Department of Health and Human Services

Maine People Living Safe, Healthy and Productive Lives

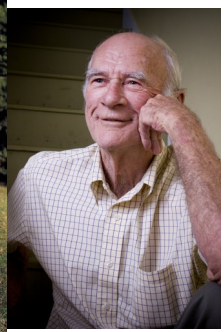
Paul R. LePage, Governor — Mary C. Mayhew, Commissioner

Programs, Services and Funding

April 2013





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April 2013

On behalf of the Maine Department of Health and Human Services, I want to congratulate you on election to the 126th Maine Legislature. I look forward to working with you in the next two years as we serve the neediest people in Maine in what is likely to be a challenging economy.

We have prepared this document to serve as a very brief overview of Maine DHHS and as a quick reference. You will find a wealth of financial information, as well as summaries of each DHHS Office's mission, purpose and goals. There is also expenditure data for 2010-2012 that offers three years of historical information at a glance.

We continue to work on a more thorough, robust document that will be posted to the web site when it is completed. It will contain far more depth and additional data that I hope will serve you well in our work together and answer many questions that you may have about the Department.

I hope that you find this document useful. As always, if you have any questions, please do not hesitate to ask.

Sincerely,

Mary C. Mayhew
Commissioner

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OVERVIEW

The mission of the Maine Department of Health and Human Services is to provide integrated health and human services and to assist individuals in meeting their needs, while respecting the rights and preferences of the individuals and families it serves. All of the Department's functions and activities are directed toward one or more of the following goals: a) to protect and enhance the health and well-being of Maine people; b) to promote independence and self-sufficiency; c) to protect and care for those who are unable to care for themselves; and d) to provide effective stewardship for the resources entrusted to the Department.

On July 1, 2004, the Governor and the Legislature created the Department of Health and Human Services (DHHS) by combining and reorganizing the former Department of Human Services (DHS) and the former Department of Behavioral and Developmental Services (BDS). The organizational framework for the new Department was established the following year by Public Law 2005, Ch. 412.

The Department's structure is intended to:

- Support, strengthen and integrate primary prevention efforts for all programs across the Department;
- Integrate mental health and physical health with social services throughout the entire Department;
- Recognize the value and importance of population-based public health efforts in making Maine people healthier and in reducing health-care costs; and
- Eliminate barriers to a holistic, cross-disciplinary approach to service delivery.

Programs and Services

The Department's statutory mandate requires it to provide the following programs and services to adults, children and families:

- Economic assistance and employment support services;
- Behavioral health services, including mental health and substance abuse prevention and treatment services;
- Developmental disability and brain injury services;
- Physical health services;
- Public health services.

Services targeted specifically for children, families, and adults include:

- Child welfare services;
- Early childhood services, including Head Start and child care services;
- Maternal and child health services, including home- visiting programs;
- Paternity establishment and child support enforcement services;
- Residential and community support services for children and adults with disabilities;
- Adult protective services;
- Long-term care services for the elderly and adults with disabilities.

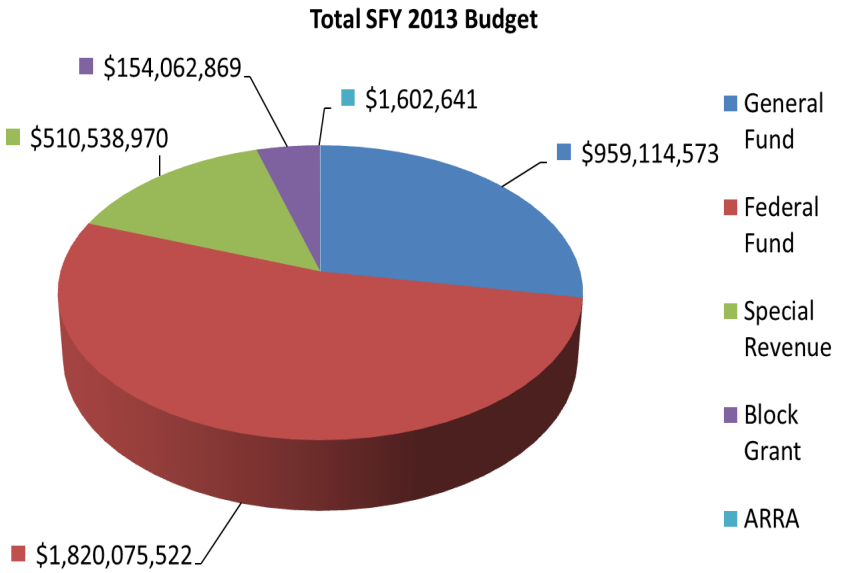
The Department delivers programs and services through an integrated delivery system that focuses on meeting the needs of individuals and families. The Department uses a combination of State personnel and contracts with private agencies to administer programs and deliver services.

The Department administers the Medicaid program funded jointly by the Federal Government's Centers for Medicare and Medicaid Services (CMS) and the State. MaineCare provides health care services for Maine's children and adults who are elderly, disabled or with low income.

More information about the Department of Health and Human Services may be found at http://www.maine.gov/dhhs.

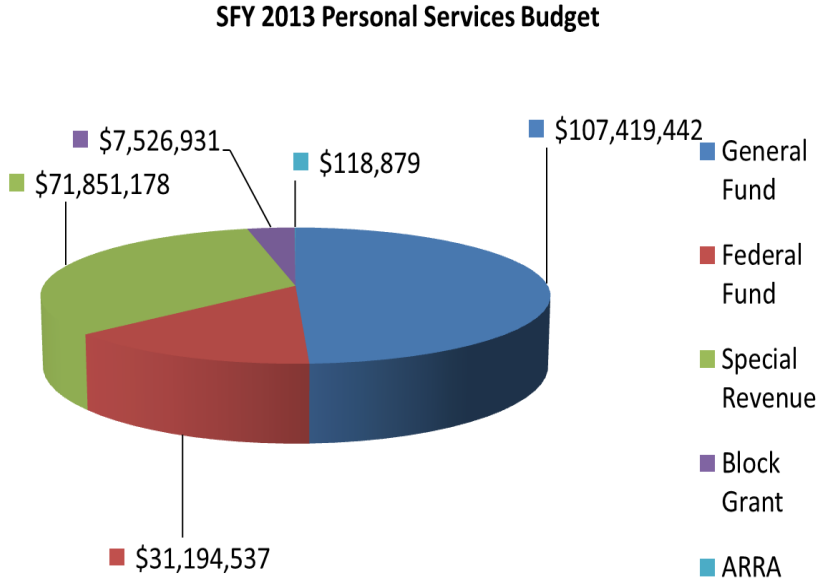
DHHS Funding Overview

General Fund (010)	Federal Fund (013)	Special Revenue (014)	Block Grant (015)	ARRA (020)	Total Funding SFY 2013
$959,114,573	$1,820,075,522	$510,538,970	$154,062,869	$1,602,641	$3,445,394,575



Personal Services Budget (Staffing)

General Fund (010)	Federal Fund (013)	Special Revenue (014)	Block Grant (015)	ARRA (020)	Total Funding SFY 2013
$107,419,442	$31,194,537	$71,851,178	$7,526,931	$118,879	$218,110,967

