services; 68, Occupational Therapy Services; 85, Physical Therapy Services; 95, Podiatric Services; 109, Speech and Hearing Services; 113, Transportation Services; 150, STD Screening Clinic Services; and 190, Boarding Home and Related.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	CP 2 Added	MaineCare Providers	General Fund	1	782	UNK	N, 10-1	UNK	-	\$0	(\$5,628,561)

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395	228	Purchased Social Services	F-A-7206 CP2	Reduces funding for contracted services for a variety of community supports and in fiscal year 2010-11 allows for \$60,000 to the Maine Children's Trust, Inc. to continue evidence-based parenting programs and \$140,800 for the Family Planning Association of Maine.	Under this proposal certain contracts funded with General Fund appropriations would be reduced. These include substance abuse services and Maine Children's Trust.	CP 2 modifies - blippie needs work. Originally proposed - \$550,000 for FY 11. Cuts - In FY10 cut totals \$150,000: Crossroads for Women \$7,474, Maine Children's Trust \$41,795 (MCT also receives OSR from tax checkoff of \$48,300/yr), Family Planning \$89,879, homeless youth at Shaw House (Bangor) \$10,892. In FY11 cuts total \$550,000 (for those marked E, no more funding in this account): Crossroads for Women (E) \$23,416, Maine Children's Trust (E) \$130,949 (MCT also receives OSR from tax checkoff of \$48,300/yr), Family Planning \$281,599, victim witness advocacy \$37,097 (E), domestic violence prevention \$42,129 (\$1.2million remains), homeless youth at Shaw House (E) (Bangor) \$34,000. Coalition against Sexual Assault, Maine Children's Trust and Family Planning testified against cut.	Social Services	General Fund	1	851	OUT	N, 10-1	UNK		(\$150,000)	(\$349,200)
396	844	Office of Substance Abuse - Medicaid Seed	CP2-SA-PNMI	Reduces funding by standardizing the reimbursement rates for private nonmedical institutions billing under the MaineCare Benefits Manual Section 97, Appendix B - Substance Abuse Treatment Facilities and Appendix E - Community Residences for Persons with Mental Illness.		Added in CP2.	Substance Abuse	General Fund	1		UNK	Y	UNK	\$0	(\$394,867)	
398	700	Driver Education and Evaluation Program - Substance Abuse	F-A-1930 CP2	Reduces funding from the Driver Education and Evaluation Programs.	This initiative reduces the appropriation for DEEP. The DEEP account has been over appropriated. This reduction will not negatively impact the program.	CP 2 eliminated the FY 10 deappropriation. Original amount was (\$250,000) in both FY 10 and FY 11.	Substance Abuse	General Fund	1	171	OUT	Y, FY10 N, 10-1, FY11	UNK	\$0	(\$250,000)	
399	844	Office of Substance Abuse - Medicaid Seed	F-A-7272-CP1-CP2	Reduces funding based on a 10% reduction to the rates paid to providers under all sections of MaineCare policy except Section 21 residential services which are reduced 4% and hospital, physician, pharmacy and dental services.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	Deleted in CP2.	Substance Abuse	General Fund	1	204	OUT	Y	UNK	\$0	(\$192,100)	

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400	844 Office of Substance Abuse – Medicaid Seed	F-A-7272-CP2	Reduces funding for the MaineCare Benefits Manual, Section 65, Behavioral Health Services by 10%, excluding children's comprehensive community support and multi-systems therapy which will be reduced by 4% and outpatient therapy and children's assertive community treatment services which will not be reduced. Reimbursement rates for crisis services will be standardized to achieve the equivalent of 10% savings. The corresponding state funding decreases are in the Mental Health Services – Child Medicaid program and the Mental Health Services – Community Medicaid program.		Added in CP2, but corrected to move to 0732. Original 10% reduction was (\$192,100).	Substance Abuse	General Fund			UNK	Y	UNK	-	\$0	(\$62,046)

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1	734 Disproportionate Share - Dorothea Dix Psychiatric Center	CP2	Eliminates the following vacant positions: 3 Licensed Practical Nurse positions, one Chaplain II position, one Occupational Therapist II position, 2 Public Service Manager II positions, one Psychiatric Social Worker I position, 6 Mental Health Worker I positions, 2 Mental Health Worker II positions, 3 Office Associate II positions, one part-time Nurse IV position, one Team Leader position and one Assistant Team Leader position.		Added in CP2.	Adult MH	General Fund		1	UNK	Y	UNK		\$0	(\$425,062)
2	120 Dorothea Dix Psychiatric Center	CP2	Eliminates the following vacant positions: 3 Licensed Practical Nurse positions, one Chaplain II position, one Occupational Therapist II position, 2 Public Service Manager II positions, one Psychiatric Social Worker I position, 6 Mental Health Worker I positions, 2 Mental Health Worker II positions, 3 Office Associate II positions, one part-time Nurse IV position, one Team Leader position and one Assistant Team Leader position.		Added in CP2.	Adult MH	Other Special Revenue Funds		25	UNK		UNK		\$0	(\$800,967)
3	121 Mental Health Services - Community	CP2	Provides funding for services for approximately 75 people on the Bridging Rental Assistance Program waitlist and to expand access to community integration services to approximately 80 people.		Added in CP2.	Adult MH	General Fund		1	UNK	Y	UNK		\$0	\$650,000
4	147 Medical Care - Payments to Providers	CP2-MH-CS	Reduces funding for the MaineCare Benefits Manual, Section 17, Community Support Services by lowering reimbursement rates by 4%. The corresponding state funding reduction is in the Mental Health Services - Community Medicaid program.		CP2 Added	Adult MH	Federal Expenditures Fund		1	UNK		UNK		\$0	(\$1,456,470)
5	147 Medical Care - Payments to Providers	CP2-MH-CS	Reduces funding for the MaineCare Benefits Manual, Section 17, Community Support Services by lowering reimbursement rates by 4%. The corresponding state funding reduction is in the Mental Health Services - Community Medicaid program.		CP2 Added	Adult MH	Federal Expenditures Fund ARRA		1	UNK		UNK		\$0	(\$114,092)
6	732 Mental Health Services - Community Medicaid	CP2-MH-CS	Reduces funding for the MaineCare Benefits Manual, Section 17, Community Support Services by lowering reimbursement rates by 4%. The corresponding federal funding reduction is in the Medical Care - Payments to Providers program.		Added in CP2.	Adult MH	General Fund		14	UNK	N, 10-1	UNK		\$0	(\$675,344)
7	147 Medical Care - Payments to Providers	CP2-MH-PNMI	Reduces funding by standardizing the reimbursement rates for private nonmedical institutions billing under the MaineCare Benefits Manual Section 97, Appendix B - Substance Abuse Treatment Facilities and Appendix E - Community Residences for Persons with Mental Illness.		CP 2 Added	Adult MH	Federal Expenditures Fund		1	UNK		UNK		\$0	(\$2,121,207)
8	147 Medical Care - Payments to Providers	CP2-MH-PNMI	Reduces funding by standardizing the reimbursement rates for private nonmedical institutions billing under the MaineCare Benefits Manual Section 97, Appendix B - Substance Abuse Treatment Facilities and Appendix E - Community Residences for Persons with Mental Illness.		CP 2 Added	Adult MH	Federal Expenditures Fund ARRA		1	UNK		UNK		\$0	(\$166,164)
9	732 Mental Health Services - Community Medicaid	CP2-MH-PNMI	Reduces funding by standardizing the reimbursement rates for private nonmedical institutions billing under the MaineCare Benefits Manual Section 97, Appendix B - Substance Abuse Treatment Facilities and Appendix E - Community Residences for Persons with Mental Illness.		Added in CP2.	Adult MH	Other Special Revenue Funds		46	UNK		UNK		\$0	(\$84,794)

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10	732	Mental Health Services - Community Medicaid	CP2-MH-PNMI	Reduces funding by standardizing the reimbursement rates for private nonmedical institutions billing under the MaineCare Benefits Manual Section 97, Appendix B - Substance Abuse Treatment Facilities and Appendix E - Community Residences for Persons with Mental Illness.		Added in CP2.	Adult MH	General Fund	14		UNK	Y, 10-1	UNK		\$0	(\$425,159)
11	105	Riverview Psychiatric Center	F-A-1910	Provides funding for medical services contracts.	This initiative funds physician and nursing services contracts. The inability to successfully recruit nurses and physicians requires Riverview to use contractual positions to maintain staffing ratios as mandated by the Consent Decree.		Adult MH	Other Special Revenue Funds	22	139	IN		UNK	\$504,890	\$504,890	
12	121	Mental Health Services - Community	F-A-7200 CP2	Reduces funding for non-MaineCare services other than housing and medication management and in fiscal year 2010-11 allows \$1,350,000 for mobile crisis services, \$120,000 for NAMI Maine to perform family support, \$400,000 for assertive community treatment services and \$300,000 for community intervention services.	This initiative reduces funding that provides coverage for MaineCare-like services to people who are not eligible for MaineCare. The impact will be: 40 people will no longer receive ACT services, 13 people will no longer receive living supports, 364 people will no longer receive community integration and various contracts with advocacy and support organizations will be ended.	Policy Committee adopted (\$1,024,114) in FY 10 and (\$1,352,384) in FY 11. See separate listing. CP2 changed the initiative description and reduced the FY 11 deappropriation. Original FY 11 amount was (\$4,579,469). These are CP2 amounts, not the policy recommendation.	Adult MH	General Fund	2	150	AMD	N, 10-1	UNK		(\$1,341,864)	(\$2,409,469)
13	120	Dorothea Dix Psychiatric Center	F-A-7201	Reduces funding for the Dorothea Dix Psychiatric Center.	The reduction in this account will be absorbed by the Dorothea Dix Psychiatric Center.		Adult MH	General Fund	55	147	IN		IN	03/01/10	\$0	(\$500,000)
14	121	Mental Health Services - Community	F-A-7254	Reduces funding for contracted vocational services. Funding in the same amount will be appropriated to the Department of Labor and matched with federal funds and used for the same purpose.	This initiative reduces funding in the Office of Adult Mental Health Services used for contracted vocational services. A corresponding appropriation to the Department of Labor will be used to match funding from the Rehabilitation Services Administration and be used for the same purpose.	3-1-10 - AFA requested clarification as identified in HHS Notes field. Clarification needed of program use in 2010 in DHHS and in DOL in 2011, purposes, consumers, budget, impact of change.	Adult MH	General Fund	2	151	IN		IN	03/01/10	\$0	(\$304,000)
15	732	Mental Health Services - Community Medicaid	F-A-7268	The Department of Health and Human Services shall establish a per member limit for outpatient mental health visits of 18 hours of services per year for adults. The department shall authorize services above 18 hours per year when continued treatment to the member is reasonably expected to bring about significant improvement and is medically necessary to avoid exacerbation of a mental health condition and likely continued outpatient treatment. The corresponding federal funding decrease is in the Medical Care - Payments to Providers program.	The Department proposes to limit mental health outpatient therapy paid under Section 65 of the MaineCare Benefits Manual to 18 visits per year (72 units) for adults. During the year reviewed, 19,942 adults received this service with 4,267 receiving more than 18 visits. The department will also adopt more stringent eligibility criteria for children who receive more than 18 visits (72 units) per year to limit services to only those children at risk for out of home or hospital placement. During the year reviewed, 13,923 children receive this service with 3,935 receiving more than 18 visits. These two efforts will reduce spending by approximately \$4,611,390 or \$1,427,225 in General Fund.	HHS amended to impose a soft cap allowing 30% of members to get over 18 visits and allowing unlimited group therapy. This is the amended initiative description. 3-1-10 - AFA indicated concerns about savings from a "soft cap". Asked about the level of confidence the savings will be achieved.	Adult MH	General Fund	14	190	AMD		TBL	03/01/10	\$0	(\$742,498)

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17	732 Mental Health Services - Community Medicaid	F-A-7272-CP2-CP1	Reduces funding based on a 10% reduction to the rates paid to providers under all sections of MaineCare policy except Section 21 residential services which are reduced 4% and hospital, physician, pharmacy and dental services.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	Deleted in CP2.	Adult MH	General Fund	14	192	OUT	Y	UNK	-	\$0	(\$4,525,641)
18	732 Mental Health Services - Community Medicaid	F-A-7272-CP2	Reduces funding for the MaineCare Benefits Manual, Section 65, Behavioral Health Services by 10%, excluding children's comprehensive community support and multi-systems therapy which will be reduced by 4% and outpatient therapy and children's assertive community treatment services which will not be reduced. Reimbursement rates for crisis services will be standardized to achieve the equivalent of 10% savings. The corresponding state funding decreases are in the Mental Health Services - Child Medicaid program and the Mental Health Services - Community Medicaid program.		Added in CP2 - subsequently corrected to add additional - \$62,046 from OSA. See Children's Services for remaining items of this initiative. Original 10% amount was (\$4,525,641).	Adult MH	General Fund	14		UNK	N, 9-2	UNK		\$0	(\$937,965)
19	147 Medical Care - Payments to Providers	F-A-7273	Reduces funding by restricting the use of antipsychotic drugs and by strengthening policies to require use of the most cost-effective option when more than one version of a unique chemical entity exists.	Approximately \$600K in savings would be achieved restricting the use of antipsychotic drugs to a) FDA approved indications, and b) other indications only when supported by published peer reviewed randomized controlled trials and when other FDA approved therapies have failed. The loss of rebates on atypical drug utilization that would be eliminated is reflected in the projected savings. In addition, \$400K in savings would be achieved by establishing new requirements to govern the use of a less cost effective version of a drug when more than one version of the same drug exists. Whenever more than one version of a unique chemical entity exists only the most cost effective version would be payable unless at least one of the following conditions exists: a) the less cost effective version has demonstrated clinically meaningful superior outcomes or safety in peer reviewed published randomized trials, or b) the more cost effective version is not available through a nearby or mail order MaineCare pharmacy.	Needs new blippie. HHS Committee amended to impose controls on atypicals for new users (\$175,000), to decrease the use of narcotics thru evidence based addiction management and reduction in the use of antibiotics (\$425,000) and to increase the use of generics (\$400,000).	Adult MH	General Fund	1	789	AMD		AMD	3/1/10	\$0	(\$1,000,000)

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20	147 Medical Care - Payments to Providers	F-A-7273	Reduces funding by restricting the use of antipsychotic drugs and by strengthening policies to require use of the most cost-effective option when more than one version of a unique chemical entity exists.	Approximately \$600K in savings would be achieved restricting the use of antipsychotic drugs to a) FDA approved indications, and b) other indications only when supported by published peer reviewed randomized controlled trials and when other FDA approved therapies have failed. The loss of rebates on atypical drug utilization that would be eliminated is reflected in the projected savings. In addition, \$400K in savings would be achieved by establishing new requirements to govern the use of a less cost effective version of a drug when more than one version of the same drug exists. Whenever more than one version of a unique chemical entity exists only the most cost effective version would be payable unless at least one of the following conditions exists: a) the less cost effective version has demonstrated clinically meaningful superior outcomes or safety in peer reviewed published randomized trials, or b) the more cost effective version is not available through a nearby or mail order MaineCare pharmacy.	Needs new blippie. HHS Committee amended to impose controls on atypicals for new users (\$175,000), to decrease the use of narcotics thru evidence based addiction management and reduction in the use of antibiotics (\$425,000) and to increase the use of generics (\$400,000).	Adult MH	Federal Expenditures Fund	1	790	AMD		AMD	3/1/10	\$0	(\$2,231,018)
21	121 Mental Health Services - Community	F-A-7282	Eliminates one Physician III position in the Mental Health Services - Community program and reduces one Physician III position to part-time in the Mental Health Services - Children program.	This initiative eliminates 1.5 positions from various department accounts in order to keep expenditures in line with available funding.		Adult MH	General Fund	2	153	IN		IN	03/01/10	\$0	(\$245,383)
22	137 IV-E Foster Care/Adoption Assistance	CP2	Adjusts funding on a one-time basis as a result of the receipt of additional funding from the American Recovery and Reinvestment Act of 2009.		Source of ARRA funding?	Children's Services	General Fund	1		UNK	Y	UNK		(\$2,866,740)	(\$839,000)
23	137 IV-E Foster Care/Adoption Assistance	CP2	Adjusts funding on a one-time basis as a result of the receipt of additional funding from the American Recovery and Reinvestment Act of 2009.		Source of ARRA funding?	Children's Services	Federal Expenditures Fund ARRA	1		UNK		UNK		\$2,866,740	\$839,000
24	147 Medical Care - Payments to Providers	CP2-CS-PNMI	Reduces funding by lowering reimbursement rates under the MaineCare Benefits Manual Section 97, Appendix D - Principles of Reimbursement for Child Care Facilities by 3% for treatment foster care and 2% for other facilities. The reductions to treatment foster care rates are not to be passed on as reductions to the foster parents.		CP2 Added.	Children's Services	General Fund	1		UNK	Y	UNK		\$0	(\$622,049)
25	147 Medical Care - Payments to Providers	CP2-CS-PNMI	Reduces funding by lowering reimbursement rates under the MaineCare Benefits Manual Section 97, Appendix D - Principles of Reimbursement for Child Care Facilities by 3% for treatment foster care and 2% for other facilities. The reductions to treatment foster care rates are not to be passed on as reductions to the foster parents.		CP2 Added.	Children's Services	Federal Expenditures Fund	1		UNK		UNK		\$0	(\$1,609,838)

