

Proposed 2012-2013 Biennial Budget (LD 1043) Through CP2 - HHS Committee Programs - Major Policy Items - AFA Outstanding

5/23/2011

Item	Prog. Code	Program	Initiative Number	Initiative Text	Initiative Justification	Initiative Notes	HHS Sort	Fund	Unit	Ref Number	Policy Com. Action	Policy Com. Vote	AFA Action	AFA Vote	2012 Total	2013 Total
1	121	Mental Health Services - Community	C-A-1507	Provides funding for mental health services for individuals not eligible for MaineCare and for housing services in order to conform with the consent decree.	This proposal requests funding based on the June 25, 2010 update from the Court Master. The request is comprised of \$4,664,250 to restore mental health services for non-MaineCare clients and \$995,000 in additional funds for housing through the Bridging Rental Assistance Program (BRAP).		Adult MH	General Fund	2	3320	IN		T		\$5,659,250	\$5,659,250
23	105	Riverview Psychiatric Center		Adjusts funding to reflect correct reimbursements to Riverview Psychiatric Center and Dorothea Dix Psychiatric Center from Medicare and other third-party payers and to ensure that sufficient resources are available to provide the appropriate level of General Fund match.		Added in the change package.	Adult MH	General Fund	50	3200 CP1	UNK		T		\$1,500,000	\$1,500,000
24	105	Riverview Psychiatric Center		Adjusts funding to reflect correct reimbursements to Riverview Psychiatric Center and Dorothea Dix Psychiatric Center from Medicare and other third-party payers and to ensure that sufficient resources are available to provide the appropriate level of General Fund match.		Added in the change package.	Adult MH	Other Special Rev Funds	21	3210 CP1	UNK		T		(\$1,717,000)	(\$1,784,000)
26	120	Dorothea Dix Psychiatric Center		Adjusts funding to reflect correct reimbursements to Riverview Psychiatric Center and Dorothea Dix Psychiatric Center from Medicare and other third-party payers and to ensure that sufficient resources are available to provide the appropriate level of General Fund match.		Added in the change package.	Adult MH	General Fund	55	3260 CP1	UNK		T		\$1,400,000	\$0
27	120	Dorothea Dix Psychiatric Center		Adjusts funding to reflect correct reimbursements to Riverview Psychiatric Center and Dorothea Dix Psychiatric Center from Medicare and other third-party payers and to ensure that sufficient resources are available to provide the appropriate level of General Fund match.		Added in the change package.	Adult MH	Other Special Rev Funds	26	3265 CP1	UNK		T		(\$1,105,000)	\$0

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29	733	Disproportionate Share - Riverview Psychiatric Center		Adjusts funding to reflect correct reimbursements to Riverview Psychiatric Center and Dorothea Dix Psychiatric Center from Medicare and other third-party payers and to ensure that sufficient resources are available to provide the appropriate level of General Fund match.		Added in the change package.	Adult MH	General Fund	10	3930 CP1	UNK		T		\$217,000	\$284,000
31	734	Disproportionate Share - Dorothea Dix Psychiatric Center		Adjusts funding to reflect correct reimbursements to Riverview Psychiatric Center and Dorothea Dix Psychiatric Center from Medicare and other third-party payers and to ensure that sufficient resources are available to provide the appropriate level of General Fund match.		Added in the change package.	Adult MH	General Fund	15	3970 CP1	UNK		T		(\$295,000)	\$0
34	137	IV-E Foster Care/Adoption Assistance	C-A-1432	Reduces funding based on prior year expenditure trends.	Expenditure trends in prior years and reductions in the number of children in state custody will allow the deappropriation without a reduction in services.	In HHS Committee worksessions, DHHS identified an additional \$1 million per year available from this program. HHS Committee did not agree on using these additional funds.	Children's Services	General Fund	1	11820	IN	8-5	T		(\$1,500,000)	(\$1,500,000)
64	136	Mental Health Services - Children		Continues one part-time limited-period Public Service Manager II position originally established by financial order and provides related All Other funding to manage a federal grant that serves youth with mental health needs as they transition from children's behavioral health systems to adulthood. This position will end on September 30, 2014.		Added in the change package. Should be in DHHS Mgt.	Children's Services	Federal Expend. Fund	47	3450 CP1	UNK		T		\$431,655	\$428,559
65	136	Mental Health Services - Children		Continues one part-time limited-period Public Service Manager II position originally established by financial order and provides related All Other funding to manage a federal grant that serves youth with mental health needs as they transition from children's behavioral health systems to adulthood. This position will end on September 30, 2014.		Added in the change package. Should be in DHHS Mgt.	Children's Services	Federal Expend. Fund	47	3450 CP1	UNK		T		\$48,345	\$51,441

