

Line #	Prog. Code	Program	Initiative #	Initiative Text	Initiative Justification	Secondary Class	Fund	Unit	Line Number	HHS Notes	HHS Vote	FY 10 Total	FY 11 Total
3	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	Funds not needed.	Y	\$0	(\$500,000)
4	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.	Adult MH	General Fund	2	151	Clarification needed of program use in 2010 in DHHS and in DOL in 2011, purposes, consumers, budget, impact of change.	Y	\$0	(\$304,000)
5	732	Mental Health Services - Community Medicaid	F-A-7268	Reduces funding by limiting mental health outpatient therapy to 18 visits per year. 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.	Adult MH	General Fund	14	190	DHHS states that there will be no limit on medication management visits and that 18 is a hard limit for adults, no authorization above that. Info requested on whether for adult populations on all the benefit limits there will be exceptions. Info requested on standards for children's MH continued stay review inpatient and prior authorization outpatient. Info requested on possible streamlining of eligibility/care entry process for adults and children. Possibilities Counseling Inc. testified to clients who are required by their physicians to go to therapy sessions weekly, also have monthly physician visits. Limit of 18 visits would conflict with medical treatment. Also testified to frequent sessions required by adult and juvenile probation officers and courts when parents have children in child welfare services. Frequent visits also required for victims of psychological stress, violence, post traumatic stress syndrome. Todd Goodwin, Mid Coast Hospital, stated that mental health cuts will cause 5% loss in FY10 and 20% loss in FY11, and the wait list is over 200 pers	Y, amended to impose soft cap, allowing 30% of members to get over 18 visits and allowing unlimited group therapy. See also Item 19 for children's outpatient therapy services. Item 18 is FFP of this item and Item 19.	\$0	(\$742,498)

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8	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.	Adult MH	General Fund	1	789	DHHS-talking with advocates about this proposal. May be reworked. Maine Assoc Psychiatric Physicians suggests this proposal lacks physician input, requires input of professionals with clinical expertise.	Y, 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).	\$0	(\$1,000,000)
10	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	Maine Medical Center opposed cut of MH Medical Director psychiatrist position, citing MH drug overdoses and NE Poison Control Center, need for oversight and coordination of care. Me Assoc Psychiatric Physicians opposed MH medical position cut, stressed worth and asked expand duties to MaineCare.	Y	\$0	(\$245,383)
12	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.	Children's Services	General Fund	1	572	\$112,000 cut was proposed for FY 10 and rejected in PL 2009, chapter 213.	Y	(\$112,500)	(\$450,000)

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16	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		Y	(\$400,000)	(\$100,000)
19	731	Mental Health Services - Child Medicaid	F-A-7268	Reduces funding by limiting mental health outpatient therapy to 18 visits per year. 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.	Children's Services	General Fund	17	185	Info needed on how MaineCare benefits to children can be limited. DHHS indicates medically necessary services above 18 will be prior authorized. Info requested on child mh services and providers. Information requested about how mental health benefits for children are managed now and how they would be managed under this initiative. Richard Farnsworth, Woodfords Family Services testified against. Others opposed service limit and suggested treatment review board like drug utilization review board.	Y, amended to impose soft cap, allowing 30% of members to get over 18 visits and allow unlimited group therapy. DHHS will institute protections for children's EPSDT services as required for Medicaid. FFP match for this item and Item 5 is in Item 18.	\$0	(\$684,727)
21	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	See item 10.	Y	\$0	(\$120,515)
22	19	Department wide	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.	Department wide	General Fund	1	137		Y	\$4,000,000	\$4,000,000
23	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.	Department wide	General Fund	1	754		Y	(\$4,000,000)	(\$4,000,000)

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25	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.	Developmental Services	General Fund	12	173	Info needed on account balance, effect of cut.	Y	(\$4,222,447)	(\$4,222,447)
26	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.	Developmental Services	General Fund	1	219		Y	\$4,222,447	\$4,222,447
27	122	Mental Retardation Services - Community	F-A-1913	Provides funding for an anticipated shortfall in the Office of Advocacy program through a reduction in the Mental Retardation Services - Community program.	This initiative funds a projected shortfall within the Office of Advocacy by reducing the funding in the Mental Retardation Community account.	Developmental Services	General Fund	60	156		Y	-8129	-8129
28	632	Office of Advocacy - BDS	F-A-1913	Provides funding for an anticipated shortfall in the Office of Advocacy - BDS program through a reduction in the Mental Retardation Services - Community program.	This initiative funds a projected shortfall within the Office of Advocacy by reducing the funding in the Mental Retardation Community account.	Developmental Services	General Fund	42	168		Y	8129	8129
44	453	Bureau of Family Independence - Regional	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.		DHHS Other	General Fund	1			Y	\$1,569,406	\$0

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46	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.		DHHS Other	General Fund		1	See item 44.	Y	\$3,804,827	\$0
48	Z038	Division of Administrative Hearings	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.		DHHS Other	General Fund		1	See item 44.	Y	\$439,694	\$0
69	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	GF appropriation is \$122,524/yr. Cut is 3.9%. Ombudsman also receives \$57,150 in federal Medicaid matching funds. Appropriation is to Office of the Executive account, services are contracted to Mainie Children's Alliance.	Y	\$0	(\$4,827)
70	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	GF appropriation is \$65,884/yr. Information requested on total budget.	Y	\$0	(\$3,294)
71	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.	MaineCare Admin	General Fund		1 530		Y	\$0	\$3,884,463
73	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.	MaineCare Admin	General Fund		1 547		Y	\$0	\$3,545,210