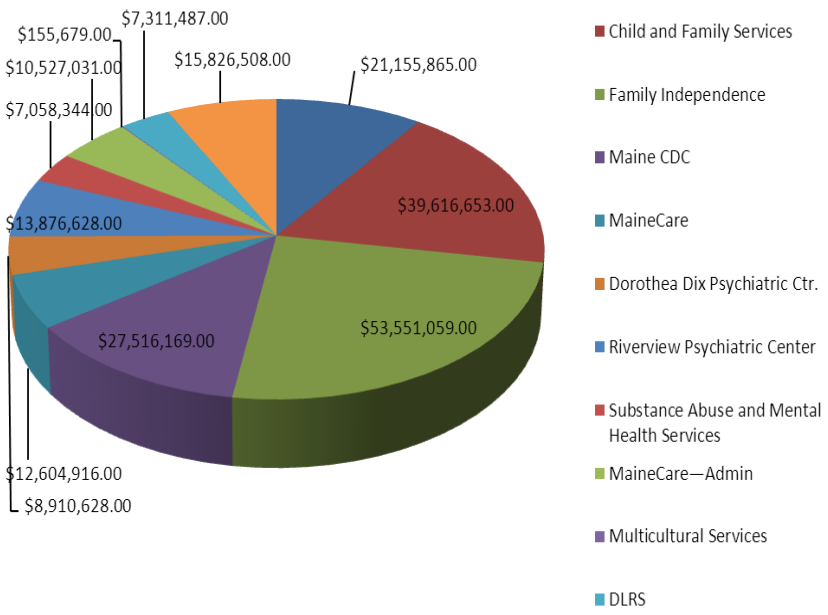


DHHS Funding by Office and Source

	General Fund (010)	Federal Fund (013)	Special Revenue (014)	Block Grant (015)	ARRA (020)	Total Funding FY '13
Aging and Disability Services	$48,291,968	$11,296,974	$2,199,646	$415,000	0	$62,203,588
Child and Family Services	90,968,749	48,957,238	16,690,409	33,983,819	0	190,600,215
COMM	19,027,574	389,565	20,227,929	0	123,203	39,768,271
Dorothea Dix Psychiatric Center	2,484,941	0	11,617,545	0	0	14,102,486
Family Independence	70,523,017	33,027,190	162,004,828	75,899,942	0	341,454,977
Licensing and Regulatory Services	3,651,822	780,574	6,085,155	12,313	0	10,529,864
Maine CDC	14,499,078	70,400,194	33,960,296	4,317,440	0	123,177,008
MaineCare (incl. seed accts)	648,285,148	1,539,328,677	234,209,606	27,806,574	0	2,449,630,005
MaineCare—Admin	14,140,129	96,495,819	1,245,917	3,566,592	1,479,438	116,927,895
Multicultural Services	90,486	1,542,926	0	0	0	1,633,412
Riverview Psychiatric Center	5,341,600	0	19,829,259	0	0	25,170,859
Substance Abuse and Mental Health Services	41,810,061	17,856,365	2,468,380	8,061,189	0	70,195,995
Total	$959,114,573	$1,820,075,522	$510,538,970	$154,062,869	$1,602,641	$3,445,394,575

Personal Services Budget

Aging and Disability Services	$21,155,865
Child and Family Services	$39,616,653
Family Independence	$53,551,059
Maine CDC	$27,516,169
MaineCare	$12,604,916
Dorothea Dix Psychiatric Center	$8,910,628
Riverview Psychiatric Center	$13,876,628
Substance Abuse and Mental Health Services	$7,058,344
MaineCare—Admin	$10,527,031
Multicultural Services	$155,679
DLRS	$7,311,487
COMM	$15,826,508
Total	$218,110,967



PROGRAMS & FUNDING

BY OFFICE AND FUNDING SOURCE

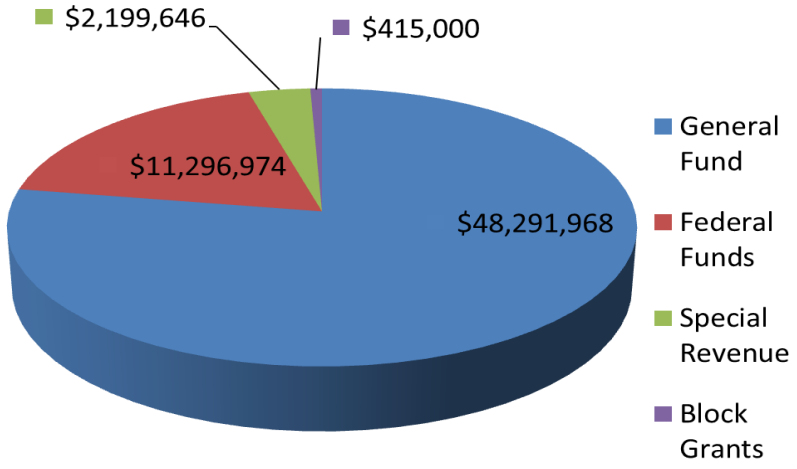
Aging and Disability Services

Overall Budget

The Office of Aging and Disability Services was formed on September 1, 2012 when the Office of Elder Services and the Office of Adults with Cognitive and Physical Disabilities Services merged.

Its overarching goals are to support the highest level of independence possible for adults and adults with disabilities, and to ensure safety and well-being of all adults.

Historical financial data presented in this summary for Aging Services will be found on page 29 in the section entitled Office of Elder Services; while financial data for Disability Services will be in the section entitled Office of Cognitive and Physical Disabilities Services on page 28.



Aging and Disability Services Budget 2013

General Fund (010)	Federal Funds (013)	Special Revenue (014)	Block Grants (015)	Total 2013
$48,291,968	$11,296,974	$2,199,646	$415,000	$62,203,588

Aging Services

The primary goal of aging services is to promote independence for elders and adults with disabilities through evidence-based prevention and home and community-based services. The Office also provides adult protective services, including public guardianship and/or conservatorship for incapacitated adults who have no family member or other individual able or suitable to serve in those capacities.

The Office, with direction from the Commissioner, establishes the overall policy objectives for functions and activities relating to Maine's older population. The Office assists State government in the coordination of efforts relating to older people. Pursuant to federal and state laws, it prepares and administers a comprehensive State Plan for older persons. The Office also plans for, develops, and leverages resources; develops and enforces rules; manages programs providing long-term services; and supports and conducts training relating to aging, long term care and adult protective services.

The Office of Elder Services (OES) originated in 1966 as the Services for Aging Office in the Division of Family Services, Bureau of Social Welfare, within the Department of Health and Welfare. In 1973, OES was established by statute as a separate and distinct organizational unit of the Department, called the Bureau of Maine's Elderly.

Legislation was passed in 1989 to include the Division of Adult Services and it was renamed the Bureau of Elder and Adult Services. When the Legislature created the new Department of Health and Human Services in 2004, the agency was renamed the Office of Elder Services. In August, 2012, the Office of Aging and Disability Services (OADS) was formed.

The Office operates from a central office in Augusta and district offices of DHHS. It also has designated five private non-profit Area Agencies on Aging across the state to receive and administer funds from the Older Americans Act.

Aging Programs

Programs are designed to assist older adults and adults with disabilities to maintain their independence. Services are provided directly by staff or through contracts with Agencies on Aging and other service providers. More than 120,000 people are served annually.

Community programs include: home-delivered meals; community dining sites; outreach information and assistance with benefits and services; senior employment; independent housing with services; adult day services; legal services; transportation; independent support services; evidence-based programs for healthy aging: family caregiver support programs; health insurance information, counseling and assistance; and help from trained volunteers to identify errors, fraud and abuse regarding Medicare benefits. There is also a respite program for caregivers of persons with dementia.

OADS manages home- and community-based long-term care programs aimed at preventing or delaying nursing home placement. These include Medicaid waiver and State plan services as well as State-funded programs. The types of services provided include care coordination, nursing, personal care, homemaking, environmental modifications and other supportive services to help individuals remain as independent as possible in their own homes.

OADS is responsible for oversight of the statewide long-term care assessments for these programs as well as for nursing facility and PNMI Appendix C services. It also funds the Long-Term Care Ombudsman services.