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79	122	Developmental Services - Community		Reduces funding for legal services.		Added in the change package.	Developmental Services	General Fund	60	3410 CP1	UNK		T		(\$199,673)	(\$199,673)
250	147	Medical Care - Payments to Providers	C-A-7024	Reduces funding to reflect the elimination of the Maine Rx Plus Program.	This initiative eliminates funding for the Maine Rx Plus Program. Administrative costs for the program have risen to the point that they exceed the value of benefits provided.	HHS Committee Unan. amendment would not eliminate the MaineRx program but achieve proposed savings by establishing a fee to cover program costs and replace GF appropriation.	Elder Services	General Fund	1	12930	AMD		T		(\$29,500)	(\$29,500)
251	147	Medical Care - Payments to Providers	C-A-7024	Reduces funding to reflect the elimination of the Maine Rx Plus Program.	This initiative eliminates funding for the Maine Rx Plus Program. Administrative costs for the program have risen to the point that they exceed the value of benefits provided.	HHS Committee Unan. amendment would not eliminate the MaineRx program but achieve proposed savings by establishing a fee to cover program costs and replace GF appropriation.	Elder Services	Federal Expend. Fund	1	12940	AMD		T		(\$51,101)	(\$50,816)
252	927	Maine Rx Plus Program	C-A-7024	Reduces funding to reflect the elimination of the Maine Rx Plus Program.	This initiative eliminates funding for the Maine Rx Plus Program. Administrative costs for the program have risen to the point that they exceed the value of benefits provided.	HHS Committee Unan. amendment would not eliminate the MaineRx program but achieve proposed savings by establishing a fee to cover program costs and replace GF appropriation.	Elder Services	General Fund	1	14140	AMD		T		(\$105,815)	(\$105,815)
253	Z009	MR/Elderly PNMI Room and Board	C-A-7028	Reduces funding from savings by imposing a penalty for certain transfers of assets to qualify for state support for boarding home services.	The department will revise its rules related to the transfer of assets in the MaineCare Eligibility Manual in order to implement the option under Title 22, section 3174-A, which allows the imposition of a penalty for certain transfers of assets to obtain help with state-funded assistance in certain boarding home settings.	See language Part MM.	Elder Services	General Fund	1	14530	IN		T ?		(\$216,000)	(\$216,000)
254	420	Long Term Care - Human Services	C-A-7029	Reduces funding by imposing a 4% premium on family income for several department programs.	This initiative achieves savings from a 4% premium on family income that will be imposed for families receiving services from the Cub Care, Katie Beckett, Medicaid Buy-in, Home-based Care, Homemaker Services and the Low-cost Drugs for the Elderly programs.	HHS Committee notified a change package would amend this initiative. CP 1 addresses MaineCare pieces but does not modify blippie here? Possible language: "Reduces funding due to the remittance to the State by contracting agencies of cost sharing paid by consumers of homemaker services"	Elder Services	General Fund	1	13620	TBL	Change Package	T		(\$745,000)	(\$745,000)