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26	147 Medical Care - Payments to Providers	CP2-CS-PNMI	Reduces funding by lowering reimbursement rates under the MaineCare Benefits Manual Section 97, Appendix D - Principles of Reimbursement for Child Care Facilities by 3% for treatment foster care and 2% for other facilities. The reductions to treatment foster care rates are not to be passed on as reductions to the foster parents.		CP2 Added.	Children's Services	Other Special Revenue Funds		1		UNK			\$0	(\$124,410)	
27	147 Medical Care - Payments to Providers	CP2-CS-PNMI	Reduces funding by lowering reimbursement rates under the MaineCare Benefits Manual Section 97, Appendix D - Principles of Reimbursement for Child Care Facilities by 3% for treatment foster care and 2% for other facilities. The reductions to treatment foster care rates are not to be passed on as reductions to the foster parents.		CP2 Added.	Children's Services	Federal Expenditures Fund ARRA		1		UNK			\$0	(\$126,106)	
28	Z074 Maine Children's Growth Council	F-A-1100	Provides funding for a grant from the National Governor's Association.	This initiative provides funding for the second year of a grant received from the National Governor's Association to be used to fund a summit on early childhood issues.	Ongoing?	Children's Services	Other Special Revenue Funds		1	1016	IN			\$0	\$10,000	
29	137 IV-E Foster Care/Adoption Assistance	F-A-7207	Reduces funding by streamlining adoptive family recruitment using technology.	A recent DHHS website enhancement has created a more streamlined approach to recruitment of adoptive families. This new enhancement now provides families curious about adoption and seeking information online (by far the most used medium) a simple, progressive three step process to: a) learn about the adoption process; b) view photos and descriptions of children awaiting permanency; and c) put the families in touch with a real person to discuss the child in more detail. The simple process begins with just one mouse click on the link entitled "How do I adopt a child from DHHS?" This enhancement can effectively replace the website service provided by International Adoption Services Center.	AFA adds report back by 10/1/10 on implementation and impact language.	Children's Services	General Fund		1	572	IN		AMD	3/1/10	(\$112,500)	(\$450,000)
30	147 Medical Care - Payments to Providers	F-A-7208 CP2	Reduces funding to reflect the savings associated with the creation of a children's waiver.	Children's Behavioral Health Services will work with the federal Centers for Medicare and Medicaid Services and the Office of MaineCare Services to implement a new section of MaineCare policy to serve children. It is anticipated that there would be approximately 40 children across Children's Behavioral Health and Child Welfare Services that would be served in the waiver program at a state expenditure of approximately \$29,720 per child/per year. These children would otherwise be receiving services in a facility such as a private nonmedical institution (PNMI) at an annual state expenditure of \$59,097. This initiative would generate savings of \$29,377 per child per year or up to \$979,560 in General Fund expenditures for 40 children after being adjusted for the PNMI tax.	CP2 modifies. Original proposal for FY 11 was - \$979,560 for 010; -\$2,116,258 for 013, and -\$160,698 for 020. AFA had voted original proposal IN on 3/1/10	Children's Services	General Fund		1	724	IN	Y	UNK	\$0	(\$489,780)	

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ProgramC	Program	Initiative #	InitiativeText	Initiative Justification	Initiative Notes	Secondary Class	Fund	Unit	Line #	HHS Action	HHS Vote 3/4	AFA Action	AFA Vote	FY 10 Total	FY 11 Total
31	147 Medical Care - Payments to Providers	F-A-7208 CP2	Reduces funding to reflect the savings associated with the creation of a children's waiver.	Children's Behavioral Health Services will work with the federal Centers for Medicare and Medicaid Services and the Office of MaineCare Services to implement a new section of MaineCare policy to serve children. It is anticipated that there would be approximately 40 children across Children's Behavioral Health and Child Welfare Service that would be served in the waiver program at a state expenditure of approximately \$29,720 per child/per year. These children would otherwise be receiving services in a facility such as a private nonmedical institution (PNMI) at an annual state expenditure of \$59,097. This initiative would generate savings of \$29,377 per child per year or up to \$979,560 in General Fund expenditures for 40 children after being adjusted for the PNMI tax.	CP2 modifies. Original proposal for FY 11 was - \$979,560 for 010; -\$2,116,258 for 013, and -\$160,698 for 020. AFA had voted original proposal IN on 3/1/10	Children's Services	Federal Expenditures Fund	1	725	IN		UNK		\$0	(\$1,058,129)
32	147 Medical Care - Payments to Providers	F-A-7208 CP2	Reduces funding to reflect the savings associated with the creation of a children's waiver.	Children's Behavioral Health Services will work with the federal Centers for Medicare and Medicaid Services and the Office of MaineCare Services to implement a new section of MaineCare policy to serve children. It is anticipated that there would be approximately 40 children across Children's Behavioral Health and Child Welfare Service that would be served in the waiver program at a state expenditure of approximately \$29,720 per child/per year. These children would otherwise be receiving services in a facility such as a private nonmedical institution (PNMI) at an annual state expenditure of \$59,097. This initiative would generate savings of \$29,377 per child per year or up to \$979,560 in General Fund expenditures for 40 children after being adjusted for the PNMI tax.	CP2 modifies. Original proposal for FY 11 was - \$979,560 for 010; -\$2,116,258 for 013, and -\$160,698 for 020. AFA had voted original proposal IN on 3/1/10	Children's Services	Federal Expenditures Fund ARRA	1	726	IN		UNK		\$0	(\$80,349)
33	Z008 Maternal and Child Health Block Grant Match	F-A-7223	Reduces funding not required for matching purposes.	This initiative will reduce funding in General Fund accounts administered by the Maine Center for Disease Control and Prevention. This includes a reduction in fiscal year 2009-10 of \$400,000 that is available from amounts that carried into the account from fiscal year 2008-09 and fiscal year 2010-11 reductions in the Office of the Maine CDC Director, Division of Environmental Health, Infectious Disease, Chronic Disease and Public Health Systems, including the Health, Environmental Testing Lab and the Maternal and Child Health Unit of the Division of Family Health.		Children's Services	General Fund	1	917	IN		IN	3/1/10	(\$400,000)	(\$100,000)

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34	136 Mental Health Services - Children	F-A-7224 CP2	Reduces funding for non-MaineCare children's crisis services.	This budget initiative will be undertaken in collaboration with the Office of Adult Mental Health Services in order to achieve the best efficiencies. Reductions are proposed for fiscal year 2009-10 by taking an across-the-board cut across the 6 community agencies that currently provide children's mobile crisis services. Funding reductions in fiscal year 2010-11 will be achieved by creating a statewide administrative structure.	FY 10 deappropriation equals amount contained in the curtailment order dated November 20, 2009. CP2 deleted the FY 11 reduction. Original proposal included a deappropriation of \$840,000 in FY 11. The policy committee accepted the FY 10 reduction and rejected the FY 11 reduction.	Children's Services	General Fund	7	165	AMD	Y	UNK		(\$310,000)	\$0
35	147 Medical Care - Payments to Providers	F-A-7268	The Department of Health and Human Services shall establish initial per member limits for outpatient mental health visits to 18 hours of services per year for children 20 years of age and under. The department shall authorize treatment above 18 hours per year when continued treatment to the member is necessary to correct or ameliorate a mental health condition, as required by 42 U.S. Code Section 1396d(r)(5). The corresponding state funding decreases are in the Mental Health Services - Child Medicaid and Mental Health Services - Community Medicaid programs.	The Department proposes to limit mental health outpatient therapy paid under Section 65 of the MaineCare Benefits Manual to 18 visits per year (72 units) for adults. During the year reviewed, 19,942 adults received this service with 4,267 receiving more than 18 visits. The department will also adopt more stringent eligibility criteria for children who receive more than 18 visits (72 units) per year to limit services to only those children at risk for out of home or hospital placement. During the year reviewed, 13,923 children receive this service with 3,935 receiving more than 18 visits. These two efforts will reduce spending by approximately \$4,611,390 or \$1,427,225 in General Fund.	HHS amended to impose a soft cap allowing 30% of members to get over 18 visits and allowing unlimited group therapy. This is the amended initiative description.	Children's Services	Federal Expenditures Fund	1	777	AMD		TBL	3/1/10	\$0	(\$3,184,164)
36	731 Mental Health Services - Child Medicaid	F-A-7268	The Department of Health and Human Services shall establish initial per member limits for outpatient mental health visits to 18 hours of services per year for children 20 years of age and under. The department shall authorize treatment above 18 hours per year when continued treatment to the member is necessary to correct or ameliorate a mental health condition, as required by 42 U.S. Code Section 1396d(r)(5). The corresponding federal funding decrease is in the Medical Care - Payments to Providers program.	The Department proposes to limit mental health outpatient therapy paid under Section 65 of the MaineCare Benefits Manual to 18 visits per year (72 units) for adults. During the year reviewed, 19,942 adults received this service with 4,267 receiving more than 18 visits. The department will also adopt more stringent eligibility criteria for children who receive more than 18 visits (72 units) per year to limit services to only those children at risk for out of home or hospital placement. During the year reviewed, 13,923 children receive this service with 3,935 receiving more than 18 visits. These two efforts will reduce spending by approximately \$4,611,390 or \$1,427,225 in General Fund.	HHS amended to impose a soft cap allowing 30% of members to get over 18 visits and allowing unlimited group therapy. This is the amended initiative description.	Children's Services	General Fund	17	185	AMD		TBL	03/01/10	\$0	(\$684,727)
37	147 Medical Care - Payments to Providers	F-A-7272 CP2	Reduces funding for the MaineCare Benefits Manual, Section 65, Behavioral Health Services by 10%, excluding children's comprehensive community support and multi-systems therapy which will be reduced by 4% and outpatient therapy and children's assertive community treatment services which will not be reduced. Reimbursement rates for crisis services will be standardized to achieve the equivalent of 10% savings. The corresponding state funding decreases are in the Mental Health Services - Child Medicaid program and the Mental Health Services - Community Medicaid program.		CP2 Added	Children's Services	Federal Expenditures Fund	1		UNK		UNK		\$0	(\$3,322,388)

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38	147 Medical Care - Payments to Providers	F-A-7272 CP2	Reduces funding for the MaineCare Benefits Manual, Section 65, Behavioral Health Services by 10%, excluding children's comprehensive community support and multi-systems therapy which will be reduced by 4% and outpatient therapy and children's assertive community treatment services which will not be reduced. Reimbursement rates for crisis services will be standardized to achieve the equivalent of 10% savings. The corresponding state funding decreases are in the Mental Health Services - Child Medicaid program and the Mental Health Services - Community Medicaid program.		CP2 Added	Children's Services	Federal Expenditures Fund ARRA		1	UNK		UNK		\$0	(\$260,258)
39	731 Mental Health Services - Child Medicaid	F-A-7272 CP2	Reduces funding based on a 10% reduction to the rates paid to providers under the following MaineCare Benefits Manual sections: 3, Ambulatory Care Clinic Services; 13, Targeted Case Management Services; 15, Chiropractic Services; 23, Developmental and Behavioral Evaluation Clinics; 28, Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations; 30, Family Planning Agency Services; 35, Hearing Aids and Services; 37, Children's Home Based Mental Health; 46, Psychiatric Hospital Services; 62, Genetic Testing and Clinical Genetic Services; 68, Occupational Therapy Services; 85, Physical Therapy Services; 95, Podiatric Services; 109, Speech and Hearing Services; 113, Transportation Services; 150, STD Screening Clinic Services; and 190, Boarding Home and Related.		Added in CP2. Original 10% reduction was \$1,544,951.	Children's Services	General Fund		17	UNK	N, 10-1	UNK		\$0	(\$553,367)
40	731 Mental Health Services - Child Medicaid	F-A-7272 CP2	Reduces funding for the MaineCare Benefits Manual, Section 65, Behavioral Health Services by 10%, excluding children's comprehensive community support and multi-systems therapy which will be reduced by 4% and outpatient therapy and children's assertive community treatment services which will not be reduced. Reimbursement rates for crisis services will be standardized to achieve the equivalent of 10% savings. The corresponding state funding decreases are in the Mental Health Services - Child Medicaid program and the Mental Health Services - Community Medicaid program.		Added in CP2.	Children's Services	General Fund		17	UNK	N, 10-1	UNK		\$0	(\$602,578)
41	731 Mental Health Services - Child Medicaid	F-A-7272 CP2 CP1	Reduces funding based on a 10% reduction to the rates paid to providers under all sections of MaineCare policy except Section 21 residential services which are reduced 4% and hospital, physician, pharmacy and dental services.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	Deleted in CP2.	Children's Services	General Fund		17	OUT	Y	UNK	-	\$0	(\$1,544,951)

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42	136 Mental Health Services - Children	F-A-7282	Eliminates one Physician III position in the Mental Health Services - Community program and reduces one Physician III position to part-time in the Mental Health Services - Children program.	This initiative eliminates 1.5 positions from various department accounts in order to keep expenditures in line with available funding.		Children's Services	General Fund		7 166	IN		IN	03/01/10	\$0	(\$120,515)
43	Z020 Office of Integrated Access and Support - Central Office	F-A-1752-CP2	Transfers 2 Field Examiner II positions, one Family Independence Program Manager position and one Accounting Associate I position and related All Other from the Office of Integrated Access and Support Central Office program to the State Supplement to Federal Supplemental Security Income program.	This initiative creates an individual account for General Assistance recipients who become eligible for Social Security income.	CP2 modifies by transferring to 0131 State Supp to SSI program.	CP2DHHS-Management	Other-Special Revenue Funds		3 934	IN	-	UNK	-	\$0	\$907,003
44	Z020 Office of Integrated Access and Support - Central Office	F-A-1752-CP2	Transfers 2 Field Examiner II positions, one Family Independence Program Manager position and one Accounting Associate I position and related All Other from the Office of Integrated Access and Support Central Office program to the State Supplement to Federal Supplemental Security Income program.	This initiative creates an individual account for General Assistance recipients who become eligible for Social Security income.	CP2 modifies by transferring to 0131 State Supp to SSI program.	CP2DHHS-Management	Other-Special Revenue Funds		1 933	IN		UNK		\$0	(\$899,846)
45	131 State Supplement to Federal Supplemental Security Income	F-A-1752-CP2	Transfers 2 Field Examiner II positions, one Family Independence Program Manager position and one Accounting Associate I position and related All Other from the Office of Integrated Access and Support Central Office program to the State Supplement to Federal Supplemental Security Income program.	This initiative creates an individual account for General Assistance recipients who become eligible for Social Security income.	CP2 added. Why this program - source of OSR funds? does not currently have positions?	CP2DHHS-Management	Other-Special Revenue Funds		3 934	UNK		UNK		\$0	\$907,003
46	19 Departmentwide	F-A-7252	Adjusts funding to distribute the departmentwide deappropriation included in Public Law 2009, chapter 213, Part A related to a social security income cost-of-living increase.	Public Law 2009, c. 213, Part A included General Fund deappropriations of \$4,000,000 per year from savings due to a Social Security Income cost-of-living increase. This initiative distributes those savings to the Medical Care Services account which realized those savings.	3-1-10 - AFA questions about the cost-of-living increase. Is this related to last year's planned \$250 increase?	Department wide	General Fund		1 137	IN		IN	03/01/10	\$4,000,000	\$4,000,000
47	147 Medical Care - Payments to Providers	F-A-7253	Adjusts funding to distribute the departmentwide deappropriation included in Public Law 2009, chapter 213, Part A related to a social security income cost-of-living increase.	Public Law 2009, c. 213, Part A included General Fund deappropriations of \$4,000,000 per year from savings due to a Social Security Income cost-of-living increase. This initiative distributes those savings to the Medical Care Services account which realized those savings.	3-1-10 - Rep. Cain had questions about the cost-of-living increase. Is this related to last year's planned \$250 increase? Fed Funds impact? If not, why is this in MAP.	Department wide	General Fund		1 754	IN		IN	3/1/10	(\$4,000,000)	(\$4,000,000)
48	705 Medicaid Services - Mental Retardation	CP2-21-A	Provides funding to increase enrollment in the MaineCare Benefits Manual, Section 21, Home and Community Benefits for Members with Mental Retardation or Autistic Disorder by approximately 100 members and in the MaineCare Benefits Manual, Section 29, Community Support Benefits for Members with Mental Retardation and Autistic Disorder by approximately 60 members. The corresponding federal funding increase is in the Medical Care - Payments to Providers program		Added in CP2.	Developmental Services	Other-Special Revenue Funds		52	UNK		UNK		\$0	\$364,500

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49	147 Medical Care - Payments to Providers	CP2-21-A	Provides funding to increase enrollment in the MaineCare Benefits Manual, Section 21, Home and Community Benefits for Members with Mental Retardation or Autistic Disorder by approximately 100 members and in the MaineCare Benefits Manual, Section 29, Community Support Benefits for Members with Mental Retardation and Autistic Disorder by approximately 60 members. The corresponding state funding increases are in the Mental Retardation Waiver MaineCare program and the Mental Retardation Waiver - Supports program.		CP2 Added	Developmental Services	Federal Expenditures Fund		1		UNK		UNK	\$0	\$4,727,565
50	147 Medical Care - Payments to Providers	CP2-21-A	Provides funding to increase enrollment in the MaineCare Benefits Manual, Section 21, Home and Community Benefits for Members with Mental Retardation or Autistic Disorder by approximately 100 members and in the MaineCare Benefits Manual, Section 29, Community Support Benefits for Members with Mental Retardation and Autistic Disorder by approximately 60 members. The corresponding state funding increases are in the Mental Retardation Waiver MaineCare program and the Mental Retardation Waiver - Supports program.		CP2 Added	Developmental Services	Federal Expenditures Fund ARRA		1		UNK		UNK	\$0	\$370,332
51	987 Mental Retardation Waiver - MaineCare	CP2-21-A	Provides funding to increase enrollment in the MaineCare Benefits Manual, Section 21, Home and Community Benefits for Members with Mental Retardation or Autistic Disorder by approximately 100 members and in the MaineCare Benefits Manual, Section 29, Community Support Benefits for Members with Mental Retardation and Autistic Disorder by approximately 60 members. The corresponding federal funding increase is in the Medical Care - Payments to Providers program.		Added in CP2.	Developmental Services	General Fund		16		UNK	Y	UNK	\$0	\$1,571,889
52	Z006 Mental Retardation Waiver - Supports	CP2-21-A	Provides funding to increase enrollment in the MaineCare Benefits Manual, Section 21, Home and Community Benefits for Members with Mental Retardation or Autistic Disorder by approximately 100 members and in the MaineCare Benefits Manual, Section 29, Community Support Benefits for Members with Mental Retardation and Autistic Disorder by approximately 60 members. The corresponding federal funding increase is in the Medical Care - Payments to Providers program.		Added in CP2.	Developmental Services	General Fund		16		UNK	Y	UNK	\$0	\$255,714
53	705 Medicaid Services - Mental Retardation	CP2-21-B	Reduces funding for the MaineCare Benefits Manual, Section 21, Home and Community Benefits for Members with Mental Retardation or Autistic Disorder. Reimbursement rates will be reduced by 2% for day habilitation and work supports and 1% for residential providers; all other services will be reduced by 10%. The corresponding federal funding reduction is in the Medical Care - Payments to Providers program.		Added in CP2.	Developmental Services	Other Special Revenue Funds		52		UNK		UNK	\$0	(\$240,158)