Adult protective services are provided to incapacitated and dependent adults in danger of or at substantial risk for abuse, neglect or exploitation, including public guardianship and/or conservatorship. The Adult Protective Services and Public Guardianship programs received 5,013 reports in FY ‘11.

By law, the program receives reports; investigates; and determines the validity of reports alleging abuse, neglect, or exploitation. Protective services include social, medical, and psychiatric services necessary to preserve the adult's rights and resources and to maintain the adult's mental well-being.

The Office is also responsible for the public guardianship and conservatorship of incapacitated adults under the Uniform Probate Code. When less restrictive arrangements are not possible, the Office petitions the Probate Court for guardianship and/or conservatorship of individuals who are unable to make or communicate responsible decisions for themselves and no family member or other person is able, willing, or suitable to do so. The intent is to protect and provide continuing care and supervision; and to protect, preserve and manage the incapacitated person's estate.

The Aging Services Unit plans for the challenges and opportunities resulting from the increase of elders in Maine. The Unit develops and implements the State Plan on Aging; develops policies and programs; pursues grant opportunities, writing rules and policies; and identifies, leverages, and coordinates resources to support services for older persons. This includes the continuum from home to nursing facility level of care, including housing and work force issues.

Disability Services

OADs is a leader and partner in Maine's system of support to individuals with cognitive and physical disabilities. At the foundation of this system is the belief that all individuals can achieve a quality of life consistent with the community in which they live. Supports are flexible and work with each person's changing needs throughout her or his lifetime.

This Division was established in 1969. In 2004, when the new DHHS was created, the Division became Developmental Services as part of the Office of Adults with Cognitive and Physical Disability Services. This Office provided policy and direction for services to adults with intellectual disabilities and/or Autism, brain injury, and physical disabilities.

Developmental services are administratively divided into eight districts. District staff assists individuals through the intake process and in obtaining services, assists in developing programs, provides personal planning services, advocacy services and crisis services. It also monitors service quality.

An array of community-based services is delivered through a network of provider agencies funded by MaineCare. Community programs are also supported through contracts and grants. Brain injury services are administered centrally and services are provided through a network of providers funded by MaineCare. The Office supports the work of the Acquired Brain Injury Advisory Council, which provides oversight of brain injury services. Physical disability services are administered centrally and services are provided through a network of providers funded by a combination of State funds and MaineCare.

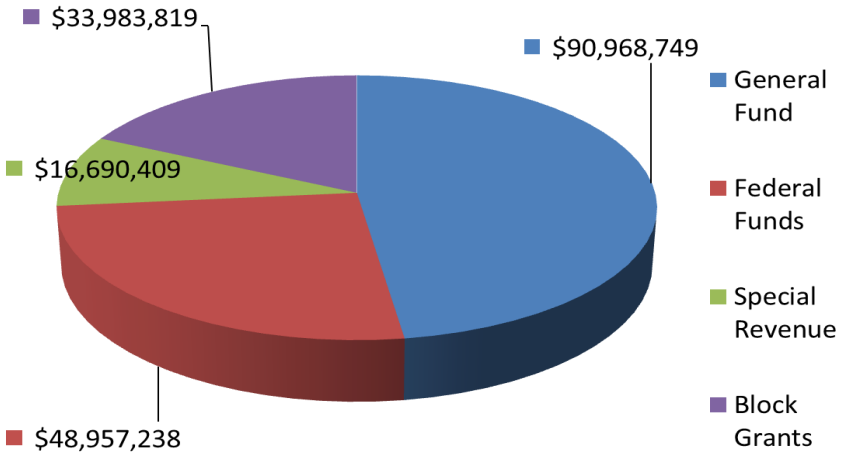
The Office is responsible for funding oversight of long term care programs including personal support; 24/7 residential services; day treatment and habilitation programs; supported employment; self- directed personal care assistance services; and neuro-rehabilitation services. The majority of these services are funded by MaineCare and provided through a network of community service providers. Within the Office, the Division of Developmental Services directly provides case management, crisis services, advocacy and protective services through the district structure. Supports and services to all populations served by the Office are designed to promote self-advocacy, self-direction and the greatest degree of self-sufficiency possible.

The Office collaborates with advocates, families, other DHHS offices, state agencies, the Legislature, advocacy groups and service providers in the development, provision and evaluation of supports and services.

Overall Budget

The Office of Child and Family Services (OCFS) strives to provide a seamless system of care for vulnerable children and their families. Child welfare, children's behavioral health and early childhood services are all parts of the OCFS.

Its overarching goals are to support at-risk children and families; improve outcomes for children and youth with behavioral health challenges; re-assess and align OCFS policies to support and enhance service delivery and practice; and establish operational and service delivery models that are cost-effective and focused on quality.



Child and Family Services Budget 2013

General Fund (010)	Federal Funds (013)	Special Revenue (014)	Block Grants (015)	Total 2013
$90,968,749	$48,957,238	$16,690,409	$33,983,819	$190,600,215

Divisions of the Office

The Office of Child and Family Services (OCFS) was created in 2005 to assure integrated services for children in Maine. The major categories of work include child welfare; children's behavioral health; early childhood service; and public service management. OCFS staff is housed in offices throughout the state of Maine in 15 different locations.

Child Welfare Services

The main function of child welfare services is to assess allegations of abuse and neglect and to determine if children are in need of protection. Caseworkers help parents to recognize and fulfill their responsibility so children may remain safely in their own homes.

Children who are removed from their homes are provided coordinated services to promote personal growth and healing, and services to promote rehabilitation in order to safely return children to their homes. Establishing a permanent home (known as "permanency") for the child is assured through a pre-adoptive placement or other permanent placement, including a placement with relatives, if the custodial family cannot be preserved without serious harm to the child. Studies on child abuse and neglect have focused attention on the need to expand the Department's capability to address safety, permanency and well-being for this vulnerable target population. A 24-hour response system for child abuse and neglect has been operative since 1977.

Children's Behavioral Health

OCFS provides leadership in the development of a mental health system of care to ensure that every child develops to his or her fullest capacity. In FY '10, OCFS provided contracted services to more than 24,000 children and families.

Services provided address three populations: Early Childhood Intervention is for children ages birth-5; mental health/ behavioral health treatment is provided for children and adolescents until age 21; and rehabilitation for children and adolescents with intellectual disabilities or autism spectrum disorders is provided through age 21. Clinical care and consultation, continuous quality improvement, contractual oversight, policy development, and enhancing the availability of evidence-based practices are some of the key areas of focus. Family Support Services, such as respite care and flexible services, are key to keeping families together, providing a safety net and achieving better overall health outcomes for children and their families.

Early Childhood

OCFS provides leadership to state government to ensure that Maine's early childhood services system addresses the needs of young children, shares common standards for quality, and respects the diversity and uniqueness of all children and their families. Current quality initiatives include: a quality rating system for child care providers; developing guidelines for early childhood learning; and the creation of an Early Care and Education Career Development Center. OCFS is working on initiatives to improve quality and service delivery of home visitation and parenting education. OCFS oversees the Child and Adult Care Food Program, ensuring proper nutrition in early care settings.