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267	948	FHM - Substance Abuse	C-A-1477	Deallocates funds to segregate Medicaid match from match for other grant programs within the FHM - Substance Abuse program.	Funding in this account is used to match multiple grant awards. Transferring the Medicaid portion to a separate appropriation allows for better tracking of costs.		FHM	Fund for a Healthy Maine	1	4065	IN		T		(\$1,257,666)	(\$1,257,666)
268	948	FHM - Substance Abuse	C-A-1477	Allocates funds to segregate Medicaid match from match for other grant programs within the FHM - Substance Abuse program.		BoB had this as 014 OSR Allocation	FHM	Fund for a Healthy Maine	2	4065	IN		T		\$1,257,666	\$1,257,666
269	Z068	FHM - School Breakfast Program	C-A-25	Provides funding to reimburse those public schools that are providing breakfast for the cost of providing free breakfast to eligible students.	This initiative provides funding to reimburse those public schools kindergarten to grade 12 that provide breakfast for the amount equal to the difference between the federal reimbursement for a free breakfast and the federal reimbursement for a reduced-price breakfast for each student eligible for a reduced-price breakfast who is receiving breakfast. The number of students who qualify for reduced breakfasts, and participate in the program, has increased beyond current funding levels for the program. These additional funds are necessary to meet the demand and comply with the requirements of the statute.		FHM	Fund for a Healthy Maine	1	8390	IN	Unam (HHS)	T		\$61,652	\$61,652
270	952	FHM - Quality Child Care	C-A-7000	Reduces funding to reflect a redistribution of funding and the reduction of revenue available in the Fund for a Healthy Maine.	Downward projections of revenue available in the 2012-2013 biennium and the redirection of resources among the various programs previously funded have resulted in the elimination of resources for this Fund for a Healthy Maine program.		FHM	Fund for a Healthy Maine	3	10870	IN	7-6 (HHS)	T		(\$143,629)	(\$143,629)
271	950	FHM - Health Education Centers	C-A-7000	Reduces funding to reflect a redistribution of funding and the reduction of revenue available in the Fund for a Healthy Maine.	Downward projections of revenue available in the 2012-2013 biennium and the redirection of resources among the various programs previously funded have resulted in the elimination of resources for this Fund for a Healthy Maine program.		FHM	Fund for a Healthy Maine	2	10810	IN	8-5 (HHS)	T		(\$100,353)	(\$100,353)

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272	951	FHM - Dental Education	C-A-7000	Reduces funding to reflect a redistribution of funding and the reduction of revenue available in the Fund for a Healthy Maine.	Downward projections of revenue available in the 2012-2013 biennium and the redirection of resources among the various programs previously funded have resulted in the elimination of resources for this Fund for a Healthy Maine program.		FHM	Fund for a Healthy Maine	1	10840	IN	7-6 (HHS)	T		(\$237,740)	(\$237,740)
273	963	FHM - Judicial Department	C-A-7001	Eliminates one Diversion and Rehabilitation Coordinator position and related All Other to reflect the redistribution of funding and the reduction of revenue available in the Fund for a Healthy Maine.	Downward projections of revenue available in the 2012-2013 biennium and the redirection of resources among the various programs previously funded have resulted in the elimination of resources for this Fund for a Healthy Maine program.	JUD Committee also included this program in their report-back even though it is under the jurisdiction of the HHS Committee. JUD rejects this proposal unanimously.	FHM	Fund for a Healthy Maine	1	16570	IN	8-5 (HHS)	T		(\$115,534)	(\$118,387)
274	964	FHM - Fire Marshal	C-A-7003	Eliminates 3 Public Safety Inspector II positions and reduces one Office Assistant II position funded 50% in the Fire Marshal - Office of program and 50% in the FHM - Fire Marshal program to part-time, funded in the Fire Marshal - Office of program, and eliminates related All Other funding to reflect a redistribution of funding and the reduction of revenue available in the Fund for a Healthy Maine.	Downward projections of revenue available in the 2012-2013 biennium and the redirection of resources among the various programs previously funded have resulted in the elimination of resources for this Fund for a Healthy Maine program.	HHS Committee notified a change package would identify an alternative funding source allowing the 3 positions to be retained and still achieve the proposed FHM-Fire Marshall deallocation CP 1 positions transferred to Fire Marshal, no change to this initiative - should be changed to transfer???	FHM	Fund for a Healthy Maine	1	20440	TBL	Change Package	T		(\$250,419)	(\$256,865)
275	Z070	FHM - Dirigo Health	C-A-7003	Reduces funding to reflect a redistribution of funding and the reduction of revenue available in the Fund for a Healthy Maine.	Downward projections of revenue available in the 2012-2013 biennium and the redirection of resources among the various programs previously funded have resulted in the elimination of resources for this Fund for a Healthy Maine program.		FHM	Fund for a Healthy Maine	1	7350	IN	8-5 (HHS);	T		(\$4,291,311)	(\$4,291,311)
276	949	FHM - School Nurse Consultant	C-A-7007	Eliminates one Education Specialist III position and related All Other to reflect a redistribution of funding and the reduction of revenue available in the Fund for a Healthy Maine.	Downward projections of revenue available in the 2012-2013 biennium and the redirection of resources among the various programs previously funded have resulted in the elimination of resources for this Fund for a Healthy Maine program.		FHM	Fund for a Healthy Maine	10	8220	IN	8-5 (HHS)	T		(\$103,028)	(\$105,402)