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54	147 Medical Care - Payments to Providers	CP2-21-B	Reduces funding for the MaineCare Benefits Manual, Section 21, Home and Community Benefits for Members with Mental Retardation or Autistic Disorder. Reimbursement rates will be reduced by 2% for day habilitation and work supports and 1% for residential providers; all other services will be reduced by 10%. The corresponding federal funding reduction is in the Medical Care - Payments to Providers program		CP2 Added	Developmental Services	Federal Expenditures Fund		1		UNK			\$0	(\$3,114,851)
55	147 Medical Care - Payments to Providers	CP2-21-B	Reduces funding for the MaineCare Benefits Manual, Section 21, Home and Community Benefits for Members with Mental Retardation or Autistic Disorder. Reimbursement rates will be reduced by 2% for day habilitation and work supports and 1% for residential providers; all other services will be reduced by 10%. The corresponding federal funding reduction is in the Medical Care - Payments to Providers program		CP2 Added	Developmental Services	Federal Expenditures Fund ARRA		1		UNK			\$0	(\$244,001)
56	987 Mental Retardation Waiver - MaineCare	CP2-21-B	Reduces funding for the MaineCare Benefits Manual, Section 21, Home and Community Benefits for Members with Mental Retardation or Autistic Disorder. Reimbursement rates will be reduced by 2% for day habilitation and work supports and 1% for residential providers; all other services will be reduced by 10%. The corresponding federal funding reduction is in the Medical Care - Payments to Providers program.		Added in CP2.	Developmental Services	General Fund		16		UNK	N, 8-3	UNK	\$0	(\$1,204,153)
58	814 Freeport Towne Square	F-A-1310	Reduces funding in the Freeport Towne Square program. Other Special Revenue Funds account that is no longer necessary.	This initiative will eliminate allocation in this account following the sale of Freeport Towne Square.		Developmental Services	Other Special Revenue Funds		77	200 IN		UNK		(\$89,085)	(\$89,085)
59	705 Medicaid Services - Mental Retardation	F-A-1852	Provides funding for the Mental Retardation Waiver - Supports program through a reduction in the Medicaid Services - Mental Retardation program.	The Mental Retardation Supports Waiver was designed to offer support to qualified individuals. Many of these individuals were formerly receiving services under the MaineCare Benefits Manual, Section 24 Day Habilitation policy. Upon the Section 24 policy elimination, the funds previously used to fund Day Habilitation should be transferred to the MR Supports account in order to fund the Supports Waiver.	3-1-10 - Rep. Millett requested information about the account balances.	Developmental Services	General Fund		12	173 IN		IN	03/01/10	(\$4,222,447)	(\$4,222,447)
60	Z006 Mental Retardation Waiver - Supports	F-A-1852	Provides funding for the Mental Retardation Waiver - Supports program through a reduction in the Medicaid Services - Mental Retardation program.	The Mental Retardation Supports Waiver was designed to offer support to qualified individuals. Many of these individuals were formerly receiving services under the MaineCare Benefits Manual, Section 24 Day Habilitation policy. Upon the Section 24 policy elimination, the funds previously used to fund Day Habilitation should be transferred to the MR Supports account in order to fund the Supports Waiver.	3-1-10 - Rep. Millett requested information about the account balances.	Developmental Services	General Fund		1	219 IN		IN	03/01/10	\$4,222,447	\$4,222,447

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57	122	Mental Retardation Services - Community	F-A-7202 CP2	Reduces funding by decreasing room and board subsidies.	Developmental Services provides rent subsidy to offset the room and board costs that are not sufficiently covered by the individuals' SSI or other benefits for group homes. The department proposes curtailing current contracts and reducing fiscal year 2010-11 contracts.	FY 10 deappropriation equals amount contained in the curtailment order dated November 20, 2009. CP2 reduced the FY 11 deappropriation. Original amount was (\$1,022,207).	Developmental Services	General Fund	60	157	OUT	N, 10-1	UNK		(\$808,256)	(\$349,357)
61	705	Medicaid Services - Mental Retardation	F-A-7204 CP2	Reduces funding by centralizing the administration of shared living services. The corresponding federal funding decrease is in the Medical Care - Payments to Providers program.		Added in CP2. Original amount was (\$429,400) in the Mental Health account in error which was deleted in CP2. Policy committee voted In as Amended before CP2. Their amount was (\$170,034).	Developmental Services	Other Special Revenue Funds		52			UNK		\$0	(\$204,690)
62	147	Medical Care - Payments to Providers	F-A-7204 CP2	Reduces funding by centralizing the administration of shared living services. The corresponding state funding decrease is in the Mental Retardation Waiver - MaineCare program.	There are 452 individuals who reside in 'shared living' homes. The current model reimbursed through the comprehensive waiver is designed to contract with qualified agencies who recruit, screen, arrange respite and provide quality assurance oversight to the adult care provider. This proposal would reduce the administrative expense associated with shared living. Six new employees will be required to oversee this effort. There would be little impact to consumers who are receiving supports in this model. The foster parents (shared living provider) will be affected by a change in the relationship with their current oversight model. The greatest impact will be to those provider agencies whose entire business model is shared living. They would have to close. There are other agency providers who have some shared living homes and they would be impacted by a loss of funds in their administrative overhead.	CP2 modifies. Original proposal was -\$4,791,805 in FY 11 in 013 and -\$394,310 in FY 11 in 020.	Developmental Services	Federal Expenditures Fund	1	721	OUT		UNK		\$0	(\$2,648,647)

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63	147 Medical Care - Payments to Providers	F-A-7204 CP2	Reduces funding by centralizing the administration of shared living services. The corresponding state funding decrease is in the Mental Retardation Waiver - MaineCare program.	There are 452 individuals who reside in 'shared living' homes. The current model reimbursed through the comprehensive waiver is designed to contract with qualified agencies who recruit, screen, arrange respite and provide quality assurance oversight to the adult care provider. This proposal would reduce the administrative expense associated with shared living. Six new employees will be required to oversee this effort. There would be little impact to consumers who are receiving supports in this model. The foster parents (shared living provider) will be affected by a change in the relationship with their current oversight model. The greatest impact will be to those provider agencies whose entire business model is shared living. They would have to close. There are other agency providers who have some shared living homes and they would be impacted by a loss of funds in their administrative overhead.	CP2 modifies. Original proposal was -\$4,791,805 in FY 11 in 013 and -\$394,310 in FY 11 in 020.	Developmental Services	Federal Expenditures Fund ARRA		1 722	OUT		UNK		\$0	(\$207,481)
64	732 Mental Health Services - Community Medicaid	F-A-7204 CP2	Reduces funding by centralizing the administration of shared living services. The corresponding federal funding decrease is in the Medical Care - Payments to Providers program.	There are 452 individuals who reside in 'shared living' homes. The current model reimbursed through the comprehensive waiver is designed to contract with qualified agencies who recruit, screen, arrange respite and provide quality assurance oversight to the adult care provider. This proposal would reduce the administrative expense associated with shared living. Six new employees will be required to oversee this effort. There would be little impact to consumers who are receiving supports in this model. The foster parents (shared living provider) will be affected by a change in the relationship with their current oversight model. The greatest impact will be to those provider agencies whose entire business model is shared living. They would have to close. There are other agency providers who have some shared living homes and they would be impacted by a loss of funds in their administrative overhead.	Should be 0705-52, will be corrected in a change package. Original amount was \$429,400. Amount was changed based on policy committee recommendation to reduce the General Fund side of the proposal by \$852,552 instead of \$2,324,551 before CP2 deleted this proposal and added a new one in the correct account.	Developmental Services	Other-Special Revenue Funds		46 188	AMD	-	UNK	-	\$0	(\$170,034)

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65	987	Mental Retardation Waiver - MaineCare	F-A-7204 CP2	Reduces funding by centralizing the administration of shared living services. The corresponding federal funding decrease is in the Medical Care - Payments to Providers program.	There are 452 individuals who reside in 'shared living' homes. The current model reimbursed through the comprehensive waiver is designed to contract with qualified agencies who recruit, screen, arrange respite and provide quality assurance oversight to the adult care provider. This proposal would reduce the administrative expense associated with shared living. Six new employees will be required to oversee this effort. There would be little impact to consumers who are receiving supports in this model. The foster parents (shared living provider) will be affected by a change in the relationship with their current oversight model. The greatest impact will be to those provider agencies whose entire business model is shared living. They would have to close. There are other agency providers who have some shared living homes and they would be impacted by a loss of funds in their administrative overhead.	CP2 Modified Original reduction was (\$2,324,551). Related to HHS Lines 30,31,32, 33, 34 and 35. Policy Committee reduction was (\$852,551).	Developmental Services	General Fund	16	211	AMD	Y	UNK		\$0	(\$1,023,449)
66	122	Mental Retardation Services - Community	F-A-7205 CP2	Establishes 6 Social Services Program Specialist II positions to administer shared living homes in an effort to centralize and reduce administrative costs. These positions are allocated 50% General Fund and 50% Other Special Revenue Funds in the Mental Retardation Services - Community program.	There are 452 individuals who reside in 'shared living' homes. The current model reimbursed through the comprehensive waiver is designed to contract with qualified agencies who recruit, screen, arrange respite and provide quality assurance oversight to the adult care provider. This proposal would reduce the administrative expense associated with shared living. The 6 Social Services Program Specialist II positions in this initiative will be required to oversee this effort. There would be little impact to consumers who are receiving supports in this model. The foster parents (shared living provider) will be affected by a change in the relationship with their current oversight model. The greatest impact will be to those provider agencies whose entire business model is shared living. They would have to close. There are other agency providers who have some shared living homes and they would be impacted by a loss of funds in their administrative overhead.	Deleted in CP2.	Developmental Services	General Fund	60	158	OUT	Y	UNK	-	\$0	\$224,551

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67	122 Mental Retardation Services - Community	F-A-7205-CP2	Establishes 6 Social Services Program Specialist II positions to administer shared living homes in an effort to centralize and reduce administrative costs. These positions are allocated 50% General Fund and 50% Other Special Revenue Funds in the Mental Retardation Services - Community program.	There are 452 individuals who reside in 'shared living' homes. The current model reimbursed through the comprehensive waiver is designed to contract with qualified agencies who recruit, screen, arrange respite and provide quality assurance oversight to the adult care provider. This proposal would reduce the administrative expense associated with shared living. The 6 Social Services Program Specialist II positions in this initiative will be required to oversee this effort. There would be little impact to consumers who are receiving supports in this model. The foster parents (shared living provider) will be affected by a change in the relationship with their current oversight model. The greatest impact will be to those provider agencies whose entire business model is shared living. They would have to close. There are other agency providers who have some shared living homes and they would be impacted by a loss of funds in their administrative overhead.	Deleted in CP2.	Developmental Services	Other-Special-Revenue-Funds	62	159	OUT	-	UNK	-	\$0-	\$236,058
68	705 Medicaid Services - Mental Retardation	F-A-7262	Reduces funding by eliminating administrative and program-related costs in portions of high-cost budgets. The corresponding federal funding decrease is in the Medical Care - Payments to Providers program.	For those high-cost individuals who require more than 1:1 staffing on a 24/7 basis, this proposal will reduce the rate of reimbursement for additional staff above 168 hours per week to salary and benefits only. This would eliminate all administrative and program-related costs. Currently there are 184 individuals with budgets that exceed \$200,000. This figure represents 6% of individuals on the comprehensive waiver. The waiver program expends approximately \$43,660,000 annually on these high-cost individuals; this reduction represents about 15% of the total waiver budget.	Original amount was \$113,425. Amended to correspond with HHS recommendation on Line # 38 which reduced the General Fund side of the reduction from \$707,770 to \$261,875.	Developmental Services	Other Special Revenue Funds	52	174	AMD		UNK		\$0	(\$52,229)
69	147 Medical Care - Payments to Providers	F-A-7262	Reduces funding by eliminating administrative and program-related costs in portions of high-cost budgets. The corresponding state funding decrease is in the Mental Retardation Waiver - MaineCare program.	For those high-cost individuals who require more than 1:1 staffing on a 24/7 basis, this proposal will reduce the rate of reimbursement for additional staff above 168 hours per week to salary and benefits only. This would eliminate all administrative and program-related costs. Currently there are 184 individuals with budgets that exceed \$200,000. This figure represents 6% of individuals on the comprehensive waiver. The waiver program expends approximately \$43,660,000 annually on these high-cost individuals; this reduction represents about 15% of the total waiver budget.		Developmental Services	Federal Expenditures Fund	1	764	OUT	7-4	UNK		\$0	(\$1,832,101)

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70	987	Mental Retardation Waiver - MaineCare	F-A-7262	Reduces funding by eliminating administrative and program-related costs in portions of high-cost budgets. The corresponding federal funding decrease is in the Medical Care - Payments to Providers program.	For those high-cost individuals who require more than 1:1 staffing on a 24/7 basis, this proposal will reduce the rate of reimbursement for additional staff above 168 hours per week to salary and benefits only. This would eliminate all administrative and program-related costs. Currently there are 184 individuals with budgets that exceed \$200,000. This figure represents 6% of individuals on the comprehensive waiver. The waiver program expends approximately \$43,660,000 annually on these high-cost individuals; this reduction represents about 15% of the total waiver budget.	Developmental Services	General Fund	16	212	AMD		UNK		\$0	(\$261,875)
71	705	Medicaid Services - Mental Retardation	F-A-7265	Reduces funding by eliminating separate reimbursement for day habilitation services for individuals residing in an intermediate care facility for persons with mental retardation or autism. The corresponding federal funding decrease is in the Medical Care - Payments to Providers program.	The department proposes to eliminate separate billing for day habilitation services to those residing in intermediate care facilities for persons with mental retardation or autism (ICF/MR). The ICF/MR facilities provide 24/7 care. Day services are covered in the facilities daily rate and should not be billed separately. This reduction will save \$743,573 in General Fund dollars.	Developmental Services	General Fund	12	175	OUT	-	UNK	-	\$0	(\$743,573)
72	705	Medicaid Services - Mental Retardation	F-A-7265-CP1-CP2	Reduces funding for intermediate care facilities for persons with mental retardation or autism. The corresponding federal reduction is in the Medical Care - Payments to Providers program.	Added in 2-10-10 change Package. Initiative description changed; dollar reduction remained the same. Policy Committee voted OUT the original proposal and the CP1 change. CP2 deleted the proposal.	Developmental Services	General Fund	12		OUT	Y	UNK	-	\$0	(\$743,573)
73	147	Medical Care - Payments to Providers	F-A-7265-CP1-CP2	Reduces funding for intermediate care facilities for persons with mental retardation or autism. The corresponding state funding reduction is in the Medicaid Services - Mental Retardation program.	The department proposes to eliminate separate billing for day habilitation services to those residing in intermediate care facilities for persons with mental retardation or autism (ICF/MR). The ICF/MR facilities provide 24/7 care. Day services are covered in the facilities daily rate and should not be billed separately. This reduction will save \$743,573 in General Fund dollars.	Developmental Services	Federal Expenditures Fund	1	768	OUT	-	UNK	-	\$0	(\$1,603,225)
74	147	Medical Care - Payments to Providers	F-A-7265-CP1-CP2	Reduces funding for intermediate care facilities for persons with mental retardation or autism. The corresponding state funding reduction is in the Medicaid Services - Mental Retardation program.	The department proposes to eliminate separate billing for day habilitation services to those residing in intermediate care facilities for persons with mental retardation or autism (ICF/MR). The ICF/MR facilities provide 24/7 care. Day services are covered in the facilities daily rate and should not be billed separately. This reduction will save \$743,573 in General Fund dollars.	Developmental Services	Federal Expenditures Fund-ARRA	1	768	OUT	-	UNK	-	\$0	(\$125,598)

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75	147 Medical Care Payments to Providers	F-A-7265	Reduces funding by eliminating separate reimbursement for day habilitation services for individuals residing in an intermediate care facility for persons with mental retardation or autism. The corresponding state funding decrease is in the Medicaid Services - Mental Retardation program.	The department proposes to eliminate separate billing for day habilitation services to those residing in intermediate care facilities for persons with mental retardation or autism (ICF/MR). The ICF/MR facilities provide 24/7 care. Day services are covered in the facilities daily rate and should not be billed separately. This reduction will save \$743,573 in General Fund dollars.	HHS voted out prior to CP1. CP1 replaces with new initiative.	Developmental Services	Federal Expenditures Fund	1	768	OUT	-	UNK	-	\$0	(\$1,658,925)
76	705 Medicaid Services - Mental Retardation	F-A-7272-CP1-CP2	Reduces funding based on a 10% reduction to the rates paid to providers under all sections of MaineCare policy except Section 21 residential services which are reduced 4% and hospital, physician, pharmacy and dental services.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	Deleted in CP2.	Developmental Services	General Fund	12	177	OUT	Y	UNK	-	\$0	(\$399,793)
77	705 Medicaid Services - Mental Retardation	F-A-7272-CP1-CP2	Reduces funding based on a 10% reduction to the rates paid to providers under all sections of MaineCare policy except Section 21 residential services which are reduced 4% and hospital, physician, pharmacy and dental services.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	Deleted in CP2.	Developmental Services	Other-Special Revenue Funds	52	178	OUT	-	UNK	-	\$0	(\$1,092,931)
78	987 Mental Retardation Waiver - MaineCare	F-A-7272-CP1-CP2	Reduces funding based on a 10% reduction to the rates paid to providers under all sections of MaineCare policy except Section 21 residential services which are reduced 4% and hospital, physician, pharmacy and dental services.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	Deleted in CP2.	Developmental Services	General Fund	16	214	OUT	Y	UNK	-	\$0	(\$4,744,375)