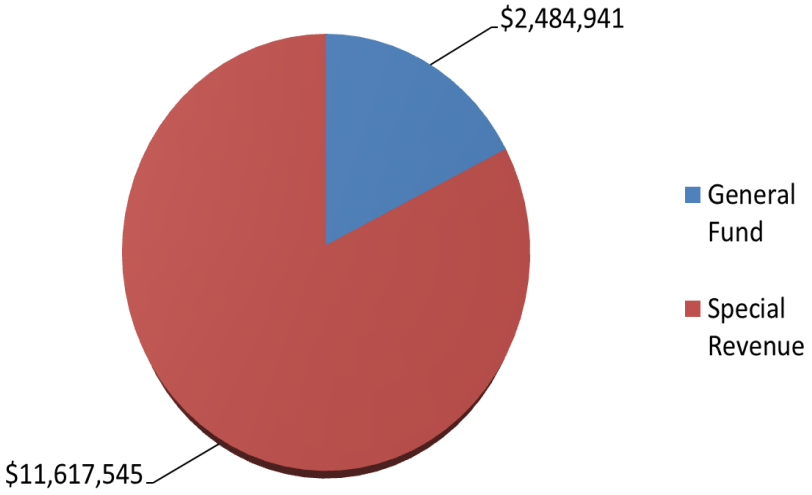
Community Partnerships

OCFS is responsible for the administration of more than 10 federal grants as well as the management and oversight of 130 contracts. These include services such as supports for homeless youth, transportation, and domestic violence and sexual abuse services. In addition, it provides financial, data, and communication services, and supports functionality of the Maine Automated Child Welfare Information System. Residential services for children are overseen by OCFS, as are treatment foster care and transitional living. OCFS works with the Division of Licensing and Regulatory Services to assure licensing standards are met for family foster homes, specialized children's homes, and child care programs.

Overall Budget

The Dorothea Dix Psychiatric Center (DDPC) operates under laws established by the Maine Legislature to provide care and treatment for both voluntary and court-committed patients, as well as outpatients. The hospital has its own Advisory Board with by-laws covering organization, purpose, duties, appointment processes, committees and relationship to the medical staff.

DDPC is part of a comprehensive mental health system of services in northern and eastern Maine which includes community mental health centers with multiple branch offices, private psychiatric and community hospitals and private providers. In addition to the inpatient services, DDPC provides outpatient services for clients who require such support in order to transition to the community.



Dorothea Dix Psychiatric Center Budget 2013

General Fund	Special Revenue	Total 2013
$2,484,941	$11,617,545	$14,102,486

Organization

The Dorothea Dix Psychiatric Center was established in 1901 as the Eastern Maine Insane Hospital. In 1913, it was renamed the Bangor State Hospital, and in 1931, was placed within the Department of Health and Welfare. In 1939, the hospital was placed under the Department of Institutional Service, now the Department of Health and Human Services. In 1973, its name was changed to Bangor Mental Health Institute. Its present name was established by the Legislature in 2005.

The hospital received its first accreditation under the Joint Commission in 1976 and has continued to be accredited. It is fully licensed as a hospital of the Maine Department of Health and Human Services and is certified by the Centers for Medicare and Medicaid Services (CMS) to provide acute psychiatric care.

Program

DDPC operates 51 beds with an additional three beds for patients ordered by the court to return to a treatment setting or for patients in crisis needing urgent psychiatric hospital care. The hospital is organized into major clinical, administrative, and support service departments. DDPC has three inpatient treatment units, admitting approximately 235 people per year. All three co-ed units provide an acute level of care. The outpatient program is a medication management clinic for patients needing a bridge between hospital and community treatment programs.

Coordinated Efforts

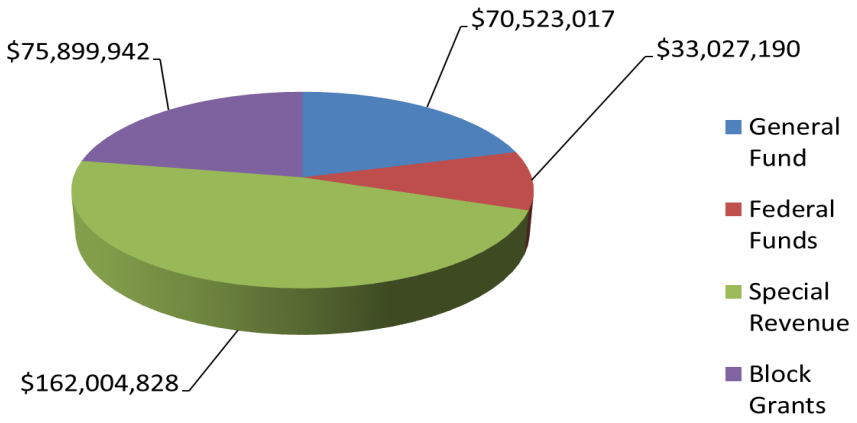
For the past three years the two state psychiatric hospitals have been working to create efficiencies by sharing and integrating administrative functions where feasible. See the Riverview Psychiatric Center section of this book for details.

The hospital is licensed by the Department of Health and Human Services; the Joint Commission; and Medicare/ Medicaid.

Overall Budget

The Office for Family Independence determines eligibility for public assistance programs that help families meet basic needs, while providing training and other opportunities to move recipients to self-sufficiency. Its goals are to accelerate independence support activities; leverage technology for efficiency and support; enhance workforce development efforts and align them with strategic priorities; and to successfully implement revenue initiatives.

The Office for Family Independence originated in 1913 with the creation of the State Board of Charities and Corrections. In 1927, the Board was renamed the Department of Public Welfare and in a major reorganization of State government in 1931, the Department became the Bureau of Social Welfare within the newly created Department of Health and Welfare. The Bureau of Social Welfare was renamed the Bureau of Income Maintenance by the 110th Maine State Legislature effective September 18, 1981. The 117th Legislature changed the name to the Bureau of Family Independence in October, 1995 to reflect its change in purpose. In 2011 the Bureau was renamed the Office for Family Independence.



Office for Family Independence Budget 2013

General Fund (10)	Federal Funds (013)	Special Revenue (014)	Block Grants (015)	Total 2013
$70,523,017	$33,027,190	$162,004,828	$75,899,942	$341,454,977

Programs

The Office for Family Independence administers multiple state and federal programs to support Maine citizens in need. This Office has 16 regional offices statewide, with staff providing direct public access to various programs. In addition to policy and program functions, the Office also monitors recipients through quality assurance activities; conducts investigations and recovery efforts for public assistance programs through audits of municipal welfare programs; and conducts investigations and recovery activities through staff.

Central office units provide staff support to the Department's District offices. As an administrative unit of DHHS, the Office's internal structure and functions are subject to the discretion of the Commissioner. Funding for all programs, except General Assistance, is provided by the federal and state government. The General Assistance Program is funded by state and municipal governments. All programs follow the regulations of their respective funding sources.

Temporary Assistance for Needy Families (TANF) provides a monthly cash benefit to families in which the children are deprived of parental support and care due to the absence from the home of a parent, incapacity of a parent, or underemployment of a parent.

- The Parents as Scholars (PaS) program provides financial aid to parents enrolled in a post-secondary education program who would be eligible for TANF
- The Additional Support for People in Re-training and Employment program (ASPIRE) engages with people receiving TANF or Food Supplement benefits to support their efforts to become self-supporting
- Transitional Services provides post-TANF assistance (child care and transportation costs due to employment)
- Alternative Aid provides voucher payments for services to help parents retain or obtain employment and to help them remain self-supporting

Emergency Assistance provides payment of services to families who are threatened by destitution or homelessness due to emergency situations. TANF programs are funded primarily through a federal block grant, with a required state maintenance of effort contribution.

The Food Supplement Program (formerly Food Stamps), provides a monthly benefit via an electronic benefits card credit to be used to supplement the family's food budget. These benefits can be used only to buy approved food items. Food Supplement benefits are 100 percent federally funded. The state pays one-half the administrative cost.

Medicaid (MaineCare) and Cub Care provide payments of medical expenses, including long term care, for persons of all ages who meet financial and non-financial criteria. Medicaid is funded through state contributions with a federal match of approximately 66 percent for benefits and 50 percent for administrative costs.

State Supplemental Benefit provides a small state funded monthly cash benefit to recipients of federal SSI. This benefit is required as part of the maintenance of effort for Medicaid participation.