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277	948	FHM - Substance Abuse	C-A-7020	Reduces funding to reflect a redistribution of funding and the reduction of revenue available in the Fund for a Healthy Maine.	Downward projections of revenue available in the 2012-2013 biennium and the redirection of resources among the various programs previously funded have resulted in the elimination of resources for this Fund for a Healthy Maine program.	CP1 would appropriate \$2.5 million per year to partially offset (See Item 527 below) JHHS Committee Majority would reduce deallocation by \$2.5 million per year to - \$1,848,306 each year. Would offset the reduced deallocation with an across the board deallocation to All Other allocations for FHM programs not otherwise proposed for reductions.	FHM	Fund for a Healthy Maine	1	4080	AMD	8-5	T		(\$4,348,306)	(\$4,348,306)
278	956	FHM - Family Planning	C-A-7021	Reduces funding to reflect a redistribution of funding and the reduction of revenue available in the Fund for a Healthy Maine.	Downward projections of revenue available in the 2012-2013 biennium and the redirection of resources among the various programs previously funded have resulting in the elimination of resources for this Fund for a Healthy Maine account.		FHM	Fund for a Healthy Maine	1	14280	IN	7-6	T		(\$401,430)	(\$401,430)
279	958	FHM - Donated Dental	C-A-7021	Reduces funding to reflect a redistribution of funding and the reduction of revenue available in the Fund for a Healthy Maine.	Downward projections of revenue available in the 2012-2013 biennium and the redirection of resources among the various programs previously funded have resulting in the elimination of resources for this Fund for a Healthy Maine account.		FHM	Fund for a Healthy Maine	1	14340	IN	8-5	T		(\$36,463)	(\$36,463)
280	955	FHM - Bureau of Medical Services	C-A-7021	Reduces funding to reflect a redistribution of funding and the reduction of revenue available in the Fund for a Healthy Maine.	Downward projections of revenue available in the 2012-2013 biennium and the redirection of resources among the various programs previously funded have resulting in the elimination of resources for this Fund for a Healthy Maine account.		FHM	Fund for a Healthy Maine	1	14250	IN		T		(\$1,029)	(\$1,029)
281	953	FHM - Bureau of Health (Oral Health)	C-A-7021	Reduces funding to reflect a redistribution of funding and the reduction of revenue available in the Fund for a Healthy Maine.	Downward projections of revenue available in the 2012-2013 biennium and the redirection of resources among the various programs previously funded have resulting in the elimination of resources for this Fund for a Healthy Maine account.	The \$878,652 per year proposed reduction is to the FHM Oral Health program. The \$4,653,383 per year proposed reduction is to the FHM-Home Visitation program.	FHM	Fund for a Healthy Maine	1	14210	IN	7-6	T		(\$878,652)	(\$878,652)