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79	705 Medicaid Services - Mental Retardation	F-A-7272 CP2	Reduces funding based on a 10% reduction to the rates paid to providers under the following MaineCare Benefits Manual sections: 3, Ambulatory Care Clinic Services; 13, Targeted Case Management Services; 15, Chiropractic Services; 23, Developmental and Behavioral Evaluation Clinics; 28, Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations; 30, Family Planning Agency Services; 35, Hearing Aids and Services; 37, Children's Home Based Mental Health; 46, Psychiatric Hospital Services; 62, Genetic Testing and Clinical Genetic Services; 68, Occupational Therapy Services; 85, Physical Therapy Services; 95, Podiatric Services; 109, Speech and Hearing Services; 113, Transportation Services; 150, STD Screening Clinic Services; and 190, Boarding Home and Related.		Added in CP2.	Developmental Services	Other Special Revenue Funds		52		UNK		UNK	\$0	(\$178,678)	
225	Z020 Office of Integrated Access and Support - Central Office	F-A-BBB-1	Part BBB requires the State Controller to transfer a total of \$5,813,927 in fiscal year 2009-10 from the unappropriated surplus of the General Fund to Other Special Revenue Funds accounts within the Department of Health and Human Services to settle indirect cost allocation settlements.		3/1/10 AFA questions on time period affected.	DHHS Other	General Fund		1		IN		TBL	3/1/10	\$3,804,827	\$0
226	Z020 Office of Integrated Access and Support - Central Office	F-A-BBB-1	Part BBB requires the State Controller to transfer a total of \$5,813,927 in fiscal year 2009-10 from the unappropriated surplus of the General Fund to Other Special Revenue Funds accounts within the Department of Health and Human Services to settle indirect cost allocation settlements.		3/1/10 AFA questions on time period affected.	DHHS Other	Other Special Revenue Funds		1		IN		TBL	3/1/10	(\$3,804,827)	\$0
227	453 Bureau of Family Independence - Regional		Part BBB requires the State Controller to transfer a total of \$5,813,927 in fiscal year 2009-10 from the unappropriated surplus of the General Fund to Other Special Revenue Funds accounts within the Department of Health and Human Services to settle indirect cost allocation settlements.		3/1/10 AFA questions on time period affected.	DHHS Other	General Fund		1		IN		TBL	3/1/10	\$1,569,406	\$0
228	453 Bureau of Family Independence - Regional		Part BBB requires the State Controller to transfer a total of \$5,813,927 in fiscal year 2009-10 from the unappropriated surplus of the General Fund to Other Special Revenue Funds accounts within the Department of Health and Human Services to settle indirect cost allocation settlements.		3/1/10 AFA questions on time period affected.	DHHS Other	Other Special Revenue Funds		1		IN		TBL	3/1/10	(\$1,569,406)	\$0
229	Z038 Division of Administrative Hearings		Part BBB requires the State Controller to transfer a total of \$5,813,927 in fiscal year 2009-10 from the unappropriated surplus of the General Fund to Other Special Revenue Funds accounts within the Department of Health and Human Services to settle indirect cost allocation settlements.		3/1/10 AFA questions on time period affected.	DHHS Other	General Fund		1		IN		TBL	3/1/10	\$439,694	\$0
230	Z038 Division of Administrative Hearings		Part BBB requires the State Controller to transfer a total of \$5,813,927 in fiscal year 2009-10 from the unappropriated surplus of the General Fund to Other Special Revenue Funds accounts within the Department of Health and Human Services to settle indirect cost allocation settlements.		3/1/10 AFA questions on time period affected.	DHHS Other	Other Special Revenue Funds		1		IN		TBL	3/1/10	(\$439,694)	\$0

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231	420 Long Term Care - Human Services	CP2	Provides funding for home-based services in the Office of Elder Services.		CP Added	Elder Services	General Fund		1	UNK	Y	UNK		\$0	\$1,000,000
232	148 Nursing Facilities	CP2	Reduces funding by eliminating staff enhancement payments to nursing facilities.		CP2 Added. HHS, 10-1, opposes funding cut, supports elimination of staff enhancement payments and amending principles of reimbursement to include this funding. 1 vote supports CP initiative fully.	Elder Services	General Fund		1	UNK	N, 10 amend. Y, 1.	UNK		\$0	(\$2,888,390)
233	148 Nursing Facilities	CP2	Reduces funding by eliminating staff enhancement payments to nursing facilities.		CP2 Added	Elder Services	Federal Expenditures Fund		1	UNK		UNK		\$0	(\$7,473,223)
234	148 Nursing Facilities	CP2	Reduces funding by eliminating staff enhancement payments to nursing facilities.		CP2 Added	Elder Services	Other Special Revenue Funds		1	UNK		UNK		\$0	(\$577,678)
235	148 Nursing Facilities	CP2	Reduces funding by eliminating staff enhancement payments to nursing facilities.		CP2 Added	Elder Services	Federal Expenditures Fund ARRA		1	UNK		UNK		\$0	(\$585,457)
236	147 Medical Care - Payments to Providers	CP2-ES-PNMI	Adjusts funding by allowing the program allowance to be part of personal care services when developing rates for MaineCare Benefits Manual Section 97, Appendix C, Medical Care and Remedial Care Facilities.		CP2 added. Adjustment in FY10 possible? equal to FY 11? ARRA \$ equal?	Elder Services	General Fund		1	UNK	Y	UNK		\$1,248,575	\$1,248,575
237	147 Medical Care - Payments to Providers	CP2-ES-PNMI	Adjusts funding by allowing the program allowance to be part of personal care services when developing rates for MaineCare Benefits Manual Section 97, Appendix C, Medical Care and Remedial Care Facilities.		CP2 added. Adjustment in FY10 possible? equal to FY 11? ARRA \$ equal?	Elder Services	Federal Expenditures Fund		1	UNK		UNK		\$2,692,065	\$2,692,065
238	147 Medical Care - Payments to Providers	CP2-ES-PNMI	Adjusts funding by allowing the program allowance to be part of personal care services when developing rates for MaineCare Benefits Manual Section 97, Appendix C, Medical Care and Remedial Care Facilities.		CP2 added. Adjustment in FY10 possible? equal to FY 11? ARRA \$ equal?	Elder Services	Federal Expenditures Fund ARRA		1	UNK		UNK		\$210,898	\$210,898
239	Z009 MR/Elderly PNMI Room and Board	CP2-ES-PNMI	Adjusts funding by allowing the program allowance to be part of personal care services when developing rates for MaineCare Benefits Manual Section 97, Appendix C, Medical Care and Remedial Care Facilities.		CP 2 Added. Can FY 10 savings be achieved? equal to FY 11 savings?	Elder Services	General Fund		1	UNK	Y	UNK		(\$2,252,111)	(\$2,252,111)
240	147 Medical Care - Payments to Providers	CP2-ES-PNMI2	Provides funding for MaineCare Benefits Manual Section 97, Appendix C, Medical Care and Remedial Care Facilities to reverse an initiative that was included in Public Law 2009, chapter 213.		CP2 added. Chk c. 213 initiative.	Elder Services	General Fund		1	UNK	Y	UNK		\$0	\$2,292,299
241	147 Medical Care - Payments to Providers	CP2-ES-PNMI2	Provides funding for MaineCare Benefits Manual Section 97, Appendix C, Medical Care and Remedial Care Facilities to reverse an initiative that was included in Public Law 2009, chapter 213.		CP2 added. Chk c. 213 initiative.	Elder Services	Federal Expenditures Fund		1	UNK		UNK		\$0	\$5,070,222
242	147 Medical Care - Payments to Providers	CP2-ES-PNMI2	Provides funding for MaineCare Benefits Manual Section 97, Appendix C, Medical Care and Remedial Care Facilities to reverse an initiative that was included in Public Law 2009, chapter 213.		CP2 added. Chk c. 213 initiative.	Elder Services	Other Special Revenue Funds		1	UNK		UNK		\$0	\$509,272

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243	140 Office of Elder Services Central Office	F-A-1316	Establishes one limited-period Social Services Program Specialist II position in the Office of Elder Services Central Office program to act as the state project director for the family caregiver program. This position will end June 18, 2011.	The Office of Elder Services applies for and receives numerous federal grants, primarily funded by the Administration on Aging. These grants require that there be a state project director within the Office of Elder Services to assure the implementation of grant activities and report on progress to the grantor. It is not appropriate to contract out the project director position. This initiative establishes a Social Services Program Specialist II position to meet these requirements of receiving federal funds.		Elder Services	Federal Expenditures Fund	1	595	IN		UNK		\$0	\$87,806
244	Z043 Consumer-directed Services	F-A-7209 CP2	Reduces funding for administrative costs in the Consumer-directed Services program.	The department proposes to reduce the state-funded Consumer Directed Services program by reducing the number of hours per consumer and providing support consistent with MaineCare regulations.	FY 10 deappropriation equals amount contained in the curtailment order dated November 20, 2009. CP2 amended the initiative description and reduced the FY 11 deappropriation only. The original FY 11 reduction was (\$500,000).	Elder Services	General Fund	1	221	OUT	Y, 10, 1 abstain	UNK		(\$125,000)	(\$250,000)
245	420 Long Term Care - Human Services	F-A-7209 CP2	Reduces funding by managing utilization of the homemakers program.	The Independent Support Services Program serves approximately 2,000 people. The department will manage the utilization of this program which assists with meal preparation, grocery shopping and housekeeping.	Modified in CP2. Original proposal was -\$750,000 in FY 11.	Elder Services	General Fund	1	859	OUT	N, 10-1	UNK		(\$187,500)	(\$250,000)
246	420 Long Term Care - Human Services	F-A-7210	Reduces funding for non-MaineCare adult day services and other supportive and administrative services.	This initiative reduces funding for adult day services by reducing hours of support; reduces a contract for case aides by \$103,000 and reduces contracts for occupational therapy consultation.		Elder Services	General Fund	1	860	OUT		UNK		\$0	(\$225,000)
247	140 Office of Elder Services Central Office	F-A-7210 CP2	Reduces funding for non-MaineCare adult day services and other supportive and administrative services and allowing for \$500,000 in fiscal year 2010-11 for day services and consultations for adult protective services clients.	This initiative reduces funding for adult day services by reducing hours of support; reduces a contract for case aides by \$103,000 and reduces contracts for occupational therapy consultation.	CP revises language and reduces net savings in FY 11 from originally proposed - \$775,000.	Elder Services	General Fund	1	598	OUT	N, 10-1	UNK		(\$250,000)	(\$275,000)
248	202 Low-cost Drugs To Maine's Elderly	F-A-7217 CP2	Reduces funding for the pharmacy incentive payment.	MaineCare pays a supplemental dispensing fee for prescriptions provided to members residing in rural areas in an attempt to assure continuing access to prescription services. The Pharmacy Incentive Payment dispensing fee ranges from \$0.55 to \$0.65 per prescription and changes on a quarterly basis to reflect the number of prescriptions filled in the prior quarter. This initiative will reduce the pharmacy incentive payment from an annual amount of \$2 million to \$1.57 million.	Deleted in CP2	Elder Services	General Fund	1	829	OUT	Y	UNK		\$0	(\$50,490)

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249	202 Low-cost Drugs To Maine's Elderly	F-A-7218	Reduces funding by a reduction of the benefit provided under the Low-cost Drugs To Maine's Elderly program.	The Low Cost Drugs for the Elderly and Disabled (DEL) benefit is a prescription drug assistance program. This initiative will eliminate only copays for Medicare Savings Plan members. These members are between 100% and 185% of the federal poverty level. Copays are \$2.50 for generics and \$6.30 for brand name drugs. The proposal retains coverage for the gap (donut hole) and deductible coverage as well for the excluded drugs. It also retains coverage for the beneficiaries with incomes less than 100% FPL.	3/1/10 AFA questions on new HHS proposal. □ HHS Committee replaced with several new proposals to achieve savings. Would need new blippie	Elder Services	General Fund	1	830	AMD	Amend 8-1	TBL	3/1/10	\$0	(\$1,800,000)
250	140 Office of Elder Services Central Office	F-A-7258	Provides funding for a new federal Alzheimer's innovation initiative grant administered by the Office of Elder Services Central Office program.	The goal of this federal grant is to improve the capability of consumer directed options within Maine's publicly funded programs to serve the needs of people with dementia and their caregivers. Much of the work will focus on the family provider service option (FPSO) to improve the awareness of, access to and efficiency of the current option. This will also result in a more efficient and consumer friendly transition between the State's funded respite program administered by the Area Agencies on Aging.		Elder Services	Federal Expenditures Fund	1	601	IN		UNK		\$0	\$235,310
251	Z009 MR/Elderly PNMI Room and Board	F-A-7272 CP2	Reduces funding based on a 10% reduction to the rates paid to providers under the following MaineCare Benefits Manual sections: 3, Ambulatory Care Clinic Services; 13, Targeted Case Management Services; 15, Chiropractic Services; 23, Developmental and Behavioral Evaluation Clinics; 28, Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations; 30, Family Planning Agency Services; 35, Hearing Aids and Services; 37, Children's Home Based Mental Health; 46, Psychiatric Hospital Services; 62, Genetic Testing and Clinical Genetic Services; 68, Occupational Therapy Services; 85, Physical Therapy Services; 95, Podiatric Services; 109, Speech and Hearing Services; 113, Transportation Services; 150, STD Screening Clinic Services; and 190, Boarding Home and Related.		CP2 Added	Elder Services	General Fund	1		UNK	N, 10-1	UNK		\$0	(\$225,909)
252	148 Nursing Facilities	F-A-7272-CP2	Reduces funding based on a 10% reduction to the rates paid to providers under all sections of MaineCare policy except Section 21 residential services which are reduced by 4% and hospital, physician, pharmacy and dental services.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	CP2 Deleted. CP1 changed blippie. HHS voted out prior to CP1. HHS Committee did support a new initiative to reduce the assessment costs by \$500,000.	Elder Services	General Fund	1	807	OUT	Y	UNK	-	\$0	(\$6,647,068)

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253	148 Nursing-Facilities	F-A-7272-CP2	Reduces funding based on a 10% reduction to the rates paid to providers under all sections of MaineCare policy except Section 21 residential services which are reduced by 4% and hospital, physician, pharmacy and dental services.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	CP2 Deleted. CPI changed. HHS voted out prior to CPI. HHS Committee did support a new initiative to reduce its assessment costs by \$500,000.	Elder-Services	Federal-Expenditures-Fund	1	808	OUT	-	UNK	-	\$0-	(\$16,491,888)
254	148 Nursing-Facilities	F-A-7272-CP2	Reduces funding based on a 10% reduction to the rates paid to providers under all sections of MaineCare policy except Section 21 residential services which are reduced by 4% and hospital, physician, pharmacy and dental services.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	CP2 Deleted. CPI changed. HHS voted out prior to CPI. HHS Committee did support a new initiative to reduce its assessment costs by \$500,000.	Elder-Services	Other-Special-Revenue-Funds	2	809	OUT	-	UNK	-	\$0-	(\$1,315,864)
255	148 Nursing-Facilities	F-A-7272-CP2	Reduces funding based on a 10% reduction to the rates paid to providers under all sections of MaineCare policy except Section 21 residential services which are reduced by 4% and hospital, physician, pharmacy and dental services.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	CP2 Deleted. CPI changed. HHS voted out prior to CPI. HHS Committee did support a new initiative to reduce its assessment costs by \$500,000.	Elder-Services	Federal-Expenditures-Fund-ARRA	1	810	OUT	-	UNK	-	\$0-	(\$1,273,555)
256	921 Fund for a Healthy Maine	CP2	Reduces funding to reflect a fundwide reduction to the Fund for a Healthy Maine in fiscal year 2010-11		See Part TTT Language	FHM	Fund for a Healthy Maine	1		UNK	N, 9-1	UNK		\$0	(\$1,330,582)
257	Z036 Division of Licensing and Regulatory Services	F-A-1595	Transfers 4 Community Care Worker positions and one Social Services Program Specialist II position from the FHM - Service Center program to the Division of Licensing and Regulatory Services program.	The DHHS Division of Licensing and Regulatory Services submitted an amendment to the DHHS public assistance cost allocation plan relating to their accounts in FY 2009. This initiative places these DLRS positions in the DLRS Other Special Revenue Funds account which expenditures will be allocated accordingly.		FHM	Other Special Revenue Funds	4		IN		UNK		\$0	\$422,189

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258	957 FHM - Service Center	F-A-1595	Transfers 4 Community Care Worker positions and one Social Services Program Specialist II position from the FHM - Service Center program to the Division of Licensing and Regulatory Services program.	The DHHS Division of Licensing and Regulatory Services submitted an amendment to the DHHS public assistance cost allocation plan relating to their accounts in FY 2009. This initiative places these DLRS positions in the DLRS Other Special Revenue Funds account which expenditures will be allocated accordingly.		FHM	Fund for a Healthy Maine	1	902	IN		UNK		\$0	(\$412,346)
259	921 Fund for a Healthy Maine	F-A-2231	Provides funding to offset a deallocation made in Public Law 2009, chapter 213, Part UUUU, 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, 2009 was sufficient to cover the deallocation.	Public Law 2009 c. 213, Part UUUU, section 2 deallocated (\$536,000) from the Fund for a Healthy Maine account in the Department of Administrative and Financial Services to cover a projected revenue shortfall in the Fund. The State Budget Officer was charged with pro-rating the deallocation to the individual subsidiary FHM accounts by Financial Order in fiscal year 2009-10. This pro-rata adjustment is not required because there was sufficient cash on hand at June 30, 2009 to cover the deallocation. This initiative provides an allocation of \$536,000 to offset the deallocation in fiscal year 2009-10.		FHM	Fund for a Healthy Maine	1	54	IN		UNK		\$536,000	\$0
260	964 FHM - Fire Marshal	F-A-7221	Provides funding for inspections of facilities licensed by the Department of Health and Human Services.	These funds will be used to pay for an accrued balance and for the anticipated increase in fiscal year 2009-10 and fiscal year 2010-11 only for mandatory inspections of Department of Health and Human Services licensed facilities that provide services to children.	HHS Committee OK'd in 2-3-10 report Back	FHM	Fund for a Healthy Maine	1	1209	IN		UNK		\$1,140,780	\$0
261	921 Fund for a Healthy Maine		Transfers Fund for a Healthy Maine balance to General Fund unappropriated surplus in fiscal years 2009-10 and 2010-11.		With enactment of PL 462 (streamlining), not sufficient funds available to make transfer as proposed. HHS vote: 10 support assuming transfer amount reduced for sufficient funds; 2 as proposed; 2 opposed transfer. Proposed as FY 10 -\$3,925,515; FY 11 - \$222,282	FHM	Fund for a Healthy Maine	1		AMD	10-2-2	UNK		\$2,816,000	\$0
262	921 Fund for a Healthy Maine		Transfers Fund for a Healthy Maine balance to General Fund unappropriated surplus in fiscal years 2009-10 and 2010-11.		With enactment of PL 462 (streamlining), not sufficient funds available to make transfer as proposed. HHS vote: 10 support assuming transfer amount reduced for sufficient funds; 2 as proposed; 2 opposed transfer. Proposed as FY 10 -\$3,925,515; FY 11 - \$222,282	FHM	Fund for a Healthy Maine	1		AMD	10-2-2	UNK		\$3,925,515	\$222,282
263	523 Disability Rights Center	F-A-7004	Reduces funding to maintain appropriations within available resources.	This initiative represents a one-time reduction of 5% to the program to maintain costs within available resources.		HHS Other	General Fund	1	333	OUT	8-5	UNK		\$0	(\$6,538)