Child Support Enforcement and Recovery is responsible for the establishment and enforcement of child support obligations. Tasks involve the location of missing parents, establishment of paternity for children, as well as enforcement actions to recover current and past due support. Services are available to all who need them regardless of economic status. TANF recipients assign their child support to the state and collections help reimburse some of the costs of the TANF program. Non-TANF collections help keep custodial parents off public assistance. Approximately $106 million was collected in State Fiscal Year 2012; $80 million went to Maine families. Administrative expenses of the DSER program are matched 66% by federal dollars; the remaining costs are borne by the state.

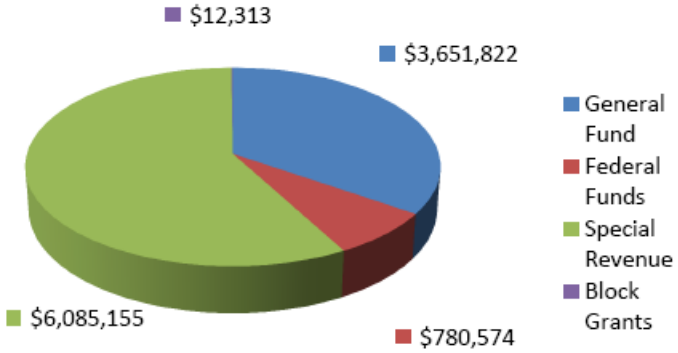
General Assistance provides vouchers at the municipal level for individuals who meet strict income and asset criteria. General Assistance is the program of last resort for basic life necessities. General Assistance is funded through a combination of state and municipal contributions.

The Division of Disability Determination is responsible for reviewing and ruling on applications by Maine citizens for Social Security disability programs. It is 100 percent federally funded.

Refugee Cash Assistance provides a federally funded monthly cash benefit to Refugees and their families for a period of eight months.

Overall Budget

The Division of Licensing and Regulatory Services mission is to assure consistent application of state licensing (Medicaid) and federal certification requirements for medical facilities (Medicare) and community programs. It does so while balancing the Department's enforcement authority with its responsibility to improve provider quality through technical assistance.



Licensing and Regulatory Services Budget 2013

General Fund (10)	Federal Funds (013)	Special Revenue (014)	Block Grants (015)	Total 2013
$3,651,822	$780,574	$6,085,155	$12,313	$10,529,864

Division Structure

The Division has three distinct operational units.

Medical Facilities: Oversees hospitals; laboratories; long-term care facilities; assisted housing; residential care; sentinel events; health care oversight through the Cooperation Act and free care; Certificate of Need; adult day care and services; home care; hospice; dialysis centers; Intermediate Care Facilities; and complaint investigations.

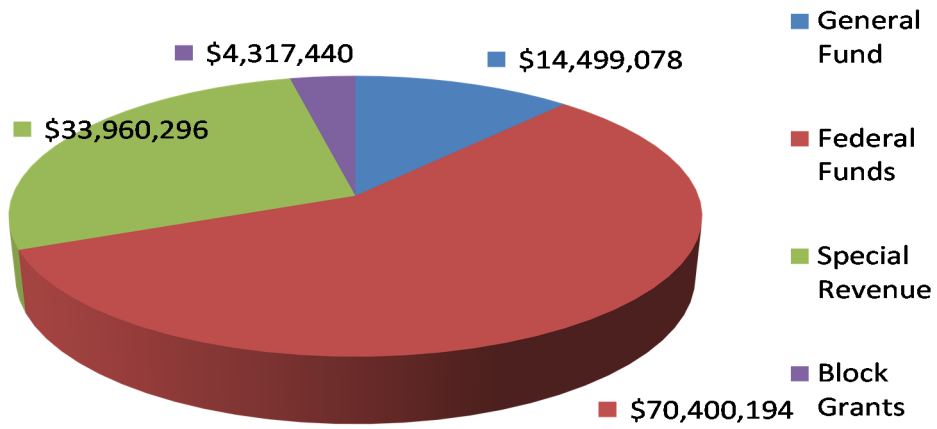
Community Services: Oversees child care licensing in nursery schools, centers and residential providers; behavioral health agencies that provide mental health and substance abuse treatment; out-of-home investigations; the Maine Medical Marijuana program; workforce development; children's residential treatment; emergency shelters; Employee Assistance Programs; children's placing agencies. It also maintains the Certified Nursing Assistant's Registry and investigates complaints.

Division Operations: Oversees grant management; human resources; compliance; division finance and cost allocation plan; quality assurance; data analysis and decision support; reception; and complaint management.

Maine Center for Disease Control and Prevention

Overall Budget

The Maine Center for Disease Control and Prevention (MeCDC) serves as the State's public health agency. It provides public health expertise and services to advance the Department's goals of protecting and improving the health and well-being of Maine people. Its overarching goals are to focus its public health efforts on chronic health conditions; to adopt the U.S. CDC's 10 Essential Health Services; and to achieve national public health accreditation.



Maine Center for Disease Control and Prevention Budget 2013

General Fund (10)	Federal Funds (013)	Special Revenue (014)	Block Grants (015)	Total 2013
$14,499,078	$70,400,194	$33,960,296	$4,317,440	$123,177,008

The MCDC is the State's public health agency. Its purpose is to preserve, protect and promote the health of Maine people. Key strategies include monitoring and communicating about the health of Maine's population; providing support to assure healthy conditions where people live, work and play; educating the public on health issues; and preparing for and providing rapid response to public health threats/emergencies.

The Maine Board of Health was established in 1885 with the overall purpose of having "the general supervision of the interests of health and life of the citizens of the state." In 1917, the Board was redesigned into the Maine Department of Health, headed by a physician commissioner. In 1931 a major reorganization relocated the Department of Health as the Bureau of Health within the newly-created Department of Health and Welfare, which became the Department of Human Services in 1975 and the Department of Health and Human Services in 2004. The Bureau of Health became the Maine CDC in July, 2005.

Maine CDC has five divisions: Environmental Health; Public Health Systems; Infectious Disease; Population Health; and Local Public Health. The Office of Health Equity is located within the MCDC administrative offices. The Director of the Maine CDC serves as the State's Public Health Officer, and is instrumental in furthering relationships with the medical/ public health communities in the state and nation.

Programs

Maine CDC's 45 programs cover collecting and monitoring vital statistics (a function since 1892); providing laboratory tests such as rabies detection and confirmation, drinking water safety tests, and lead poisoning tests (a function since 1903); ensuring safe drinking water and food safety in public eating places; working with communities to address health issues; and conducting surveillance and control of acute infectious diseases.

The new **Division of Local Public Health** is a separate structure within the Maine CDC. Its programs either deliver services at the local/regional level or have a local district public health focus. Programs include District Public Health, including the oversight of Local Health Officers; Public Health Nursing; Women Infants & Children (WIC); and Rural Health and Primary Care. District Public Health was formed to strengthen and improve delivery and accountability of public health services at local and district levels (22 MRS §412). Eight geographical public health districts were formed from the 16 counties. In addition, District Public Health integrates efforts with the one Tribal Health District.

Public Health Nursing (PHN) provides Maine CDC's clinical infrastructure across the state. These clinicians respond to breakouts of communicable disease and prevent spread of diseases such as tuberculosis. PHN collaborates with the Healthy Homes and Lead Poisoning Prevention Program to provide risk assessments in homes, and case management/coordinated access to treatment for lead poisoned children and families. They also provide assessments and health screenings for newly arriving refugees and services to secondary migrants with identified health needs. Public Health nurses prepare families for public health emergencies and work with local emergency management to plan for and mitigate in public health disasters.