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282	953	FHM - Bureau of Health (Home Visitation)	C-A-7021	Reduces funding to reflect a redistribution of funding and the reduction of revenue available in the Fund for a Healthy Maine.	Downward projections of revenue available in the 2012-2013 biennium and the redirection of resources among the various programs previously funded have resulting in the elimination of resources for this Fund for a Healthy Maine account.	The \$878,652 per year proposed reduction is to the FHM Oral Health program. The \$4,653,383 per year proposed reduction is to the FHM-Home Visitation program.	FHM	Fund for a Healthy Maine	6	14220	IN	7-6	T		(\$4,653,383)	(\$4,653,383)
283	962	FHM - Bone Marrow Screening	C-A-7021	Reduces funding to reflect a redistribution of funding and the reduction of revenue available in the Fund for a Healthy Maine.	Downward projections of revenue available in the 2012-2013 biennium and the redirection of resources among the various programs previously funded have resulting in the elimination of resources for this Fund for a Healthy Maine account.		FHM	Fund for a Healthy Maine	1	14450	IN		T		(\$80,218)	(\$80,218)
284	957	FHM - Service Center	C-A-7022	Eliminates 4 Social Services Program Specialist I positions and one Office Associate II position and related All Other to reflect a redistribution of funding and the reduction of revenue available in the Fund for a Healthy Maine.	Downward projections of revenue available in the 2012-2013 biennium and the redirection of resources among the various programs previously funded have resulted in the elimination of resources for this Fund for a Healthy Maine program.	CP1 FHM Service Center position proposal affects - CP1 did not change this blippie - should it be changed? (See DHHS Mgt hhsdoc) HHS Committee notified that an alternative funding source for the five positions would be identified in a change package allowing the positions to be retained and still achieve the proposed FHM-Services Center deallocation.	FHM	Fund for a Healthy Maine	1	14310 CP1	TBL	Change Package	T		(\$352,551)	(\$369,088)
285	Z015	FHM - Drugs for the Elderly and Disabled	C-A-7030	Reduces funding to reflect a redistribution of funding and the reduction of resources among the various programs previously funded in the Fund for a Healthy Maine.	Downward projections of revenue available in the 2012-2013 biennium and the redirection of resources among the various programs previously funded have resulted in the reduction of resources for this Fund for a Healthy Maine account.	Related to language Part AAA.	FHM	Fund for a Healthy Maine	1	14560	IN	8-5	T		(\$7,434,230)	(\$7,434,230)
286	960	FHM - Medical Care	C-A-7031	Notwithstanding any provision of law, provides funding to reflect a redistribution of funding within the Fund for a Healthy Maine.	A redirection of resources among the various programs within the Fund for a Healthy Maine will direct additional funding to the FHM - Medical Care program, and will allow for a reduction in General Fund resources for the Medical Care Payments to Providers program.	CP1 changes blippie to add notwithstanding language and removes Part II, section 2 deletion of nonsupplantation language.	FHM	Fund for a Healthy Maine	1	14400 CP1	UNK		T		\$17,702,706	\$17,666,348

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315	921	Fund for a Healthy Maine		Extends the \$4,500,000 cap on transfers from net slot machine revenue to the FHM though the fiscal year ending June 30, 2013.		CP1 adjusts for May 2011 RFC	FHM	General Fund	1	FHM CP1	IN	8-5 (HHS)	T		\$0	(\$850,646)
316	921	Fund for a Healthy Maine		Extends the \$4,500,000 cap on transfers from net slot machine revenue to the FHM though the fiscal year ending June 30, 2013.		CP1 adjusts for May 2011 RFC	FHM	Fund for a Healthy Maine	1	FHM CP1	IN	8-5 (HHS)	T		\$0	\$850,646
317	921	Fund for a Healthy Maine		Repeals language requiring the transfer of funding from the FHM to offset the General Fund revenue loss associated with limiting the sale of certain flavored cigars and cigarettes.			FHM	General Fund	1	FHM	IN	(HHS)	T		\$161,786	\$164,751
318	921	Fund for a Healthy Maine		Repeals language requiring the transfer of funding from the FHM to offset the General Fund revenue loss associated with limiting the sale of certain flavored cigars and cigarettes.			FHM	Fund for a Healthy Maine	1	FHM	IN	(HHS)	T		(\$161,786)	(\$164,751)
324	848	Maine Health Data Organization		Provides funding for the receipt of federal funds from the United States Department of Health and Human Services through the Affordable Care Grant provided to the Insurance Regulation Federal Grants program in the Department of Professional and Financial Regulation.		Added in CP 1. See equal deallocation in DPFR, Bureau of Insurance allocation	HHS Other	Federal Expend. Fund	1	11060 CP1	UNK		T		\$50,000	\$0
325	129	Bureau of Medical Services	C-A-7009	Provides funding for the implementation and operation of new standards that regulate the electronic transmission of specific health care transactions.	This initiative is critical in order for the State to become compliant with the Centers for Medicare and Medicaid Services standards regarding the transition to the new standard for HIPAA covered transactions and the change from ICD 9 to ICD-10 for medical diagnosis and inpatient procedure coding.		MaineCare Admin	General Fund	1	11630	IN		T		\$699,382	\$346,194
326	129	Bureau of Medical Services	C-A-7009	Provides funding for the implementation and operation of new standards that regulate the electronic transmission of specific health care transactions.	This initiative is critical in order for the State to become compliant with the Centers for Medicare and Medicaid Services standards regarding the transition to the new standard for HIPAA covered transactions and the change from ICD 9 to ICD-10 for medical diagnosis and inpatient procedure coding.		MaineCare Admin	Federal Expend. Fund	1	11640	IN		T		\$6,444,686	\$3,190,120