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264	103 Ombudsman Program	F-A-7020	Reduces funding for contractual services from the Maine Children's Alliance to maintain costs within available resources.	This program provides ombudsman services to the children and families of the State regarding child welfare services provided by the Department of Health and Human Services.		HHS Other	General Fund	1	462	IN		IN	3/1/10	\$0	(\$4,827)
265	663 Maine Hospice Council	F-A-7452	Reduces funding to maintain appropriations within available resources.	This initiative represents a one-time reduction of 5% to the program to maintain costs within available resources.		HHS Other	General Fund	1	483	IN		IN	3/1/10	\$0	(\$3,294)
266	129 Bureau of Medical Services	CP2	Provides funding to begin the necessary planning for managed care.		CP2 Added One-time?	MaineCare Admin	General Fund	1		UNK	Y, 9-2	UNK		\$0	\$1,000,000
267	129 Bureau of Medical Services	CP2	Provides funding to begin the necessary planning for managed care.		CP2 Added One-time?	MaineCare Admin	Federal Expenditures Fund	1		UNK		UNK		\$0	\$1,000,000
268	129 Bureau of Medical Services	F-A-1918	Adjusts funding for the decrease in the federal financial participation rate from 75% to 50% on the Maine Integrated Health Management Solution (MIHMS) system until fiscal year 2011-12 when the certification process will be completed.	This initiative recognizes that the certification process for the Maine Integrated Health Management Solution (MIHMS) system will not be completed until 2012. Until the certification process is complete, the federal government will not participate at 75%. After the certification process has been completed by the Centers for Medicare and Medicaid Services, the department will be retroactively reimbursed for the difference in federal participation rates. It is anticipated that the retroactive reimbursement will occur in fiscal year 2011-12.	3/1/10. AFA questions on timing - retro and forward.	MaineCare Admin	General Fund	1	530	IN		TBL	3/1/10	\$0	\$3,884,463
269	129 Bureau of Medical Services	F-A-1918	Adjusts funding for the decrease in the federal financial participation rate from 75% to 50% on the Maine Integrated Health Management Solution (MIHMS) system until fiscal year 2011-12 when the certification process will be completed.	This initiative recognizes that the certification process for the Maine Integrated Health Management Solution (MIHMS) system will not be completed until 2012. Until the certification process is complete, the federal government will not participate at 75%. After the certification process has been completed by the Centers for Medicare and Medicaid Services, the department will be retroactively reimbursed for the difference in federal participation rates. It is anticipated that the retroactive reimbursement will occur in fiscal year 2011-12.	3/1/10. AFA questions on timing - retro and forward.	MaineCare Admin	Federal Expenditures Fund	1	531	IN		TBL	3/1/10	\$0	(\$3,884,463)
270	129 Bureau of Medical Services	F-A-1929	Adjusts funding for the continued operation of the Maine Integrated Health Management Solution (MIHMS) system through a transfer from the Information Technology program to the Bureau of Medical Services program.	This adjustment is necessary to properly account for funding the Unisys contract. The nature of the contract will shift to a business model once the new system goes live necessitating the transfer from the Information Technology account to the OMS administrative account.	One-Time? Will this be affected by MIHMS delay?	MaineCare Admin	General Fund	1	547	IN		IN	3/1/10	\$0	\$3,545,210
271	Y16T Information Technology	F-A-1929	Adjusts funding for the continued operation of the Maine Integrated Health Management Solution (MIHMS) system through a transfer from the Information Technology program to the Bureau of Medical Services program.	This adjustment is necessary to properly account for funding the Unisys contract. The nature of the contract will shift to a business model once the new system goes live necessitating the transfer from the Information Technology account to the OMS administrative account.		MaineCare Admin	General Fund	1	910	IN		IN	3/1/10	\$0	(\$3,545,210)

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272	Z015	FHM - Drugs for the Elderly and Disabled	F-A-7267	Reduces funding by paying the last MaineCare cycle payment of fiscal year 2010-11 in fiscal year 2011-12.	Based on an average cycle of \$44 million, the department estimates it can defer almost \$18 million of General Fund costs by paying the last cycle of fiscal year 2010-11 in fiscal year 2011-12.		MaineCare Cycle	Fund for a Healthy Maine	1	922	IN		UNK		\$0	(\$327)
273	948	FHM - Substance Abuse	F-A-7267	Reduces funding by paying the last MaineCare cycle payment of fiscal year 2010-11 in fiscal year 2011-12.	Based on an average cycle of \$44 million, the department estimates it can defer almost \$18 million of General Fund costs by paying the last cycle of fiscal year 2010-11 in fiscal year 2011-12.		MaineCare Cycle	Fund for a Healthy Maine	1	207	IN		UNK		\$0	(\$31,954)
274	143	Health - Bureau of	F-A-7267	Reduces funding by paying the last MaineCare cycle payment of fiscal year 2010-11 in fiscal year 2011-12.	Based on an average cycle of \$44 million, the department estimates it can defer almost \$18 million of General Fund costs by paying the last cycle of fiscal year 2010-11 in fiscal year 2011-12.		MaineCare Cycle	Federal Expenditures Fund	3	674	IN		UNK		\$0	(\$19,076)
275	202	Low-cost Drugs To Maine's Elderly	F-A-7267	Reduces funding by paying the last MaineCare cycle payment of fiscal year 2010-11 in fiscal year 2011-12.	Based on an average cycle of \$44 million, the department estimates it can defer almost \$18 million of General Fund costs by paying the last cycle of fiscal year 2010-11 in fiscal year 2011-12.		MaineCare Cycle	General Fund	1	831	IN		TBL	3/1/10	\$0	(\$112,842)
276	Z008	Maternal and Child Health Block Grant Match	F-A-7267	Reduces funding by paying the last MaineCare cycle payment of fiscal year 2010-11 in fiscal year 2011-12.	Based on an average cycle of \$44 million, the department estimates it can defer almost \$18 million of General Fund costs by paying the last cycle of fiscal year 2010-11 in fiscal year 2011-12.		MaineCare Cycle	General Fund	1	918	IN		TBL	3/1/10	\$0	(\$5,488)
277	705	Medicaid Services - Mental Retardation	F-A-7267	Reduces funding by paying the last MaineCare cycle payment of fiscal year 2010-11 in fiscal year 2011-12.	Based on an average cycle of \$44 million, the department estimates it can defer almost \$18 million of General Fund costs by paying the last cycle of fiscal year 2010-11 in fiscal year 2011-12.		MaineCare Cycle	General Fund	12	176	IN		TBL	03/01/10	\$0	(\$673,572)
278	147	Medical Care - Payments to Providers	F-A-7267	Reduces funding by paying the last MaineCare cycle payment of fiscal year 2010-11 in fiscal year 2011-12.	Based on an average cycle of \$44 million, the department estimates it can defer almost \$18 million of General Fund costs by paying the last cycle of fiscal year 2010-11 in fiscal year 2011-12.	What FMAP assumed?	MaineCare Cycle	General Fund	1	772	IN		TBL	3/1/10	\$0	(\$9,669,773)
279	147	Medical Care - Payments to Providers	F-A-7267	Reduces funding by paying the last MaineCare cycle payment of fiscal year 2010-11 in fiscal year 2011-12.	Based on an average cycle of \$44 million, the department estimates it can defer almost \$18 million of General Fund costs by paying the last cycle of fiscal year 2010-11 in fiscal year 2011-12.	What FMAP assumed?	MaineCare Cycle	Federal Expenditures Fund	1	773	IN		TBL	3/1/10	\$0	(\$27,210,710)
280	147	Medical Care - Payments to Providers	F-A-7267	Reduces funding by paying the last MaineCare cycle payment of fiscal year 2010-11 in fiscal year 2011-12.	Based on an average cycle of \$44 million, the department estimates it can defer almost \$18 million of General Fund costs by paying the last cycle of fiscal year 2010-11 in fiscal year 2011-12.	What FMAP assumed?	MaineCare Cycle	Federal Block Grant Fund	1	774	IN		TBL	3/1/10	\$0	(\$488,331)
281	731	Mental Health Services - Child Medicaid	F-A-7267	Reduces funding by paying the last MaineCare cycle payment of fiscal year 2010-11 in fiscal year 2011-12.	Based on an average cycle of \$44 million, the department estimates it can defer almost \$18 million of General Fund costs by paying the last cycle of fiscal year 2010-11 in fiscal year 2011-12.		MaineCare Cycle	General Fund	17	184	IN		TBL	03/01/10	\$0	(\$1,152,899)

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282	732	Mental Health Services - Community Medicaid	F-A-7267	Reduces funding by paying the last MaineCare cycle payment of fiscal year 2010-11 in fiscal year 2011-12.	Based on an average cycle of \$44 million, the department estimates it can defer almost \$18 million of General Fund costs by paying the last cycle of fiscal year 2010-11 in fiscal year 2011-12.		MaineCare Cycle	General Fund	14	189	IN		TBL	03/01/10	\$0	(\$991,884)
283	987	Mental Retardation Waiver - MaineCare	F-A-7267	Reduces funding by paying the last MaineCare cycle payment of fiscal year 2010-11 in fiscal year 2011-12.	Based on an average cycle of \$44 million, the department estimates it can defer almost \$18 million of General Fund costs by paying the last cycle of fiscal year 2010-11 in fiscal year 2011-12.		MaineCare Cycle	General Fund	16	213	IN		TBL	03/01/10	\$0	(\$2,514,488)
284	Z009	MR/Elderly PNMI Room and Board	F-A-7267	Reduces funding by paying the last MaineCare cycle payment of fiscal year 2010-11 in fiscal year 2011-12.	Based on an average cycle of \$44 million, the department estimates it can defer almost \$18 million of General Fund costs by paying the last cycle of fiscal year 2010-11 in fiscal year 2011-12.		MaineCare Cycle	General Fund	1	920	IN		TBL	3/1/10	\$0	(\$534,805)
285	148	Nursing Facilities	F-A-7267	Reduces funding by paying the last MaineCare cycle payment of fiscal year 2010-11 in fiscal year 2011-12.	Based on an average cycle of \$44 million, the department estimates it can defer almost \$18 million of General Fund costs by paying the last cycle of fiscal year 2010-11 in fiscal year 2011-12.	What FMAP assumed?	MaineCare Cycle	General Fund	1	804	IN		TBL	3/1/10	\$0	(\$2,145,316)
286	148	Nursing Facilities	F-A-7267	Reduces funding by paying the last MaineCare cycle payment of fiscal year 2010-11 in fiscal year 2011-12.	Based on an average cycle of \$44 million, the department estimates it can defer almost \$18 million of General Fund costs by paying the last cycle of fiscal year 2010-11 in fiscal year 2011-12.	What FMAP assumed?	MaineCare Cycle	Federal Expenditures Fund	1	805	IN		TBL	3/1/10	\$0	(\$3,780,971)
287	844	Office of Substance Abuse - Medicaid Seed	F-A-7267	Reduces funding by paying the last MaineCare cycle payment of fiscal year 2010-11 in fiscal year 2011-12.	Based on an average cycle of \$44 million, the department estimates it can defer almost \$18 million of General Fund costs by paying the last cycle of fiscal year 2010-11 in fiscal year 2011-12.		MaineCare Cycle	General Fund	1	202	IN		TBL	03/01/10	\$0	(\$71,258)
288	139	State-Funded Foster Care/Adoption Assistance	F-A-7267	Reduces funding by paying the last MaineCare cycle payment of fiscal year 2010-11 in fiscal year 2011-12.	Based on an average cycle of \$44 million, the department estimates it can defer almost \$18 million of General Fund costs by paying the last cycle of fiscal year 2010-11 in fiscal year 2011-12.	What FMAP assumed?	MaineCare Cycle	General Fund	1	585	IN		TBL	3/1/10	\$0	(\$55,675)
289	147	Medical Care - Payments to Providers	F-A-7219	Reduces funding due to a retroactive increase in the federal medical assistance percentage rate for the 4th quarter of state fiscal year 2008-09.	This initiative recognizes the retroactive FMAP changed authorized by CMS. Based on Maine's unemployment rate, the State moved to Tier 3 of the enhanced rate calculation under the American Recovery and Reinvestment Act. The department had budgeted and paid claims for SFY09 Q4 at Tier 2 and recorded the adjustment on the federal reports and in the state accounting system after being notified by CMS of the rate change.		MaineCare FMAP	General Fund	1	744	IN		IN	3/1/10	(\$6,782,239)	\$0

Program C	Program	Initiative #	Initiative Text	Initiative Justification	Initiative Notes	Secondary Class	Fund	Unit	Line #	HHS Action	HHS Vote 3/4	AFA Action	AFA Vote	FY 10 Total	FY 11 Total	
290	148	Nursing Facilities	F-A-7219	Reduces funding due to a retroactive increase in the federal medical assistance percentage rate for the 4th quarter of state fiscal year 2008-09.	This initiative recognizes the retroactive FMAP changed authorized by CMS. Based on Maine's unemployment rate, the State moved to Tier 3 of the enhanced rate calculation under the American Recovery and Reinvestment Act. The department had budgeted and paid claims for SFY09 Q4 at Tier 2 and recorded the adjustment on the federal reports and in the state accounting system after being notified by CMS of the rate change.	MaineCare FMAP	General Fund	1	803	IN		IN	3/1/10	(\$682,231)	\$0	
291	147	Medical Care - Payments to Providers	F-A-7275	Provides funding for the Medical Care - Payments to Providers and Nursing Facilities programs.	In the curtailment order, \$7.5 million was reduced from MaineCare accounts to record the retroactive federal medical assistance percentage change. The state share decreased from 26.63% to 25.65% as the State was moving from Tier 2 enhanced to Tier 3 enhanced under the American Recovery and Reinvestment Act. This resulted in General Fund savings of \$7.5 million. Following discussions with the Department of Administrative and Financial Services, the department began to count on this \$7.5 million towards the balance of the MaineCare budget for FY 2010. Without the use of these funds the department will experience a shortfall in the MaineCare budget.	MaineCare FMAP	General Fund	1	792	IN		IN	3/1/10	\$6,782,239	\$0	
292	148	Nursing Facilities	F-A-7275	Provides funding for the Medical Care - Payments to Providers and Nursing Facilities programs.	In the curtailment order, \$7.5 million was reduced from MaineCare accounts to record the retroactive federal medical assistance percentage change. The state share decreased from 26.63% to 25.65% as the State was moving from Tier 2 enhanced to Tier 3 enhanced under the American Recovery and Reinvestment Act. This resulted in General Fund savings of \$7.5 million. Following discussions with the Department of Administrative and Financial Services, the department began to count on this \$7.5 million towards the balance of the MaineCare budget for FY 2010. Without the use of these funds the department will experience a shortfall in the MaineCare budget.	MaineCare FMAP	General Fund	1	814	IN		IN	3/1/10	\$682,231	\$0	
293	147	Medical Care - Payments to Providers	F-A-7213	Reduces funding by changing the reimbursement to critical access hospitals for inpatient and outpatient services from 109% of the MaineCare allowable cost to 101% of the MaineCare allowable cost.	There are 15 critical access hospitals in the State. Currently, MaineCare reimburses these hospitals at a rate above their costs based on statute. This initiative would reduce MaineCare's reimbursement from 109% to 101% of cost.	HHS report: Voted 7-2 to support some savings and endorse continued discussions among all interested parties. Original GF amounts were - \$403,678 in FY 10 and - \$1,614,712 in FY 11. See V V language.	MaineCare Hospitals	General Fund	1	729	AMD	7-2	UNK		\$0	\$0

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294	147 Medical Care - Payments to Providers	F-A-7213	Reduces funding by changing the reimbursement to critical access hospitals for inpatient and outpatient services from 109% of the MaineCare allowable cost to 101% of the MaineCare allowable cost.	There are 15 critical access hospitals in the State. Currently, MaineCare reimburses these hospitals at a rate above their costs based on statute. This initiative would reduce MaineCare's reimbursement from 109% to 101% of cost.	HHS report: Voted 7-2 to support some savings and endorse continued discussions among all interested parties. Original GF amounts were - \$403,678 in FY 10 and - \$1,614,712 in FY 11. □ See V V language.	MaineCare Hospitals	Federal Expenditures Fund	1	730	AMD	7-2	UNK		\$0	\$0
295	147 Medical Care - Payments to Providers	F-A-7213	Reduces funding by changing the reimbursement to critical access hospitals for inpatient and outpatient services from 109% of the MaineCare allowable cost to 101% of the MaineCare allowable cost.	There are 15 critical access hospitals in the State. Currently, MaineCare reimburses these hospitals at a rate above their costs based on statute. This initiative would reduce MaineCare's reimbursement from 109% to 101% of cost.	HHS report: Voted 7-2 to support some savings and endorse continued discussions among all interested parties. Original GF amounts were - \$403,678 in FY 10 and - \$1,614,712 in FY 11. □ See V V language.	MaineCare Hospitals	Federal Expenditures Fund ARRA	1	731	AMD	7-2	UNK		\$0	\$0
296	147 Medical Care - Payments to Providers	F-A-7214	Reduces funding by reimbursing outpatient hospital services based on ambulatory patient classifications at 86% of Medicare rates.	The Office of MaineCare Services and the Maine Hospital Association have worked over the last eight months to develop a budget neutral plan to eliminate cost reimbursement in favor of prospective inpatient diagnostic related groups (DRGs) and outpatient ambulatory patient classifications (APCs). Acute care hospitals are currently paid for outpatient services based on their cost. Medicare APCs are flat, prospectively determined payments based on groups of procedures and tests. By moving to APC rates based on 86% of Medicare, hospital payments would be reduced by \$3,400,000 for fiscal year 2010-11 (state and federal).		MaineCare Hospitals	General Fund	1	745	IN		TBL	3/1/10	\$0	(\$1,000,000)
297	147 Medical Care - Payments to Providers	F-A-7214	Reduces funding by reimbursing outpatient hospital services based on ambulatory patient classifications at 86% of Medicare rates.	The Office of MaineCare Services and the Maine Hospital Association have worked over the last eight months to develop a budget neutral plan to eliminate cost reimbursement in favor of prospective inpatient diagnostic related groups (DRGs) and outpatient ambulatory patient classifications (APCs). Acute care hospitals are currently paid for outpatient services based on their cost. Medicare APCs are flat, prospectively determined payments based on groups of procedures and tests. By moving to APC rates based on 86% of Medicare, hospital payments would be reduced by \$3,400,000 for fiscal year 2010-11 (state and federal).		MaineCare Hospitals	Federal Expenditures Fund	1	746	IN		TBL	3/1/10	\$0	(\$2,160,418)