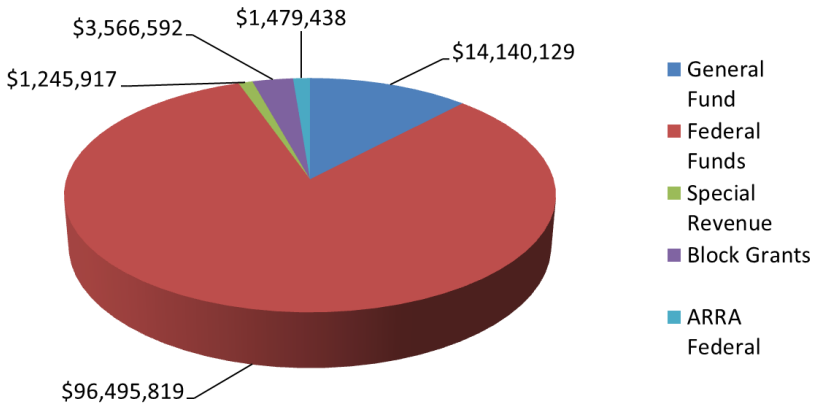
The Women, Infants and Children Program (WIC) reaches more than 26,000 people in Maine through contracted local nonprofit agencies across the state. It is funded through the U.S. Department of Agriculture's Special Supplemental Nutrition Program for Women, Infants and Children. WIC provides healthy food, nutrition counseling, breastfeeding support and referrals to health services to income-eligible women, infants and children. The program was established by Congress in 1972 as an adjunct to health care and to provide supplemental foods during critical times of growth and development.

Rural Health and Primary Care (RHPC) works to ensure access to primary care providers in Maine's rural communities, and promotes and supports a continuum of care. RHPC manages health personnel recruitment and retention programs; provides technical assistance for communities to receive grants to improve the health care system, and facilitates communication on health care issues affecting rural and underserved communities. RHPC gathers and analyzes data to assess resources and makes recommendations for filling gaps and increasing access to primary medical care, behavioral health care, and oral health care services for underserved areas and populations.

Priority concerns for Maine CDC include: preparing for public health emergencies; monitoring and controlling emerging infectious diseases; addressing preventable chronic diseases related to tobacco and obesity; and improving public health infrastructure. Maine CDC is pursuing National Accreditation in Public Health over the upcoming year.

MaineCare Administration

Overall Budget

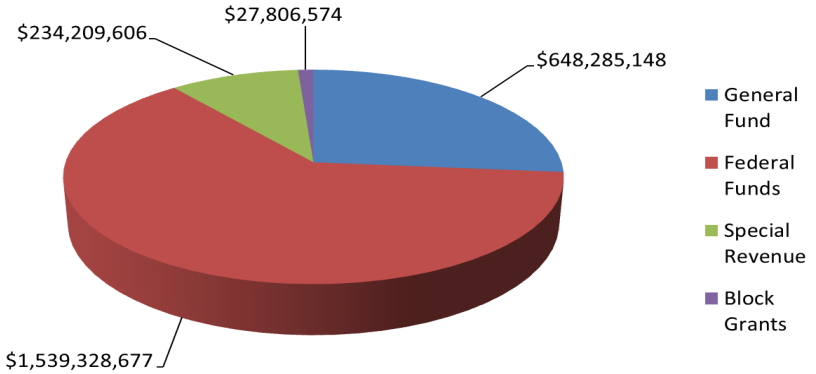


MaineCare Administration Budget 2013

General Fund (10)	Federal Funds (013)	Spec. Revenue (014)	Block Grants (015)	ARRA Federal (020)	Total 2013
$14,140,129	$96,495,819	$1,245,917	$3,566,592	$1,479,438	$116,927,895

MaineCare Services and Seed Accounts

Overall Budget



MaineCare Services and Seed Budget 2013

General Fund (10)	Federal Funds (013)	Special Revenue (014)	Block Grants (015)	Total 2013
$648,285,148	$1,539,328,677	$234,209,606	$27,806,574	$2,449,630,005

The Office of MaineCare Services (OMS) administers the state's Medicaid services in compliance with federal and state laws. The Office manages some of the programs, assuring that they operate according to federal policy and keep with the Department's goals and mandates.

OMS works to ensure accountability, so that services are administered in an effective and efficient manner. The Office is organized in the following Divisions: Operations (consisting of Provider and Member Services; Pharmacy; Data and Reporting; Quality Management; and Fiscal Agent), Health Care Management, and Policy.

Health Care Management is responsible for implementing systems to assure continuing improvement of the health status of MaineCare members and the services they receive from health care providers. This unit administers managed care services, primary care case management, pharmacy benefits, case mix and all prior authorization activities. It also oversees operations related to member services and inquiries, as well as the Pharmacy Help Desk. In 2013, value-based purchasing will be a key component to control costs and improve quality.

The **Operations Division** includes Units for **Claims/Adjustments, Provider Relations** and **Third Party Liability**. The **Claims Unit** processes non-pharmacy claims for reimbursement. Claims examiners manually review and troubleshoot claims if the computerized billing system cannot adjudicate automatically.

Staff in the **Adjustment Unit** work with providers to reconcile and process adjustments in response to a provider's request for review, related to overpayment or underpayment of claims. **Operations** staff members work closely with MaineCare' s fiscal agent, Molina, on all efforts related to the computerized billing system. This team works with management in other units to ensure Departmental operational needs are met by the Fiscal Agent.

The **Third Party Liability (TPL)** Unit secures reimbursement from other payers in situations where MaineCare enrollees or their family members have other insurance coverage. According to federal law, Medicaid is almost always the payer of last resort, with only Indian Health Services being secondary to Medicaid.

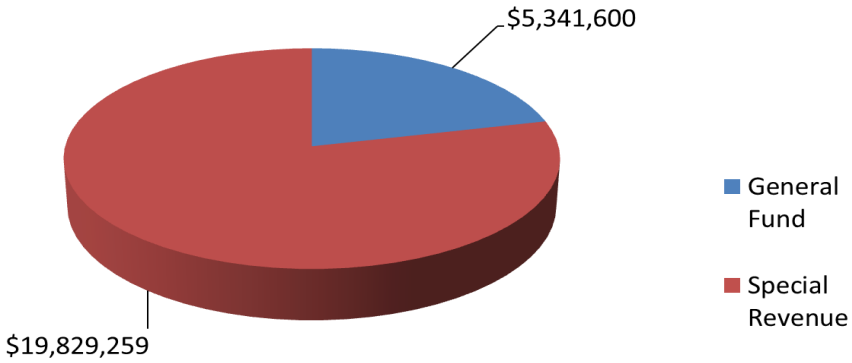
TPL may seek reimbursement for medical costs already paid by the MaineCare program, in cases where the MaineCare member is covered for the services by private health insurance, casualty insurance (such as auto or homeowner's policies) or other entities. Additionally, pursuant to federal mandate, TPL may recoup expenditures upon an inheritance or settlement of a member's estate.

The **Policy Division** develops rules and regulations, defines scope of coverage, maintains the State Medicaid Plan to incorporate administrative and Legislative changes into the Medicaid program, and submits waiver requests to the federal government that support the state's desire to adopt solutions to coverage issues. The Policy Division works closely with MaineCare' s federal partner, the Centers for Medicare and Medicaid Services (CMS).

Overall Budget

Riverview Psychiatric Center (RPC) operates under laws established by the Maine Legislature to provide care and treatment for both voluntary and court-committed patients, as well as outpatients. The hospital has its own Advisory Board with by-laws covering organization, purpose, duties, appointment processes, committees and relationship to the Medical Staff.

RPC is part of a comprehensive mental health system of services in Maine which includes community mental health centers with multiple branch offices, private psychiatric and community hospitals and private providers. In addition to the inpatient services, RPC provides outpatient services for clients who require such support in order to transition to or remain in the community.