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336	Z055	Prescription Drug Academic Detailing		Provides funding to reflect the amount of anticipated annual revenue.		Added in the change package.	MaineCare Admin	Other Special Rev Funds	1	15191 CP1	UNK		T		\$105,753	\$105,753
240	129	Bureau of Medical Services		Provides funding for a grant awarded by the Centers for Medicare and Medicaid Services under the Children's Health Insurance Program Reauthorization Act of 2009.		Added in the change package.	MaineCare Admin	Federal Block Grant Fund	1	11664 CP1	UNK		T		\$2,573,092	\$2,571,292
337	129	Bureau of Medical Services		Adjusts funding as a result of the certification of the Maine Integrated Health Management Solution (MIHMS) system by the Centers for Medicare and Medicaid Services.		Added in the change package. What is the certification date?	MaineCare Admin	Federal Expend. Fund	1	11668 CP1	UNK		T		\$0	\$4,200,000
338	129	Bureau of Medical Services		Adjusts funding as a result of the certification of the Maine Integrated Health Management Solution (MIHMS) system by the Centers for Medicare and Medicaid Services.		Added in the change package. What is the certification date?	MaineCare Admin	General Fund	1	11669 CP1	UNK		T		\$0	(\$4,200,000)
339	129	Bureau of Medical Services		Adjusts funding on a one-time basis to recognize the estimated savings from the retroactive certification of the Maine Integrated Health Management Solution (MIHMS) system by the Centers for Medicare and Medicaid Services. General Fund savings are contingent upon a certification date retroactive to July 1, 2011 and that the certification occurs within fiscal year 2012-13.		Added in the change package. What is the certification date?	MaineCare Admin	General Fund	1	11670 CP1	UNK		T		\$0	(\$12,600,000)
340	129	Bureau of Medical Services		Adjusts funding on a one-time basis to recognize the estimated savings from the retroactive certification of the Maine Integrated Health Management Solution (MIHMS) system by the Centers for Medicare and Medicaid Services. General Fund savings are contingent upon a certification date retroactive to July 1, 2011 and that the certification occurs within fiscal year 2012-13.		Added in the change package. What is the certification date?	MaineCare Admin	Federal Expend. Fund	1	11671 CP1	UNK		T		\$0	\$12,600,000