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298	147 Medical Care - Payments to Providers	F-A-7214	Reduces funding by reimbursing outpatient hospital services based on ambulatory patient classifications at 86% of Medicare rates.	The Office of MaineCare Services and the Maine Hospital Association have worked over the last eight months to develop a budget neutral plan to eliminate cost reimbursement in favor of prospective inpatient diagnostic related groups (DRGs) and outpatient ambulatory patient classifications (APCs). Acute care hospitals are currently paid for outpatient services based on their cost. Medicare APCs are flat, prospectively determined payments based on groups of procedures and tests. By moving to APC rates based on 86% of Medicare, hospital payments would be reduced by \$3,400,000 for fiscal year 2010-11 (state and federal).		MaineCare Hospitals	Federal Expenditures Fund ARRA		1 747	IN		TBL	3/1/10	\$0	(\$164,050)
299	147 Medical Care - Payments to Providers	F-A-7215 CP1 CP2	Adjusts funding to reflect an update of the hospital tax base year from 2006 to 2008.	The department proposes to change the base year on which hospitals pay tax, moving the base year from 2006 to 2008.	CP1 and CP2 correct to gross amount. CP2 deletes following from blippie "and the exclusion of municipally funded hospitals from the tax beginning July 1, 2010. CP1 changed to two initiatives -- gross OSR revenue of \$13,482,557 and equal GF deapprop, partially offset by GF approp of \$2,771,612.	MaineCare Hospitals	Other Special Revenue Funds		4 752	IN	8-6	TBL	3/1/10	\$0	\$13,482,557
300	147 Medical Care - Payments to Providers	F-A-7215 CP1 CP2	Adjusts funding to reflect an update of the hospital tax base year from 2006 to 2008.	The department proposes to change the base year on which hospitals pay tax, moving the base year from 2006 to 2008.	CP1 and CP2 correct to gross amount. CP2 deletes following from blippie "and the exclusion of municipally funded hospitals from the tax beginning July 1, 2010". CP1 changed to two initiatives -- gross OSR revenue of \$13,482,557 and equal GF deapprop, partially offset by GF approp of \$2,771,612.	MaineCare Hospitals	General Fund		1 751	IN	Y, 5 N, 5 1 abstain	TBL	3/1/10	\$0	(\$13,482,557)
301	147 Medical Care - Payments to Providers	F-A-7215 CP1 CP2	Gross revenue impact from an update of the hospital tax base year from 2006 to 2008 and the exclusion of municipally funded hospitals from the tax beginning July 1, 2010.	The department proposes to change the base year on which hospitals pay tax, moving the base year from 2006 to 2008.	CP1 and CP2 correct to gross amount. CP2 deletes following from blippie "and the exclusion of municipally funded hospitals from the tax beginning July 1, 2010." CP1 changes to two initiatives -- gross OSR revenue of \$13,482,557 and equal GF deapprop, partially offset by GF approp of \$2,771,612.	MaineCare Hospitals	Other Special Revenue Funds		4	IN	8-6	TBL	3/1/10	\$0	(\$13,482,557)
302	147 Medical Care - Payments to Providers	F-A-7215	Provides funding to increase hospital reimbursement.		CP1 added. Still needs federal allocations.	MaineCare Hospitals	General Fund		1 752A	IN	8-6	TBL	3/1/10	\$0	\$2,711,612

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303	147	Medical Care - Payments to Providers	F-A-7216	Reduces funding by lowering hospital reimbursement by using a diagnosis-related groups methodology.	The Office of MaineCare Services and the Maine Hospital Association have agreed upon a diagnosis related group (DRG) methodology. Currently each Maine hospital is paid a flat hospital-specific rate per discharge that is based on historical costs. The DRG plan will phase hospitals into a statewide rate. Each DRG is specific to the reason for the admission and weighted using Maine-specific data. The agreed upon DRG methodology is budget neutral to the rates set on July 1, 2009. This initiative reflects a reduction of approximately 4%.	Affected by MIHMS delay?	MaineCare Hospitals	General Fund	1	734	IN		TBL	3/1/10	\$0	(\$1,237,200)
304	147	Medical Care - Payments to Providers	F-A-7216	Reduces funding by lowering hospital reimbursement by using a diagnosis-related groups methodology.	The Office of MaineCare Services and the Maine Hospital Association have agreed upon a diagnosis related group (DRG) methodology. Currently each Maine hospital is paid a flat hospital-specific rate per discharge that is based on historical costs. The DRG plan will phase hospitals into a statewide rate. Each DRG is specific to the reason for the admission and weighted using Maine-specific data. The agreed upon DRG methodology is budget neutral to the rates set on July 1, 2009. This initiative reflects a reduction of approximately 4%.	Affected by MIHMS delay?	MaineCare Hospitals	Federal Expenditures Fund	1	735	IN		TBL	3/1/10	\$0	(\$2,672,868)
305	147	Medical Care - Payments to Providers	F-A-7216	Reduces funding by lowering hospital reimbursement by using a diagnosis-related groups methodology.	The Office of MaineCare Services and the Maine Hospital Association have agreed upon a diagnosis related group (DRG) methodology. Currently each Maine hospital is paid a flat hospital-specific rate per discharge that is based on historical costs. The DRG plan will phase hospitals into a statewide rate. Each DRG is specific to the reason for the admission and weighted using Maine-specific data. The agreed upon DRG methodology is budget neutral to the rates set on July 1, 2009. This initiative reflects a reduction of approximately 4%.	Affected by MIHMS delay?	MaineCare Hospitals	Federal Expenditures Fund ARRA	1	736	IN		TBL	3/1/10	\$0	(\$202,964)
306	147	Medical Care - Payments to Providers	F-A-7259	Reduces funding by reducing reimbursement for inpatient psychiatric services by \$500 per discharge.	The department proposes to reduce the discharge rate for inpatient psychiatric services by \$500 per discharge. This reduction will save approximately \$1,250,000 annually (state and federal dollars).	HHS voted in prior to CP1. CP1 changes blippie only.	MaineCare Hospitals	General Fund	1	755	IN		TBL	3/1/10	\$0	(\$386,875)
307	147	Medical Care - Payments to Providers	F-A-7259	Reduces funding by reducing reimbursement for inpatient psychiatric services by \$500 per discharge.	The department proposes to reduce the discharge rate for inpatient psychiatric services by \$500 per discharge. This reduction will save approximately \$1,250,000 annually (state and federal dollars).	HHS voted in prior to CP1. CP1 changes blippie only.	MaineCare Hospitals	Federal Expenditures Fund	1	756	IN		TBL	3/1/10	\$0	(\$863,125)

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308	147 Medical Care - Payments to Providers	F-A-7261-CP1-CP2	Reduces funding for hospital outpatient services.	The department proposes to eliminate reimbursement for hospital visits/tests/procedures when a member has received over 15 services per year, except for HIV, neoplasms (cancer treatment), prenatal care, kidney failure and transplants. This initiative will produce General Fund savings of \$1,480,214 in fiscal year 2010-11.	CP2 deletes. HHS report: Voted 7-2 to support some savings and endorse continued discussions among all interested parties. Original GF amounts was \$1,480,214 in FY 11. CP1 changed blippie and added ARRA allocation.	MaineCare Hospitals	General Fund	1	761	AMD	Y	UNK	-	\$0	\$0
309	147 Medical Care - Payments to Providers	F-A-7261-CP1-CP2	Reduces funding for hospital outpatient services.	The department proposes to eliminate reimbursement for hospital visits/tests/procedures when a member has received over 15 services per year, except for HIV, neoplasms (cancer treatment), prenatal care, kidney failure and transplants. This initiative will produce General Fund savings of \$1,480,214 in fiscal year 2010-11.	CP2 deletes. HHS report: Voted 7-2 to support some savings and endorse continued discussions among all interested parties. Original GF amounts was \$1,480,214 in FY 11. CP1 changed blippie and added ARRA allocation.	MaineCare Hospitals	Federal Expenditures Fund	1	762	AMD	7-2	UNK	-	\$0	\$0
310	147 Medical Care - Payments to Providers	F-A-7261-CP1-CP2	Reduces funding for hospital outpatient services.	The department proposes to eliminate reimbursement for hospital visits/tests/procedures when a member has received over 15 services per year, except for HIV, neoplasms (cancer treatment), prenatal care, kidney failure and transplants. This initiative will produce General Fund savings of \$1,480,214 in fiscal year 2010-11.	CP2 deletes. HHS report: Voted 7-2 to support some savings and endorse continued discussions among all interested parties. Original GF amounts was \$1,480,214 in FY 11. CP1 changed blippie and added ARRA allocation.	MaineCare Hospitals	Federal Expenditures Fund-ARRA	1		AMD	7-2	UNK	-	\$0	\$0
311	147 Medical Care - Payments to Providers	F-A-7264	Reduces funding by limiting reimbursement to 5 inpatient hospital admissions per year.	In 2008, 26,297 MaineCare members had hospital admissions ranging from 1 admission to 44 admissions. The department proposes to limit reimbursement to 5 hospital admissions. This limit would save the State approximately \$641,000 per year (General Fund). These members would be the focus of our care management efforts to avoid hospitalizations.	HHS Committee voted 7-2 to support some savings and continuing deliberations to consider DHHS alternative to reduce subsequent DRG payments instead of hard 5 cap. Original GF proposal was -\$641,018 in FY 11.	MaineCare Hospitals	General Fund	1	765	AMD	7-2	UNK		\$0	\$0
312	147 Medical Care - Payments to Providers	F-A-7264	Reduces funding by limiting reimbursement to 5 inpatient hospital admissions per year.	In 2008, 26,297 MaineCare members had hospital admissions ranging from 1 admission to 44 admissions. The department proposes to limit reimbursement to 5 hospital admissions. This limit would save the State approximately \$641,000 per year (General Fund). These members would be the focus of our care management efforts to avoid hospitalizations.	HHS Committee voted 7-2 to support some savings and continuing deliberations to consider DHHS alternative to reduce subsequent DRG payments instead of hard 5 cap. Original GF proposal was -\$641,018 in FY 11.	MaineCare Hospitals	Federal Expenditures Fund	1	766	AMD	7-2	UNK		\$0	\$0
313A	147 Medical Care - Payments to Providers	F-A-7270	Reduces funding by reimbursing mental health and substance abuse outpatient hospital services consistent with MaineCare nonhospital policy. The corresponding state funding decreases are in the Mental Health Services - Community Medicaid and Office of Substance Abuse - Medicaid Seed programs.	This initiative will clarify the definition of hospital outpatient services to exclude services covered by Section 65 of the MaineCare Benefits Manual. Hospitals providing such services would submit claims on a HCFA 1500 and would be reimbursed according to the Section 65 fee schedule, the same as non-hospital providers of these services.	HHS report: Voted 7-2 to support some savings and endorse continued discussions among all interested parties. Original amount was - \$2,264,342 in FY 11.	MaineCare Hospitals	Federal Expenditures Fund	1	781	AMD	7-2	UNK		\$0	\$0

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313	732	Mental Health Services - Community Medicaid	F-A-7270	Reduces funding by reimbursing mental health and substance abuse outpatient hospital services consistent with MaineCare nonhospital policy. The corresponding federal funding decrease is in the Medical Care - Payments to Providers program.	This initiative will clarify the definition of hospital outpatient services to exclude services covered by Section 65 of the MaineCare Benefits Manual. Hospitals providing such services would submit claims on a HCFA 1500 and would be reimbursed according to the Section 65 fee schedule, the same as non-hospital providers of these services.	HHS report: Voted 7-2 to support some savings and endorse continued discussions among all interested parties. Original amount was - \$780,360 in FY 11.	MaineCare Hospitals	General Fund	14	191	AMD	7-2	UNK		\$0	\$0
314	844	Office of Substance Abuse - Medicaid Seed	F-A-7270	Reduces funding by reimbursing mental health and substance abuse outpatient hospital services consistent with MaineCare nonhospital policy. The corresponding federal funding decrease is in the Medical Care - Payments to Providers program.	This initiative will clarify the definition of hospital outpatient services to exclude services covered by Section 65 of the MaineCare Benefits Manual. Hospitals providing such services would submit claims on a HCFA 1500 and would be reimbursed according to the Section 65 fee schedule, the same as non-hospital providers of these services.	HHS report: Voted 7-2 to support some savings and endorse continued discussions among all interested parties. Original amount was - \$234,577 in FY 11.	MaineCare Hospitals	General Fund	1	203	AMD	7-2	UNK		\$0	\$0
315	147	Medical Care - Payments to Providers	CP2	Adjusts funding as the result of the disallowance of federal financial participation for targeted case management claims in fiscal years 2001-02 and 2002-03.		CP 2 Added. Should this be fund transfer instead of appropriation?	MaineCare Other	General Fund	1		UNK	Y	UNK		\$29,736,437	(\$29,736,437)
316	147	Medical Care - Payments to Providers	CP2	Reduces funding from savings realized from the application of the enhanced federal medical assistance percentage to state Medicare Part D payments.		CP 2 Added. Federal allocations needed?	MaineCare Other	General Fund	1		UNK	Y	UNK		(\$11,708,148)	(\$16,128,958)
317	147	Medical Care - Payments to Providers	F-A-1309	Reduces funding in the Medical Care - Payments to Providers program to correct an over-allocation from State Fiscal Stabilization Funds.	This initiative reduces funding to correct an overallocation that was included in PL 2009, c. 213.		MaineCare Other	Federal Expenditures Fund ARRA	2	701	IN		UNK		(\$450,000)	\$0
318	147	Medical Care - Payments to Providers	F-A-1914	Provides funding to support changes in the eligibility criteria for the Children's Health Insurance Program.	Under eligibility guidelines the Parents Expansion population is given a \$90 work related expense disregard from their countable income. Prior to the Children's Health Insurance Program eligibility rule change, this same disregard was not in place. As a result approximately 80 children were not covered by Medicaid when their parents were deemed eligible. This rule change was put in place to provide consistency between the eligibility requirements.		MaineCare Other	General Fund	1	702	IN		IN	3/1/10	\$71,384	\$71,384
319	147	Medical Care - Payments to Providers	F-A-1914	Provides funding to support changes in the eligibility criteria for the Children's Health Insurance Program.	Under eligibility guidelines the Parents Expansion population is given a \$90 work related expense disregard from their countable income. Prior to the Children's Health Insurance Program eligibility rule change, this same disregard was not in place. As a result approximately 80 children were not covered by Medicaid when their parents were deemed eligible. This rule change was put in place to provide consistency between the eligibility requirements.		MaineCare Other	Federal Block Grant Fund	1	703	IN		IN	3/1/10	\$218,678	\$218,678

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320	147	Medical Care - Payments to Providers	F-A-1916	Provides funding for the increase in Medicare Part B premium payments.	The State is required to pay Medicare Part B premiums for individuals enrolled in Qualified Medicare Beneficiary (QMB) or Specified Low-income Medicare Beneficiary (SLMB) Medicare Savings Plans. The Medicare Part B premium is increasing as of January 1, 2010 from \$96.40 per month to \$110.50 per month.	3/1/10 AFA questions on causes/options.	MaineCare Other	General Fund	1	710	IN		TBL	3/1/10	\$1,741,141	\$4,165,856
321	147	Medical Care - Payments to Providers	F-A-1916	Provides funding for the increase in Medicare Part B premium payments.	The State is required to pay Medicare Part B premiums for individuals enrolled in Qualified Medicare Beneficiary (QMB) or Specified Low-income Medicare Beneficiary (SLMB) Medicare Savings Plans. The Medicare Part B premium is increasing as of January 1, 2010 from \$96.40 per month to \$110.50 per month.	3/1/10 AFA questions on causes/options.	MaineCare Other	Federal Expenditures Fund	1	711	IN		TBL	3/1/10	\$4,491,021	\$9,002,128
322	147	Medical Care - Payments to Providers	F-A-1916	Provides funding for the increase in Medicare Part B premium payments.	The State is required to pay Medicare Part B premiums for individuals enrolled in Qualified Medicare Beneficiary (QMB) or Specified Low-income Medicare Beneficiary (SLMB) Medicare Savings Plans. The Medicare Part B premium is increasing as of January 1, 2010 from \$96.40 per month to \$110.50 per month.	3/1/10 AFA questions on causes/options.	MaineCare Other	Federal Expenditures Fund ARRA	1	712	IN		TBL	3/1/10	\$693,617	\$683,574
323	147	Medical Care - Payments to Providers	F-A-1917	Adjusts funding between fiscal years to enable the accelerated claims run-out process for the Maine Claims Management System (MeCMS).	The department contracted with actuaries to estimate the potential impact of accelerated claim submission rates during the run-out period on state fiscal budgets. One of the key components to the run-out strategy is to incent providers to submit claims promptly since the plan is to maintain MeCMS operations for only six months. This means that future fiscal year expenditures will be accelerated to earlier time periods.		MaineCare Other	General Fund	1	715	IN		IN	3/1/10	\$6,622,154	(\$6,622,154)
324	147	Medical Care - Payments to Providers	F-A-1917	Adjusts funding between fiscal years to enable the accelerated claims run-out process for the Maine Claims Management System (MeCMS).	The department contracted with actuaries to estimate the potential impact of accelerated claim submission rates during the run-out period on state fiscal budgets. One of the key components to the run-out strategy is to incent providers to submit claims promptly since the plan is to maintain MeCMS operations for only six months. This means that future fiscal year expenditures will be accelerated to earlier time periods.		MaineCare Other	Federal Expenditures Fund	1	716	IN		IN	3/1/10	\$17,119,084	(\$17,119,084)
325	147	Medical Care - Payments to Providers	F-A-1917	Adjusts funding between fiscal years to enable the accelerated claims run-out process for the Maine Claims Management System (MeCMS).	The department contracted with actuaries to estimate the potential impact of accelerated claim submission rates during the run-out period on state fiscal budgets. One of the key components to the run-out strategy is to incent providers to submit claims promptly since the plan is to maintain MeCMS operations for only six months. This means that future fiscal year expenditures will be accelerated to earlier time periods.		MaineCare Other	Federal Expenditures Fund ARRA	1	717	IN		IN	3/1/10	\$2,599,867	(\$2,599,867)