Riverview Psychiatric Center Budget 2013

General Fund	Special Revenue	Total 2013
$5,341,600	$19,829,259	$25,170,859

Organization

Riverview Psychiatric Center was built in 2003 and greeted staff and patients in June 2004. Prior to RPC, state inpatient psychiatric care for the southern part of the state was provided by the Augusta Mental Health Institute (AMHI). AMHI was established in 1840 as the Maine Insane Hospital and was the only public psychiatric hospital in Maine until 1901, when the second hospital was built in Bangor.

The hospital received its first accreditation under the Joint Commission in 1958 and has continued to be accredited since then. It is fully licensed as a hospital of the Maine Department of Health and Human Services and is certified by the Centers for Medicare and Medicaid Services (CMS) to provide acute psychiatric care.

Program

RPC is a 92-bed psychiatric hospital and is organized into major clinical, administrative, and support service departments. RPC has four inpatient treatment units, admitting approximately 285 people per year. All four co-ed units provide an acute level of care.

The outpatient program includes a dental clinic and a psychiatric medication clinic for both the adult and geriatric population. RPC is also the state's only forensic psychiatric hospital, providing psychiatric services to clients from the Maine criminal justice system and the Maine courts.

Coordinated Efforts

For the past three years, the two state psychiatric hospitals have been working to create efficiencies by sharing and integrating services and functions where feasible. To date the following have been implemented:

1. Chief Financial Officer shared between DDPC and RPC supervising business office, facilities, safety and utilization management functions
2. An Integrated Quality Director responsible for developing and implementing a unified performance improvement program and supervising medical records and information management functions at both hospitals
3. Facilities Director shared between DDPC and RPC;
4. An electronic medical record program and support shared between hospitals
5. Shared business office functions
6. Shared clinical risk management
7. Shared survey readiness
8. Shared Safety Officer

Evaluating processes in all aspects of hospital functions is ongoing to maximize efficiency and offer patients treatment that is evidenced-based and focused on personal recovery.

Licenses

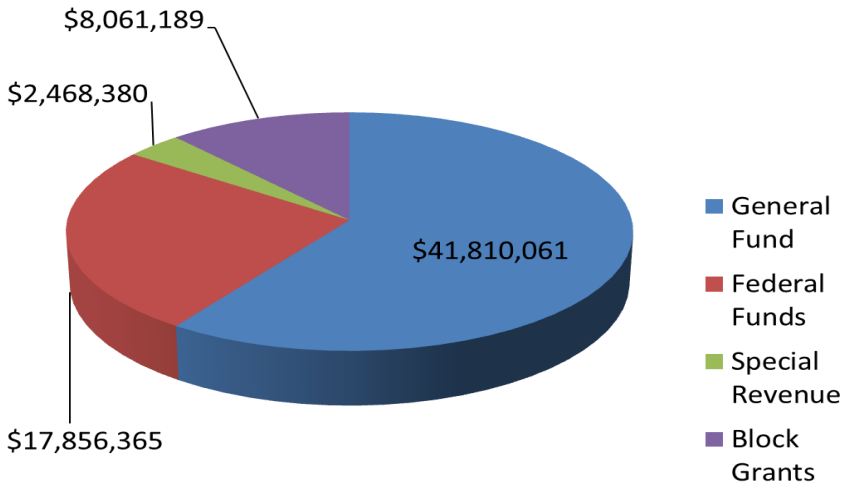
DHHS

MEDICAID/MEDICARE

JOINT COMMISSION

Overall Budget

The Office of Substance Abuse and Mental Health Services was formed September 1, 2012 when the Office of Substance Abuse and the Office of Adult Mental Health Services were merged as a part of the DHHS Restructuring law. Its overarching goals are to support success through prevention, intervention, treatment and recovery; address crippling effects of substance abuse and mental illness; improve delivery and results of community-based services; and to integrate physical and behavioral health. Historical financial data presented in this summary for Substance Abuse Services will be found in the section entitled Office of Substance Abuse on page 32; while financial data for Adult Mental Health Services will be found in the section entitled Office of Adult Mental Health Services on page 28.



Substance Abuse and Mental Health Services Budget 2013

General Fund	Federal Funds	Special Revenue	Block Grants	Total 2012
$41,810,061	$17,856,365	$2,468,380	$8,061,189	$70,195,995

The Office of Substance Abuse was established by the 114th Maine Legislature to be the single administrative unit responsible for creating an integrated approach to the problem of alcohol and other drug abuse and to focus all the varied resources of the state on developing a comprehensive and effective range of alcohol and other drug abuse prevention and treatment activities and services.

The 117th Maine Legislature merged the Office of Substance Abuse (OSA) with the Department of Mental Health and Mental Retardation to form the Department of Mental Health, Mental Retardation and Substance Abuse Services, later called the Department of Behavioral and Developmental Services and now, DHHS. In August, OSA merged with Adult Mental Health Services to become the Office of Substance Abuse and Mental Health Services (SAMHS). SAMHS continues the responsibility for planning, developing, implementing, coordinating and evaluating all of the state's alcohol and other drug abuse prevention, intervention, treatment, and recovery activities. Substance Abuse services

are fall into four categories: Prevention/Information; Intervention (including the Driver Education and Evaluation Program and the Prescription Monitoring Program); Data and Research; and Treatment and Recovery.

Substance Abuse Programs

Substance Abuse services include developing a comprehensive plan for combatting alcohol and drug abuse, administering services through contracts with community service providers, and establishing statewide standards for substance abuse prevention, intervention, treatment and recovery. SAMHS regularly assesses the extent of substance use and abuse in Maine by collecting data from a number of sources, including required reporting from all prevention, intervention and treatment providers and regular surveys of a variety of populations. SAMHS serves as the primary liaison with other DHHS agencies, Departments, the Legislature, citizen groups and service providers on issues pertaining to substance abuse. It provides information, training, consultation, technical assistance and service delivery strategies to help schools and communities reduce tobacco and alcohol use and other drug related problems.

Within the **Intervention Services Program**, the Driver Education Evaluation Program (DEEP) provides or oversees education, evaluation, and/or referral to treatment services for all operating under the influence offenders in Maine.

The **Prescription Monitoring Program** (PMP) is an intervention tool created to prevent, detect and reduce prescription drug misuse and diversion. The PMP maintains a database of all transactions for controlled substances dispensed in Maine. The database is available free online to prescribers and dispensers who are registered users.

SAMHS also assists the Division of Licensing and Regulatory Services in promulgating regulations for substance abuse licensing, including integrated language for co-occurring behavioral health disorders. SAMHS works in conjunction with the Division of Licensing and Regulation, DHSS in the approval of methadone facility licensing applications.

Mental Health Services

SAMHS also develops, maintain and strives to improve the system of mental health services and supports, including community-based mental health services and residential mental health services. Several primary functions are identified in statute:

- Promotion and support of the development and implementation of comprehensive community support systems to ensure community integration and the maintenance of a life that is meaningful for persons with severe and persistent mental illness;
- Strengthening the capacity of families, natural networks and other community resources in order to improve the support for persons with severe and persistent mental illness;
- Provision of technical assistance for program development and promotion of coordination of services;
- Assessment of service needs, monitoring delivery of services, and the evaluation of programs.

SAMHS adopts and promulgates rules, regulations and standards relating to the administration of the services, as well as assuring compliance with a wide range of state and federal requirements. There are many additional functions, including those related to the Consent Decree from the class action suit, Bates v. DHHS, 1990.

The Bureau of Mental Health was created in 1959 and reorganized as a Division in 1993 to provide centralized direction and administration for mental health programs in Maine. Currently, SAMHS is organized as an Office with a central team, which has a programmatic and a supervisory relationship with regionally based staff and with the two state psychiatric facilities, Riverview Psychiatric Center and Dorothea Dix Psychiatric Center, as well as the State Forensic Services. Regionally based staff is located in Portland, Augusta, and Bangor and are able to field inquires locally.