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353	147	Medical Care - Payments to Providers	C-A-1405	Provides funding in the MaineCare program to reflect enrollment growth and the conversion of payments to hospitals from a prospective interim payment methodology to payments based on diagnosis-related groupings and ambulatory patient classifications	This initiative includes funding to address expenditure growth in the MaineCare program and is based on increased enrollment by category times the average per member per month cost and totals \$137.6 million in fiscal year 2011-12 and \$137.9 million in fiscal year 2012-13. It also provides funding to implement the conversion of the prospective interim payment methodology for payments to noncritical access hospitals to methodologies based on diagnosis-related groupings in the case of hospital inpatient services and ambulatory patient classifications in the case of hospital outpatient services.	CP1 increases request from Original Request of \$74,446,764 in 2011-12 and \$71,287,576 in 2012-13 but does not break out into separate initiatives for Baseline, DRG and APC. Original split for Baseline/DRG/APC was \$50.4/\$23.3/\$18.7 million for 2011-12 and \$50.5/\$19.8/\$19.8 million for 2012-13. □ HHS Committee notified change package may add \$13 million each year to MaineCare baseline. HHS Committee would amend initiative to separate into 3 initiatives: growth, DRG and APC.	MaineCare Baseline Adjustment	General Fund	1	12790 CP1	TBL	Change Package	T		\$83,184,870	\$79,792,782
354	147	Medical Care - Payments to Providers	C-A-1405	Provides funding in the MaineCare program to reflect enrollment growth and the conversion of payments to hospitals from a prospective interim payment methodology to payments based on diagnosis-related groupings and ambulatory patient classifications	This initiative includes funding to address expenditure growth in the MaineCare program and is based on increased enrollment by category times the average per member per month cost and totals \$137.6 million in fiscal year 2011-12 and \$137.9 million in fiscal year 2012-13. It also provides funding to implement the conversion of the prospective interim payment methodology for payments to noncritical access hospitals to methodologies based on diagnosis-related groupings in the case of hospital inpatient services and ambulatory patient classifications in the case of hospital outpatient services.	CP1 increases request from Original Request of \$74,446,764 in 2011-12 and \$71,287,576 in 2012-13 but does not break out into separate initiatives for Baseline, DRG and APC. Original split for Baseline/DRG/APC was \$50.4/\$23.3/\$18.7 million for 2011-12 and \$50.5/\$19.8/\$19.8 million for 2012-13. □ HHS Committee notified change package may add \$13 million each year to MaineCare baseline. HHS Committee would amend initiative to separate into 3 initiatives: growth, DRG and APC.	MaineCare Baseline Adjustment	Federal Expend. Fund	1	12800 CP1	TBL	Change Package	T		\$172,705,601	\$167,522,030

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355	147	Medical Care - Payments to Providers	C-A-1405	Provides funding in the MaineCare program to reflect enrollment growth and the conversion of payments to hospitals from a prospective interim payment methodology to payments based on diagnosis-related groupings and ambulatory patient classifications	This initiative includes funding to address expenditure growth in the MaineCare program and is based on increased enrollment by category times the average per member per month cost and totals \$137.6 million in fiscal year 2011-12 and \$137.9 million in fiscal year 2012-13. It also provides funding to implement the conversion of the prospective interim payment methodology for payments to noncritical access hospitals to methodologies based on diagnosis-related groupings in the case of hospital inpatient services and ambulatory patient classifications in the case of hospital outpatient services.	CP1 increases request from Original Request of \$74,446,764 in 2011-12 and \$71,287,576 in 2012-13 but does not break out into separate initiatives for Baseline, DRG and APC. Original split for Baseline/DRG/APC was \$50.4/\$23.3/\$18.7 million for 2011-12 and \$50.5/\$19.8/\$19.8 million for 2012-13. □ HHS Committee notified change package may add \$13 million each year to MaineCare baseline. HHS Committee would amend initiative to separate into 3 initiatives: growth, DRG and APC.	MaineCare Baseline Adjustment	Federal Block Grant Fund	1	12810 CP1	TBL	Change Package	T		\$2,409,251	\$2,409,251
516	844	Office of Substance Abuse - Medicaid Seed	C-A-7010	Provides funding for the growth in the MaineCare program.	The expenditure growth is based on increased enrollment by category times the average per member per month cost and totals \$137.6 million in fiscal year 2011-12 and \$137.9 million in fiscal year 2012-13.	HHS Committee notified change package may add \$13 million each year to MaineCare baseline. HHS Committee would amend initiative to separate into 3 initiatives: growth, DRG and APC.	MaineCare Baseline Adjustment	General Fund	1	4010	TBL	Change Package	T		\$384,458	\$384,458
356	731	Mental Health Services - Child Medicaid	C-A-7010	Provides funding for the growth in the MaineCare program.	The expenditure growth is based on increased enrollment by category times the average per member per month cost and totals \$137.6 million in fiscal year 2011-12 and \$137.9 million in fiscal year 2012-13.	HHS Committee notified change package may add \$13 million each year to MaineCare baseline. HHS Committee would amend initiative to separate into 3 initiatives: growth, DRG and APC.	MaineCare Baseline Adjustment	General Fund	17	3770	TBL	Change Package	T		\$10,327,204	\$10,327,204
357	705	Medicaid Services - Developmental Services	C-A-7010	Provides funding for the growth in the MaineCare program.	The expenditure growth is based on increased enrollment by category times the average per member per month cost and totals \$137.6 million in fiscal year 2011-12 and \$137.9 million in fiscal year 2012-13.	HHS Committee notified change package may add \$13 million each year to MaineCare baseline. HHS Committee would amend initiative to separate into 3 initiatives: growth, DRG and APC.	MaineCare Baseline Adjustment	General Fund	12	3670	TBL	Change Package	T		\$7,320,412	\$7,320,412
358	844	Office of Substance Abuse - Medicaid Seed		Adjusts funding in the various MaineCare seed accounts to reflect more accurate baseline appropriation amounts.		Added in the change package.	MaineCare Baseline Adjustment	General Fund	1	4050 CP1	UNK		T		\$1,100,000	\$1,100,000