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326	147	Medical Care - Payments to Providers	F-A-1919 CP2	Provides funding for the increased cost of Medicare Part D payments.	The State of Maine participates in the Medicare Part D program with the federal government and contributes a phased-down percentage. Based on projections by the federal Centers for Medicare and Medicaid Services (CMS) and the growth of participation the department projects an increased need to fully fund the payments to CMS.	CP2 changes amounts. Original proposal was \$195,264 in FY 10 and \$370,528 in FY 11. □ HHS Committee told by DHHS no longer needed, given US HHS Clawback decision.	MaineCare Other	General Fund	1	720	OUT	Y	UNK	\$0	\$320,079	
327	147	Medical Care - Payments to Providers	F-A-7220	Reduces funding by changing the disability determination cutoff from 45 days to 90 days.	A court decision in the '70s required that a disability determination be made in 45 days. After 45 days, the person becomes eligible for temporary coverage which is 100% state-funded. In the '80s, the federal law required the decision in 90 days and then required temporary coverage. We would petition the court to change the decision to mirror the federal law. There were 3,800 individuals who received temporary coverage who did not become eligible for a federally-funded coverage group.	3/1/10 AFA questions on details of HHS proposal. □ See HHS Committee 2-3-10 report back Appendix D for replacement.	MaineCare Other	General Fund	1	750	OUT		TBL	3/1/10	\$0	(\$1,000,000)
328	147	Medical Care - Payments to Providers	F-A-7269	Reduces funding by instituting several policy changes aimed at limiting the ability of individuals to shelter assets and then receive long-term care services.	The department proposes several policy changes aimed at limiting the ability for individuals to "shelter" assets and then receive long term care services. Through rule change we will clarify and strengthen the definition and application of "income producing property," redefine the equity exclusion on primary residences and require verification of the cash value of irrevocable, non-assignable and actuarially sound annuities. These changes are anticipated to save approximately \$2,150,000 annually in General Fund dollars.	3/1/10 AFA questions on HHS proposals. HHS Committee language changes?	MaineCare Other	General Fund	1	778	IN	2/19/10 10-2	TBL	3/1/10	\$0	(\$2,150,000)
329	147	Medical Care - Payments to Providers	F-A-7269	Reduces funding by instituting several policy changes aimed at limiting the ability of individuals to shelter assets and then receive long-term care services.	The department proposes several policy changes aimed at limiting the ability for individuals to "shelter" assets and then receive long term care services. Through rule change we will clarify and strengthen the definition and application of "income producing property," redefine the equity exclusion on primary residences and require verification of the cash value of irrevocable, non-assignable and actuarially sound annuities. These changes are anticipated to save approximately \$2,150,000 annually in General Fund dollars.	3/1/10 AFA questions on HHS proposals. □ HHS Committee language changes?	MaineCare Other	Federal Expenditures Fund	1	779	IN	2/19/10 10-2	TBL	3/1/10	\$0	(\$4,796,688)

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330	129 Bureau of Medical Services	F-A-7276	Establishes 2 Auditor II positions in the Office of Management and Budget program to continue the department's focus on identifying fraud, waste and abuse. Position costs are allocated 50% General Fund in the Office of Management and Budget program and 50% Federal Expenditures Fund in the Bureau of Medical Services program. The work of the new staff will increase collections and allow for a reduction in the Medical Care - Payments to Providers program.	The two additional staff members will work with the Federal Government's Medicaid Integrity contractors and utilize the SURS component of MIHMS. This will allow the department to recover additional funding of approximately \$600,000 per auditor per year.	3/1/10 AFA question - additional savings possible from additional resources.	MaineCare Other	Federal Expenditures Fund	1	558	IN		IN	3/1/10	\$0	\$76,900
331	Y16T Information Technology	F-A-7276	Establishes 2 Auditor II positions in the Office of Management and Budget program to continue the department's focus on identifying fraud, waste and abuse. Position costs are allocated 50% General Fund in the Office of Management and Budget program and 50% Federal Expenditures Fund in the Bureau of Medical Services program. The work of the new staff will increase collections and allow for a reduction in the Medical Care - Payments to Providers program.	The two additional staff members will work with the Federal Government's Medicaid Integrity contractors and utilize the SURS component of MIHMS. This will allow the department to recover additional funding of approximately \$600,000 per auditor per year.		MaineCare Other	General Fund	1	912	IN		IN	3/1/10	\$0	\$2,117
332	147 Medical Care - Payments to Providers	F-A-7276	Establishes 2 Auditor II positions in the Office of Management and Budget program to continue the department's focus on identifying fraud, waste and abuse. Position costs are allocated 50% General Fund in the Office of Management and Budget program and 50% Federal Expenditures Fund in the Bureau of Medical Services program. The work of the new staff will increase collections and allow for a reduction in the Medical Care - Payments to Providers program.	The two additional staff members will work with the Federal Government's Medicaid Integrity contractors and utilize the SURS component of MIHMS. This will allow the department to recover additional funding of approximately \$600,000 per auditor per year.	3/1/10 AFA question - additional savings possible from additional resources.	MaineCare Other	General Fund	1	793	IN		IN	3/1/10	\$0	(\$1,200,000)
333	147 Medical Care - Payments to Providers	F-A-7276	Establishes 2 Auditor II positions in the Office of Management and Budget program to continue the department's focus on identifying fraud, waste and abuse. Position costs are allocated 50% General Fund in the Office of Management and Budget program and 50% Federal Expenditures Fund in the Bureau of Medical Services program. The work of the new staff will increase collections and allow for a reduction in the Medical Care - Payments to Providers program.	The two additional staff members will work with the Federal Government's Medicaid Integrity contractors and utilize the SURS component of MIHMS. This will allow the department to recover additional funding of approximately \$600,000 per auditor per year.	3/1/10 AFA question - additional savings possible from additional resources.	MaineCare Other	Federal Expenditures Fund	1	794	IN		IN	3/1/10	\$0	(\$2,677,221)
334	142 Office of Management and Budget	F-A-7276	Establishes 2 Auditor II positions in the Office of Management and Budget program to continue the department's focus on identifying fraud, waste and abuse. Position costs are allocated 50% General Fund in the Office of Management and Budget program and 50% Federal Expenditures Fund in the Bureau of Medical Services program. The work of the new staff will increase collections and allow for a reduction in the Medical Care - Payments to Providers program.	The two additional staff members will work with the Federal Government's Medicaid Integrity contractors and utilize the SURS component of MIHMS. This will allow the department to recover additional funding of approximately \$600,000 per auditor per year.	3/1/10 AFA question - additional savings possible from additional resources.	MaineCare Other	General Fund	1	616	IN		IN	3/1/10	\$0	\$72,992

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335	147 Medical Care - Payments to Providers	F-A-7285	Reduces funding by amending state estate recovery law as it relates to elective share and joint tenancy.	The department proposes to amend Maine estate recovery law as it relates to elective share and joint tenancy. These changes are anticipated to save up to \$2,925,200 annually in General Fund dollars. This initiative would change the current statute so that it will not permit a denial of a spouse's rights to elective share merely because they are being support by public benefits. This change could potentially impact 6 cases and generate General Fund savings of approximately \$175,200 per year. This initiative also proposes changing the estate recovery statute to include joint tenancy in real property so long as the joint tenant is someone other than the surviving spouse. This change could impact 100 cases per year and generate General Fund savings of approximately \$2,750,000 per year.	3/1/10 AFA questions on HHS proposal. HHS Committee proposed changes to Part UU	MaineCare Other	General Fund	1	799	AMD	9-3	TBL	3/1/10	\$0	(\$2,925,200)
336	147 Medical Care - Payments to Providers	F-A-7285	Reduces funding by amending state estate recovery law as it relates to elective share and joint tenancy.	The department proposes to amend Maine estate recovery law as it relates to elective share and joint tenancy. These changes are anticipated to save up to \$2,925,200 annually in General Fund dollars. This initiative would change the current statute so that it will not permit a denial of a spouse's rights to elective share merely because they are being support by public benefits. This change could potentially impact 6 cases and generate General Fund savings of approximately \$175,200 per year. This initiative also proposes changing the estate recovery statute to include joint tenancy in real property so long as the joint tenant is someone other than the surviving spouse. This change could impact 100 cases per year and generate General Fund savings of approximately \$2,750,000 per year.	3/1/10 AFA questions on HHS proposal. HHS Committee proposed changes to Part UU	MaineCare Other	Federal Expenditures Fund	1	800	AMD	9-3	TBL	3/1/10	\$0	(\$6,526,173)
337	453 Bureau of Family Independence - Regional	HHS-D	Establishes 6 limited-period Customer Service Representative Associate II positions in the Bureau of Family Independence - Regional program to expedite disability determinations and reduce the time period for determination of disability by an average of 15 days and achieve one-time savings by decreasing payments for benefits with State funds. These positions are established for fiscal year 2010-11.		3/1/10 AFA questions on HHS proposal. See F-A-7220. See HHS Committee 2-3-10 report back Appendix D.	MaineCare Other	General Fund	1		AMD		TBL	3/1/10	\$0	\$277,200
338	453 Bureau of Family Independence - Regional	HHS-D	Establishes 6 limited-period Customer Service Representative Associate II positions in the Bureau of Family Independence - Regional program to expedite disability determinations and reduce the time period for determination of disability by an average of 15 days and achieve one-time savings by decreasing payments for benefits with State funds. These positions are established for fiscal year 2010-11.		3/1/10 AFA questions on HHS proposal. See F-A-7220. See HHS Committee 2-3-10 report back Appendix D.	MaineCare Other	Federal Expenditures Fund	1		AMD		TBL	3/1/10	\$0	\$277,200

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339	147	Medical Care - Payments to Providers	HHS-D	Establishes 6 limited-period Customer Service Representative Associate II positions in the Bureau of Family Independence - Regional program to expedite disability determinations and reduce the time period for determination of disability by an average of 15 days and achieve one-time savings by decreasing payments for benefits with State funds. These positions are established for fiscal year 2010-11.	A court decision in the '70s required that a disability determination be made in 45 days. After 45 days, the person becomes eligible for temporary coverage which is 100% state-funded. In the '80s, the federal law required the decision in 90 days and then required temporary coverage. We would petition the court to change the decision to mirror the federal law. There were 3,800 individuals who received temporary coverage who did not become eligible for a federally-funded coverage group.	3/1/10 AFA questions on HHS proposal. See F-A -7220. See HHS Committee 2-3-10 report back Appendix D for replacement.	MaineCare Other	General Fund	1	750	AMD		TBL	3/1/10	\$0	(\$2,550,000)
340	147	Medical Care - Payments to Providers	CP2	Provides funding to address a federal compliance issue with the reimbursement of ambulance services.		CP2 Added	MaineCare Providers	General Fund	1		UNK	Y	UNK		\$0	\$889,449
341	147	Medical Care - Payments to Providers	CP2	Provides funding to address a federal compliance issue with the reimbursement of ambulance services.		CP2 Added	MaineCare Providers	Federal Expenditures Fund	1		UNK		UNK		\$0	\$1,918,216
342	147	Medical Care - Payments to Providers	CP2	Provides funding to address a federal compliance issue with the reimbursement of ambulance services.		CP2 Added	MaineCare Providers	Federal Expenditures Fund ARRA	1		UNK		UNK		\$0	\$150,263
343	147	Medical Care - Payments to Providers	F-A-1915	Provides funding on a one-time basis to reimburse ambulatory care clinics for the administration of the H1N1 vaccine.	Approximately 70,000 children will receive the H1N1 vaccine through their school systems. Changes have been made to the MaineCare benefits manual to allow schools to bill as ambulatory care clinics for the purpose of providing and billing for the administration of the vaccine. Vaccination requires 3 courses at an administration cost of \$5 per course. Approximately 53,000 Medicaid-eligible adults will receive the H1N1 vaccine through ambulatory care clinics. Adults require one course of the vaccine with an administration cost of \$5.	3/1/10 AFA questions on details of request	MaineCare Providers	General Fund	1	705	IN		TBL	3/1/10	\$330,591	\$0
344	147	Medical Care - Payments to Providers	F-A-1915	Provides funding on a one-time basis to reimburse ambulatory care clinics for the administration of the H1N1 vaccine.	Approximately 70,000 children will receive the H1N1 vaccine through their school systems. Changes have been made to the MaineCare benefits manual to allow schools to bill as ambulatory care clinics for the purpose of providing and billing for the administration of the vaccine. Vaccination requires 3 courses at an administration cost of \$5 per course. Approximately 53,000 Medicaid-eligible adults will receive the H1N1 vaccine through ambulatory care clinics. Adults require one course of the vaccine with an administration cost of \$5.	3/1/10 AFA questions on details of request	MaineCare Providers	Federal Expenditures Fund	1	706	IN		TBL	3/1/10	\$854,619	\$0

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345	147 Medical Care - Payments to Providers	F-A-1915	Provides funding on a one-time basis to reimburse ambulatory care clinics for the administration of the H1N1 vaccine.	Approximately 70,000 children will receive the H1N1 vaccine through their school systems. Changes have been made to the MaineCare benefits manual to allow schools to bill as ambulatory care clinics for the purpose of providing and billing for the administration of the vaccine. Vaccination requires 3 courses at an administration cost of \$5 per course. Approximately 53,000 Medicaid-eligible adults will receive the H1N1 vaccine through ambulatory care clinics. Adults require one course of the vaccine with an administration cost of \$5.	3/1/10 AFA questions on details of request	MaineCare Providers	Federal Expenditures Fund ARRA		707	IN		TBL	3/1/10	\$129,790	\$0
346	147 Medical Care - Payments to Providers	F-A-7217-CP2	Reduces funding for the pharmacy incentive payment.	MaineCare pays a supplemental dispensing fee for prescriptions provided to members residing in rural areas in an attempt to assure continuing access to prescription services. The Pharmacy Incentive Payment dispensing fee ranges from \$0.55 to \$0.65 per prescription and changes on a quarterly basis to reflect the number of prescriptions filled in the prior quarter. This initiative will reduce the pharmacy incentive payment from an annual amount of \$2 million to \$1.57 million.	CP-2 deletes	MaineCare Providers	General Fund	+	739	OUT	Y	UNK	-	\$0	(\$114,510)
347	147 Medical Care - Payments to Providers	F-A-7217-CP2	Reduces funding for the pharmacy incentive payment.	MaineCare pays a supplemental dispensing fee for prescriptions provided to members residing in rural areas in an attempt to assure continuing access to prescription services. The Pharmacy Incentive Payment dispensing fee ranges from \$0.55 to \$0.65 per prescription and changes on a quarterly basis to reflect the number of prescriptions filled in the prior quarter. This initiative will reduce the pharmacy incentive payment from an annual amount of \$2 million to \$1.57 million.	CP-2 deletes	MaineCare Providers	Federal Expenditures Fund	+	740	OUT	-	UNK	-	\$0	(\$247,389)
348	147 Medical Care - Payments to Providers	F-A-7217-CP2	Reduces funding for the pharmacy incentive payment.	MaineCare pays a supplemental dispensing fee for prescriptions provided to members residing in rural areas in an attempt to assure continuing access to prescription services. The Pharmacy Incentive Payment dispensing fee ranges from \$0.55 to \$0.65 per prescription and changes on a quarterly basis to reflect the number of prescriptions filled in the prior quarter. This initiative will reduce the pharmacy incentive payment from an annual amount of \$2 million to \$1.57 million.	CP-2 deletes	MaineCare Providers	Federal Expenditures Fund-ARRA	+	741	OUT	-	UNK	-	\$0	(\$18,786)

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349	147 Medical Care - Payments to Providers	F-A-7260	Reduces funding by modifying the methodology used to reimburse nonhospital-based physicians.	The department proposes to revise the reimbursement methodology for physicians to save a total of \$5 million (state and federal) in fiscal year 2010-11. This will be consistent with the methodology used between Medicare facility/non-facility differential. For example, a radiologist reading an x-ray on hospital-owned equipment will be paid less than for the same reading on equipment the radiologist owns. The American Recovery and Reinvestment Act hold harmless provision prevents any cuts from current rates. This initiative will produce General Fund savings of \$1,547,000 in fiscal year 2010-11.	3/1/10 AFA questions on details of request	MaineCare Providers	General Fund	1	758	IN		TBL	3/1/10	\$0	(\$1,547,500)
350	147 Medical Care - Payments to Providers	F-A-7260	Reduces funding by modifying the methodology used to reimburse nonhospital-based physicians.	The department proposes to revise the reimbursement methodology for physicians to save a total of \$5 million (state and federal) in fiscal year 2010-11. This will be consistent with the methodology used between Medicare facility/non-facility differential. For example, a radiologist reading an x-ray on hospital-owned equipment will be paid less than for the same reading on equipment the radiologist owns. The American Recovery and Reinvestment Act hold harmless provision prevents any cuts from current rates. This initiative will produce General Fund savings of \$1,547,000 in fiscal year 2010-11.	3/1/10 AFA questions on details of request	MaineCare Providers	Federal Expenditures Fund	1	759	IN		TBL	3/1/10	\$0	(\$3,452,500)
351	147 Medical Care - Payments to Providers	F-A-7266-CP2	Reduces funding by limiting reimbursement for laboratory and x-ray services to 15 per year.	The department proposes to eliminate reimbursement for lab and x-ray visits/tests/procedures when a member has received over 15 services per year, except for HIV, neoplasms (cancer treatment), prenatal care, kidney failure and transplants. This initiative will produce General Fund savings of \$169,000 in fiscal year 2010-11.	CP2-Deletes.	MaineCare Providers	General Fund	1	769	OUT	Y	UNK	-	\$0	(\$169,000)
352	147 Medical Care - Payments to Providers	F-A-7266-CP2	Reduces funding by limiting reimbursement for laboratory and x-ray services to 15 per year.	The department proposes to eliminate reimbursement for lab and x-ray visits/tests/procedures when a member has received over 15 services per year, except for HIV, neoplasms (cancer treatment), prenatal care, kidney failure and transplants. This initiative will produce General Fund savings of \$169,000 in fiscal year 2010-11.	CP2-Deletes.	MaineCare Providers	Federal Expenditures Fund	1	770	OUT	-2	UNK	-	\$0	(\$377,042)