Mental Health Programs

The mission of the office is to support, empower and enable individuals with mental illness to enjoy an improved quality of life.

In this capacity, and guided by consumer-centered values and strategies, SAMHS acts as an advocate for the prevention of and recovery from mental illness. SAMHS is an agent for the provision of individualized, flexible treatment and rehabilitative mental health services in the least restrictive settings that are the most appropriate to the needs of the individuals.

SAMHS developed the nationally recognized Intentional Peer Support Specialist training curriculum and a certification process that includes ongoing supervision and training. The first class received its certification in 2008. Also in 2008 legislation was passed to create an independent statewide consumer council system, known as The Consumer Council System of Maine. It serves as a vehicle for consumers of mental health services to provide input on mental health public policy, services and funding decisions.

SAMHS is working toward transforming its services to a system of recovery-oriented care and support. This collaborative process specifically defines a recovery-oriented behavioral health system and provides a foundation to determine how policy, contracts, programs and evaluation procedures can support that system.

SAMHS continues its work to meet and exceed the requirements of the Bates versus DHHS Consent Decree (Docket No. CV-89-88) and on strategies to both review and improve services. Meeting compliance has four parts – certifications, unmet needs, quality management and performance measures.

In addition, SAMHS assists the Division of Licensing and Regulatory Services, DHHS in promulgating regulations for mental health licensing that include integrated language for co-occurring behavioral health disorders.

EXPENDITURES

COMPARATIVE DATA 2010—2012

Adults With Cognitive and Physical Disability Services

2010—2012 Actual Expenditures

	General (010)	Federal (013)	Special Revenue (014)	Block Grant (015)	Total
2010	$29,633,922	$75,074	$7,500	$0	$29,716,496
2011	$27,719,473	$74,747	$33,550	$0	$27,827,770
2012	$24,565,309	$67,505	$435,134	$0	$25,067,948

Adult Mental Health Services

2010—2012 Actual Expenditures

	General (010)	Federal (013)	Special Revenue (014)	Block Grant (015)	Total
2010	30,670,595	5,921,895	0	823,837	37,416,327
2011	28,586,112	6,860,937	0	847,632	36,294,681
2012	29,836,969	6,859,246	103,729	790,337	$37,590,281

Child and Family Services

2010—2012 Actual Expenditures

	General (010)	Federal (013)	Special Revenue (014)	Block Grant (015)	ARRA (020)	ARRA Block Grant (021)	Total
2010	99,122,013	39,776,876	16,919,225	27,535,817	2,573,311	4,239,727	190,166,969
2011	101,349,038	40,192,646	16,086,256	22,199,320	2,237,096	6,734,720	188,799,076
2012	93,013,570	40,991,452	17,379,319	23,313,163	364,919	329,383	175,391,806

Dorothea Dix Psychiatric Center

2010—2012 Actual Expenditures

	General (010)	Federal (013)	Special Revenue (014)	Block Grant (015)	ARRA Federal Fund (020)	Total
2010	$3,106,677	0	17,478,904	0	0	$20,584,581
2011	$2,593,755	0	15,540,109	0	0	$18,133,864
2012	$3,314,182	0	12,700,006	0	0	$16,014,188

Elder Services

2010—2012 Actual Expenditures

	General (010)	Federal (013)	Special Revenue (014)	Block Grant (015)	ARRA Federal Fund (020)	Total
2010	23,085,305	9,031,612	283,616	311,252	532,117	33,243,902
2011	23,436,141	9,811,910	224,585	386,148	175,949	34,034,733
2012	24,468,820	10,110,554	211,917	441,101	81,227	35,313,619

Family Independence

2010—2012 Actual Expenditures

	General (010)	Federal (013)	Special Revenue (014)	Block Grant (015)	ARRA Federal Fund (020)	ARRA Block Grant (021)	Total
2010	75,508,860	17,348,741	115,361,112	67,842,205	6,779,838	12,105,486	294,946,242
2011	66,726,460	20,902,793	119,823,021	71,027,937	3,014,992	11,461,815	292,957,018
2012	71,015,942	24,060,542	110,377,102	74,156,890	1,084,494	0	280,694,970

EXPENDITURES (CONTINUED)

COMPARATIVE DATA 2010—2012

Licensing and Regulatory Services

2010—2012 Actual Expenditures

	General (010)	Federal (013)	Special Revenue (014)	Block Grant (015)	ARRA Federal Fund (020)	Total
2010	2,767,028	3,066,667	1,268,608	840,499	13,464	7,956,266
2011	2,833,536	225,290	5,300,650	0	21,877	8,381,353
2012	2,674,635	482,523	4,442,964	0	33,185	7,633,307

Maine Center for Disease Control and Prevention

2010—2012 Actual Expenditures

	General (010)	Federal (013)	Special Revenue (014)	Block Grant (015)	General Bond Fund (018)	ARRA Federal Fund (020)	Total
2010	15,429,479	58,152,142	29,138,483	3,841,733	0	1,760,675	108,322,512
2011	13,514,212	54,905,645	28,104,583	3,398,842	3,400,000	4,085,762	107,409,043
2012	14,324,135	55,288,650	34,168,830	2,600,547	265,162	3,396,072	110,043,397

MaineCare Services (Administration)

2010—2012 Actual Expenditures

	General (010)	Federal (013)	Special Revenue (014)	Block Grant (015)	ARRA Federal Fund (020)	Total
2010	28,758,759	58,784,052	164,876	260,983	1,012,408	88,981,078
2011	30,239,829	52,541,132	128,707	390,623	970,547	84,270,838
2012	28,073,087	73,269,233	156,591	2,617,455	46,805,144	150,921,510

MaineCare Programs and Services

2010—2012 Actual Expenditures

	General (010)	Federal (013)	Special Revenue (014)	Block Grant (015)	ARRA Federal Fund (020)	Total
2010	469,888,984	1,538,350,389	194,175,324	28,813,827	272,103,850	2,503,332,374
2011	526,325,303	1,503,060,257	221,795,549	27,371,654	198,997,107	2,477,549,870
2012	776,213,687	1,452,625,107	242,986,936	26,240,709	(4,420,542)	2,493,645,896

Multicultural Affairs

2010—2012 Actual Expenditures

	General (010)	Federal (013)	Special Revenue (014)	Block Grant (015)	Total
2010	156,110	1,272,697	0	0	1,428,807
2011	24,956	1,067,608	0	0	1,092,564
2012	55,512	1,259,918	0	0	1,315,430

Riverview Psychiatric Center

2010—2012 Actual Expenditures

	General (010)	Federal (013)	Special Revenue (014)	Block Grant (015)	ARRA Federal Fund (020)	Total
2010	616,823	0	22,062,004	0	0	22,678,827
2011	3,933,833	0	19,444,847	0	0	23,378,680
2012	2,648,703	0	18,143,580	0	0	20,792,283

Substance Abuse Services

2010—2012 Actual Expenditures

	General (010)	Federal (013)	Special Revenue (014)	Block Grant (015)	Total
2010	9,275,373	5,763,274	28,976	5,236,128	20,303,751
2011	8,929,327	1,412,778	91,551	6,415,223	16,848,879
2012	11,347,897	1,227,315	2,087,024	6,196,122	20,858,358

Office of Commissioner

2010—2012 Actual Expenditures

	General (010)	Federal (013)	Special Revenue (014)	Block Grant (015)	ARRA Federal Fund (020)	Total
2010	25,241,852	753,854	16,928,992	(5,130)	0	42,919,568
2011	23,689,600	703,851	15,158,511	0	72,342	39,624,304
2012	23,527,804	481,700	14,292,835	0	1,336,315	39,638,654