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74	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		Y	\$0	(\$3,545,210)
75	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.	MaineCare Cycle	General Fund	1	585		Y	\$0	(\$55,675)
77	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.	MaineCare Cycle	General Fund	1	772		Y	\$0	(\$9,669,773)
80	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.	MaineCare Cycle	General Fund	1	804		Y	\$0	(\$2,145,316)
82	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		Y	\$0	(\$112,842)
83	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		Y	\$0	(\$673,572)
84	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		Y	\$0	(\$1,152,899)
85	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		Y	\$0	(\$991,884)
86	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		Y	\$0	(\$71,258)
88	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		Y	\$0	(\$2,514,488)

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89	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		Y	\$0	(\$5,488)
90	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		Y	\$0	(\$534,805)
92	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		Y	(\$6,782,239)	\$0
93	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	See item 92.	Y	(\$682,231)	\$0
94	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	See item 92.	Y	\$6,782,239	\$0

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95	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	See item 92.	Y	\$682,231	\$0
99	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	Dr. McDermott, Mayo Hospital in Dover-Foxcroft-paying 86% of Medicare will bring reimbursement rate below cost. Info requested on # inpatient and outpatient visits, lab use, mental health visits. Mary Mayhew, MHA, suggests impact may amount to \$20million, not \$3million. Information needed - is this cut only APC outpatient ambulatory care services? Information needed on relationship to Item 105.	Y	\$0	(\$1,000,000)
103	147	Medical Care - Payments to Providers	F-A-7215	Adjusts funding to reflect 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.	MaineCare Hospitals	General Fund	1	751		Y, 8-6. See Language AAA.	\$0	(\$10,770,945)
105	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%.	MaineCare Hospitals	General Fund	1	734		Y	\$0	(\$1,237,200)

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108	147	Medical Care - Payments to Providers	F-A-7259	Reduces funding by reducing reimbursement to psychiatric hospitals 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).	MaineCare Hospitals	General Fund	1	755		Y	\$0	(\$386,875)
114	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.	MaineCare Hospitals	General Fund	14	191		Y, 12-2	\$0	(\$780,360)
115	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.	MaineCare Hospitals	General Fund	1	203		Y, 12-2	\$0	(\$234,577)
117	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		Y	\$71,384	\$71,384
119	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.	MaineCare Other	General Fund	1	710		Y	\$1,741,141	\$4,165,856

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122	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		Y	\$6,622,154	(\$6,622,154)
125	147	Medical Care - Payments to Providers	F-A-1919	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.	MaineCare Other	General Fund	1	720		Y	\$195,264	\$390,528
130	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.	MaineCare Other	General Fund	1	616		Y	\$0	\$72,992

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131	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.	MaineCare Other	General Fund	1	793	See item 130.	Y	\$0	(\$1,200,000)
133	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	See item 130.	Y	\$0	\$2,117
136	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.	MaineCare Providers	General Fund	1	705		Y	\$330,591	\$0

Line #	Prog. Code	Program	Initiative #	Initiative Text	Initiative Justification	Secondary Class	Fund	Unit	Line Number	HHS Notes	HHS Vote	FY 10 Total	FY 11 Total
142	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.	MaineCare Providers	General Fund	1	758		Y	\$0	(\$1,547,500)
159	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.	Public Assistance	General Fund	1	565	Questions raised about disproportionate impact on select communities, shifting of burden to municipal level. Sean Yardley suggested funding eligibility workers to assist people applying for Soc Sec disability to qualify, speeding recovery of federal repayment of paid out benefits. JO-read together with Part YY on GA reimbursement rate when municipal costs exceed .003% of state tax valuation. Governor Richard Phillips-Doyle, Passamaquoddy Pleasant Point Reservation impact equals 4 months of benefits costs. Maximum benefit is \$300/mo. Impact on Portland \$1.15-1.3million, on Bangor \$550,000. History of GA benefits and cuts requested. Rep Stuckey awaiting GA report from LD 1303 and 1375 from DHHS, due 2/15/10. Chris Hastedt, MEJP, suggested applying for ARRA TANF Emergency Funds for added assistance costs for families with children. Rep Millett requested proposal to equalize burden among municipalities.	Y, amend to appropriate \$380,000 in FY11, transferring funds from State Supplement to Federal Supplemental Security Income, Item #160, and to appropriate \$1,074,696 in FY11 from initiative described in Attachment D.	\$880,000	\$0

Line #	Prog. Code	Program	Initiative #	Initiative Text	Initiative Justification	Secondary Class	Fund	Unit	Line Number	HHS Notes	HHS Vote	FY 10 Total	FY 11 Total
160	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.	Public Assistance	General Fund	1	567	See item 159.	Y. As result of streamlining bill, PL 462, account lacks sufficient funds for the proposed deappropriation. Amend to include deappropriation of \$380,000 in FY11, transferring funds to GA account, item #159. See Attachment D for new proposal and funding for GA account.	(\$880,000)	\$0
161	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.	Public Assistance	General Fund	1	938	Info needed on transfer of eligibility to DHHS, savings in MSHA, how these savings are generated for DHHS.	Y, amend to transfer to OIAS \$500,000 in OSR from Maine State Housing Authority in FY11. See Attachment C.	\$0	(\$500,000)
162	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		Y	\$0	(\$500,000)
163	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.	Public Health	General Fund	1	675	Info needed on whether programs will require additional funding in FY11.	Y. DHHS submitted LD 1592 to authorize fee increases to support these programs in FY11.	\$1,660,000	\$0
164	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.	Public Health	General Fund	1	1011	See item 163.	Y. DHHS submitted LD 1592 to authorize fee increases to support these programs in FY11.	\$340,000	\$0
<b>"Yes" Subtotal</b>												<b>\$16,261,961</b>	<b>(\$38,275,515)</b>