ProgramC	Program	Initiative #	InitiativeText	Initiative Justification	Initiative Notes	Secondary Class	Fund	Unit	Line #	HHS Action	HHS Vote 3/4	AFA Action	AFA Vote	FY 10 Total	FY 11 Total
353	147 Medical Care - Payments to Providers	F-A-7272-CP1-CP2	Reduces funding based on a 10% reduction to the rates paid to providers under all sections of MaineCare policy except Section 21 residential services which are reduced by 4% and hospital, physician, pharmacy and dental services.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	CP2 deletes and repales. CP1 blippie change. HHS voted prior to CPI.	MaineCare Providers	General Fund	+	782	OUT	Y	UNK	-	\$0	(\$14,519,175)
354	147 Medical Care - Payments to Providers	F-A-7272-CP1-CP2	Reduces funding based on a 10% reduction to the rates paid to providers under all sections of MaineCare policy except Section 21 residential services which are reduced by 4% and hospital, physician, pharmacy and dental services.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	CP2 deletes and repales. CP1 blippie change. HHS voted prior to CPI.	MaineCare Providers	Federal Expenditures Fund	+	783	OUT	-	UNK	-	\$0	(\$58,611,037)
355	147 Medical Care - Payments to Providers	F-A-7272-CP1-CP2	Reduces funding based on a 10% reduction to the rates paid to providers under all sections of MaineCare policy except Section 21 residential services which are reduced by 4% and hospital, physician, pharmacy and dental services.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	CP2 deletes and repales. CP1 blippie change. HHS voted prior to CPI.	MaineCare Providers	Other-Special Revenue Funds	+	784	OUT	-	UNK	-	\$0	(\$1,280,745)
356	147 Medical Care - Payments to Providers	F-A-7272-CP1-CP2	Reduces funding based on a 10% reduction to the rates paid to providers under all sections of MaineCare policy except Section 21 residential services which are reduced by 4% and hospital, physician, pharmacy and dental services.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	CP2 deletes and repales. CP1 blippie change. HHS voted prior to CPI.	MaineCare Providers	Federal Expenditures Fund-ARRA	+	785	OUT	-	UNK	-	\$0	(\$4,526,125)

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357	147 Medical Care - Payments to Providers	F-A-7272 CP1 CP2	Reduces funding based on a 10% reduction to the rates paid to providers under the following MaineCare Benefits Manual sections: 3, Ambulatory Care Clinic Services; 13, Targeted Case Management Services; 15, Chiropractic Services; 23, Developmental and Behavioral Evaluation Clinics; 28, Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations; 30, Family Planning Agency Services; 35, Hearing Aids and Services; 37, Children's Home Based Mental Health; 46, Psychiatric Hospital Services; 62, Genetic Testing and Clinical Genetic Services; 68, Occupational Therapy Services; 85, Physical Therapy Services; 95, Podiatric Services; 109, Speech and Hearing Services; 113, Transportation Services; 150, STD Screening Clinic Services; and 190, Boarding Home and Related.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	CP 2 Added	MaineCare Providers	General Fund	1	782	UNK	N, 10-1	UNK		\$0	(\$5,628,561)
358	147 Medical Care - Payments to Providers	F-A-7272 CP1 CP2	Reduces funding based on a 10% reduction to the rates paid to providers under the following MaineCare Benefits Manual sections: 3, Ambulatory Care Clinic Services; 13, Targeted Case Management Services; 15, Chiropractic Services; 23, Developmental and Behavioral Evaluation Clinics; 28, Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations; 30, Family Planning Agency Services; 35, Hearing Aids and Services; 37, Children's Home Based Mental Health; 46, Psychiatric Hospital Services; 62, Genetic Testing and Clinical Genetic Services; 68, Occupational Therapy Services; 85, Physical Therapy Services; 95, Podiatric Services; 109, Speech and Hearing Services; 113, Transportation Services; 150, STD Screening Clinic Services; and 190, Boarding Home and Related.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	CP 2 Added	MaineCare Providers	Federal Expenditures Fund	1	783	UNK		UNK		\$0	(\$14,181,414)
359	147 Medical Care - Payments to Providers	F-A-7272 CP1 CP2	Reduces funding based on a 10% reduction to the rates paid to providers under the following MaineCare Benefits Manual sections: 3, Ambulatory Care Clinic Services; 13, Targeted Case Management Services; 15, Chiropractic Services; 23, Developmental and Behavioral Evaluation Clinics; 28, Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations; 30, Family Planning Agency Services; 35, Hearing Aids and Services; 37, Children's Home Based Mental Health; 46, Psychiatric Hospital Services; 62, Genetic Testing and Clinical Genetic Services; 68, Occupational Therapy Services; 85, Physical Therapy Services; 95, Podiatric Services; 109, Speech and Hearing Services; 113, Transportation Services; 150, STD Screening Clinic Services; and 190, Boarding Home and Related.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	CP 2 Added	MaineCare Providers	Federal Expenditures Fund ARRA	1	785	UNK		UNK		\$0	(\$1,110,896)

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360	705 Medicaid Services - Mental Retardation	F-A-7283	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, hospital tax and several of the service provider taxes at its May 2009 and November 2009 meetings. This initiative adjusts the applicable Other Special Revenue Funds accounts as necessary.		MaineCare Taxes	Other Special Revenue Funds	42	180	IN		UNK		(\$15,333)	(\$15,716)
361	705 Medicaid Services - Mental Retardation	F-A-7283	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, hospital tax and several of the service provider taxes at its May 2009 and November 2009 meetings. This initiative adjusts the applicable Other Special Revenue Funds accounts as necessary.		MaineCare Taxes	Other Special Revenue Funds	52	181	IN		UNK		(\$19,102)	(\$432,956)
362	147 Medical Care - Payments to Providers	F-A-7283	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, hospital tax and several of the service provider taxes at its May 2009 and November 2009 meetings. This initiative adjusts the applicable Other Special Revenue Funds accounts as necessary.		MaineCare Taxes	Other Special Revenue Funds	1	796	IN		UNK		(\$761,888)	(\$1,147,107)
363	147 Medical Care - Payments to Providers	F-A-7283	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, hospital tax and several of the service provider taxes at its May 2009 and November 2009 meetings. This initiative adjusts the applicable Other Special Revenue Funds accounts as necessary.		MaineCare Taxes	Other Special Revenue Funds	4	797	IN		UNK		(\$1,779,442)	(\$1,779,442)
364	732 Mental Health Services - Community Medicaid	F-A-7283	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, hospital tax and several of the service provider taxes at its May 2009 and November 2009 meetings. This initiative adjusts the applicable Other Special Revenue Funds accounts as necessary.		MaineCare Taxes	Other Special Revenue Funds	44	193	IN		UNK		(\$68,414)	(\$70,124)
365	732 Mental Health Services - Community Medicaid	F-A-7283	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, hospital tax and several of the service provider taxes at its May 2009 and November 2009 meetings. This initiative adjusts the applicable Other Special Revenue Funds accounts as necessary.		MaineCare Taxes	Other Special Revenue Funds	46	194	IN		UNK		(\$566,110)	(\$657,369)
366	148 Nursing Facilities	F-A-7283	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, hospital tax and several of the service provider taxes at its May 2009 and November 2009 meetings. This initiative adjusts the applicable Other Special Revenue Funds accounts as necessary.		MaineCare Taxes	Other Special Revenue Funds	2	815	IN		UNK		\$413,910	(\$330,071)
367	844 Office of Substance Abuse - Medicaid Seed	F-A-7283	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, hospital tax and several of the service provider taxes at its May 2009 and November 2009 meetings. This initiative adjusts the applicable Other Special Revenue Funds accounts as necessary.		MaineCare Taxes	Other Special Revenue Funds	1	205	IN		UNK		(\$17,360)	(\$17,793)

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368	978 Residential Treatment Facilities Assessment	F-A-7283	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, hospital tax and several of the service provider taxes at its May 2009 and November 2009 meetings. This initiative adjusts the applicable Other Special Revenue Funds accounts as necessary.		MaineCare Taxes	Other Special Revenue Funds	1	209	IN		UNK		(\$111,187)	(\$152,808)
369	130 General Assistance - Reimbursement to Cities and Towns	F-A-1923	Provides funding in the General Assistance - Reimbursement to Cities and Towns program for increased costs in benefits and offsets the appropriation with a reduction in the appropriation for the State Supplement to Federal Supplemental Security Income program.	The General Assistance program reimburses municipalities on an eligibility basis. When municipalities expend funds to clients, the state is required to reimburse them for the state's portion.	3/1/10 AFA questions on HHS proposal. HHS amended to also appropriate \$380,000 in FY 11 to GA program offset by an equal deappropriation in State Supp to Federal SSI program.	Public Assistance	General Fund	1	565	AMD		TBL	3/1/10	\$880,000	\$380,000
370	131 State Supplement to Federal Supplemental Security Income	F-A-1923	Provides funding in the General Assistance - Reimbursement to Cities and Towns program for increased costs in benefits and offsets the appropriation with a reduction in the appropriation for the State Supplement to Federal Supplemental Security Income program.	The General Assistance program reimburses municipalities on an eligibility basis. When municipalities expend funds to clients, the state is required to reimburse them for the state's portion.	3/1/10 AFA questions on details of HHS proposal. HHS amended to also appropriate \$380,000 in FY 11 to GA program offset by an equal deappropriation in State Supp to Federal SSI program.	Public Assistance	General Fund	1	567	AMD		TBL	3/1/10	(\$880,000)	(\$380,000)
371	453 Bureau of Family Independence - Regional	F-A-7212-C	Adjusts funding from savings achieved through the administrative consolidation of the Low-income Home Energy Assistance program.	This initiative will coordinate administration of the federally funded Low Income Home Energy Assistance Program (LIHEAP) with the Maine State Housing Authority. Savings will be achieved by integrating administration of this program with other financial assistance programs already administered by DHHS, utilizing income information already on file at DHHS to establish eligibility.	OSR allocation added in CP1 and moved from Z020 to 0453. HHS had voted in same version before CP1 moved to 0453.	Public Assistance	General Fund	1	938	AMD	2/19/10	AMD	3/1/10	\$0	(\$500,000)
372	453 Bureau of Family Independence - Regional	F-A-7212-C	Adjusts funding from savings achieved through the administrative consolidation of the Low-income Home Energy Assistance program.	This initiative will coordinate administration of the federally funded Low Income Home Energy Assistance Program (LIHEAP) with the Maine State Housing Authority. Savings will be achieved by integrating administration of this program with other financial assistance programs already administered by DHHS, utilizing income information already on file at DHHS to establish eligibility.	OSR allocation added in CP1 and moved from Z020 to 0453. HHS had voted in same version before CP1 moved to 0453.	Public Assistance	Other Special Revenue Funds	1		AMD	2/19/10	AMD	3/1/10	\$0	\$0
373	Z020 Office of Integrated Access and Support - Central Office	F-A-7212-C	Reduces funding from savings achieved through the administrative consolidation of the Low-income Home Energy Assistance program.	This initiative will coordinate administration of the federally funded Low Income Home Energy Assistance Program (LIHEAP) with the Maine State Housing Authority. Savings will be achieved by integrating administration of this program with other financial assistance programs already administered by DHHS, utilizing income information already on file at DHHS to establish eligibility.	CP1-added OSR but moved to 0453 from Z020. HHS Committee amend to add OSR line for revenue coming in from State Housing	Public Assistance	General Fund	1	938	AMD	-	UNK	-	\$0	(\$500,000)

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374	Z020	Office of Integrated Access and Support - Central Office	F-A-7212	Reduces funding from savings achieved through the administrative consolidation of the Low-income Home Energy Assistance program.	This initiative will coordinate administration of the federally funded Low Income Home Energy Assistance Program (LIHEAP) with the Maine State Housing Authority. Savings will be achieved by integrating administration of this program with other financial assistance programs already administered by DHHS, utilizing income information already on file at DHHS to establish eligibility.	CP1 added OSR but moved to 0453 from Z020. HHS Committee amend to add OSR line for revenue coming in from State Housing	Public Assistance	Other-Special-Revenue-Funds	1 938A	AMD	-	UNK	-	\$0	\$500,000
375	130	General Assistance - Reimbursement to Cities and Towns	HHS-4	Appropriates funds on a one-time basis for increased costs in benefits.		3/1/10 AFA questions on details of HHS proposal. See HHS Committee Report Back Attachment D	Public Assistance	General Fund	1	AMD		TBL	3/1/10	\$0	\$1,074,696
376	130	General Assistance - Reimbursement to Cities and Towns		Changes the provisions in the General Assistance program that reimbursed a municipality for 90% of the amount in excess of .0003 of the municipalities most recent state valuation to 50% of the amount in excess of .0003 of the municipalities most recent state valuation.		No savings have overtly been booked in proposed budget. MMA estimates savings of \$1.88 million. Department may be netting savings against assumed spending increase??	Public Assistance	General Fund	1	UNK	-	UNK	-	\$0	\$0
377	143	Health - Bureau of	F-A-7223	Reduces funding not required for matching purposes.	This initiative will reduce funding in General Fund accounts administered by the Maine Center for Disease Control and Prevention. This includes a reduction in fiscal year 2009-10 of \$400,000 that is available from amounts that carried into the account from fiscal year 2008-09 and fiscal year 2010-11 reductions in the Office of the Maine CDC Director, Division of Environmental Health, Infectious Disease, Chronic Disease and Public Health Systems, including the Health, Environmental Testing Lab and the Maternal and Child Health Unit of the Division of Family Health.		Public Health	General Fund	1 673	IN		IN	3/1/10	\$0	(\$500,000)
378	Z037	Division of Data, Research and Vital Statistics	F-A-7286	Provides funding on a one-time basis for program operating costs for the Health - Bureau of program and the Division of Data, Research and Vital Statistics program.	This initiative provides one-time funding for operating costs for several programs administered by the Center for Disease Control. These programs include those for health inspections, radiation, vital records, subsurface waste and for the laboratory.	3/1/10 AFA questions on details of FY 10 request and fee proposal for FY 11 (LD 1592).	Public Health	General Fund	1 1011	IN		TBL	3/1/10	\$340,000	\$0
379	143	Health - Bureau of	F-A-7286	Provides funding on a one-time basis for program operating costs for the Health - Bureau of program and the Division of Data, Research and Vital Statistics program.	This initiative provides one-time funding for operating costs for several programs administered by the Center for Disease Control. These programs include those for health inspections, radiation, vital records, subsurface waste and for the laboratory.	3/1/10 AFA questions on details of FY 10 request and fee proposal for FY 11 (LD 1592).	Public Health	General Fund	1 675	IN		TBL	3/1/10	\$1,660,000	\$0

ProgramC	Program	Initiative #	InitiativeText	Initiative Justification	Initiative Notes	Secondary Class	Fund	Unit	Line #	HHS Action	HHS Vote 3/4	AFA Action	AFA Vote	FY 10 Total	FY 11 Total	
395	228	Purchased Social Services	F-A-7206 CP2	Reduces funding for contracted services for a variety of community supports and in fiscal year 2010-11 allows for \$60,000 to the Maine Children's Trust, Inc. to continue evidence-based parenting programs and \$140,800 for the Family Planning Association of Maine.	Under this proposal certain contracts funded with General Fund appropriations would be reduced. These include substance abuse services and Maine Children's Trust.	CP 2 modifies - blippie needs work. Originally proposed - \$550,000 for FY 11. Cuts - In FY10 cut totals \$150,000: Crossroads for Women \$7,474, Maine Children's Trust \$41,795 (MCT also receives OSR from tax checkoff of \$48,300/yr), Family Planning \$89,879, homeless youth at Shaw House (Bangor) \$10,892. In FY11 cuts total \$550,000 (for those marked E, no more funding in this account): Crossroads for Women (E) \$23,416, Maine Children's Trust (E) \$130,949 (MCT also receives OSR from tax checkoff of \$48,300/yr), Family Planning \$281,599, victim witness advocacy \$37,097 (E), domestic violence prevention \$42,129 (\$1.2million remains), homeless youth at Shaw House (E) (Bangor) \$34,000. Coalition against Sexual Assault, Maine Children's Trust and Family Planning testified against cut.	Social Services	General Fund	1	851	OUT	N, 10-1	UNK		(\$150,000)	(\$349,200)
396	844	Office of Substance Abuse - Medicaid Seed	CP2-SA-PNMI	Reduces funding by standardizing the reimbursement rates for private nonmedical institutions billing under the MaineCare Benefits Manual Section 97, Appendix B - Substance Abuse Treatment Facilities and Appendix E - Community Residences for Persons with Mental Illness.		Added in CP2.	Substance Abuse	General Fund	1		UNK	Y	UNK	\$0	(\$394,867)	
397	844	Office of Substance Abuse - Medicaid Seed	CP2-SA-PNMI	Reduces funding by standardizing the reimbursement rates for private nonmedical institutions billing under the MaineCare Benefits Manual Section 97, Appendix B - Substance Abuse Treatment Facilities and Appendix E - Community Residences for Persons with Mental Illness.		Added in CP2.	Substance Abuse	Other Special Revenue Funds	1		UNK		UNK	\$0	(\$78,753)	
398	700	Driver Education and Evaluation Program - Substance Abuse	F-A-1930 CP2	Reduces funding from the Driver Education and Evaluation Programs.	This initiative reduces the appropriation for DEEP. The DEEP account has been over appropriated. This reduction will not negatively impact the program.	CP 2 eliminated the FY 10 deappropriation. Original amount was (\$250,000) in both FY 10 and FY 11.	Substance Abuse	General Fund	1	171	OUT	Y, FY10 N, 10-1, FY11	UNK	\$0	(\$250,000)	

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ProgramC	Program	Initiative #	InitiativeText	Initiative Justification	Initiative Notes	Secondary Class	Fund	Unit	Line #	HHS Action	HHS Vote 3/4	AFA Action	AFA Vote	FY 10 Total	FY 11 Total
399	844 Office of Substance Abuse—Medicaid Seed	F-A-7272-CP1-CP2	Reduces funding based on a 10% reduction to the rates paid to providers under all sections of MaineCare policy except Section 21 residential services which are reduced 4% and hospital, physician, pharmacy and dental services.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	Deleted in CP2.	Substance-Abuse	General-Fund		204	OUT	Y	UNK	-	\$0	(\$192,100)
400	844 Office of Substance Abuse—Medicaid Seed	F-A-7272-CP2	Reduces funding for the MaineCare Benefits Manual, Section 65, Behavioral Health Services by 10%, excluding children's comprehensive community support and multi-systems therapy which will be reduced by 4% and outpatient therapy and children's assertive community treatment services which will not be reduced. Reimbursement rates for crisis services will be standardized to achieve the equivalent of 10% savings. The corresponding state funding decreases are in the Mental Health Services—Child Medicaid program and the Mental Health Services—Community Medicaid program.		Added in CP2, but corrected to move to 0732. Original 10% reduction was (\$192,100).	Substance-Abuse	General-Fund			UNK	Y	UNK	-	\$0	(\$62,046)