Proposed 2012-2013 Biennial Budget (LD 1043) Through CP2 - HHS Committee Programs - Major Policy Items - AFA Outstanding

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Item	Prog. Code	Program	Initiative Number	Initiative Text	Initiative Justification	Initiative Notes	HHS Sort	Fund	Unit	Ref Number	Policy Com. Action	Policy Com. Vote	AFA Action	AFA Vote	2012 Total	2013 Total
359	148	Nursing Facilities		Adjusts funding in the various MaineCare seed accounts to reflect more accurate baseline appropriation amounts.		Added in the change package.	MaineCare Baseline Adjustment	General Fund	1	13101 CP1	UNK		T		(\$23,500,000)	(\$24,000,000)
360	148	Nursing Facilities		Reduces funding to reflect appropriate Federal Expenditures Fund baseline allocations in the Medical Care- Payments to Providers and Nursing Facilities programs.		Added in the change package.	MaineCare Baseline Adjustment	Federal Expend. Fund	1	13102 CP1	UNK		T		(\$76,000,000)	(\$77,000,000)
361	Z009	MR/Elderly PNMI Room and Board		Adjusts funding in the various MaineCare seed accounts to reflect more accurate baseline appropriation amounts.		OFPR: Technical issue - to date this has not been a MaineCare/Medicaid seed program - baseline boarding home services in this program are not Medicaid matched services - is proposal to change this - what are the new services proposed to be billed to this account that are Medicaid matchable - were these previously in MAP 0147?	MaineCare Baseline Adjustment	General Fund	1	14531 CP1	UNK		T		\$26,340,000	\$26,340,000
362	732	Mental Health Services - Community Medicaid		Adjusts funding in the various MaineCare seed accounts to reflect more accurate baseline appropriation amounts.		Added in the change package.	MaineCare Baseline Adjustment	General Fund	14	3880 CP1	UNK		T		(\$12,000,000)	(\$12,000,000)
363	731	Mental Health Services - Child Medicaid		Adjusts funding in the various MaineCare seed accounts to reflect more accurate baseline appropriation amounts.		Added in the change package.	MaineCare Baseline Adjustment	General Fund	17	3780 CP1	UNK		T		\$3,500,000	\$4,000,000
364	147	Medical Care - Payments to Providers		Adjusts funding in the various MaineCare seed accounts to reflect more accurate baseline appropriation amounts.		Added in CP 1 OFPR: How does this fit with other CP1 adjustments related to MaineCare baseline?	MaineCare Baseline Adjustment	General Fund	1	13021 CP1	UNK		T		\$6,990,000	\$6,990,000
365	147	Medical Care - Payments to Providers		Reduces funding to reflect appropriate Federal Expenditures Fund baseline allocations in the Medical Care- Payments to Providers and Nursing Facilities programs.		Added in the change package.	MaineCare Baseline Adjustment	Federal Expend. Fund	1	13022 CP1	UNK		T		(\$20,000,000)	(\$10,000,000)

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Item	Prog. Code	Program	Initiative Number	Initiative Text	Initiative Justification	Initiative Notes	HHS Sort	Fund	Unit	Ref Number	Policy Com. Action	Policy Com. Vote	AFA Action	AFA Vote	2012 Total	2013 Total
366	147	Medical Care - Payments to Providers		Reduces funding by extending the implementation date of the conversion of hospital prospective interim payments for hospital outpatient services to an ambulatory patient classification methodology to January 1, 2012.		OFPR: Included as proposed in Change Package 2 - may consider incorporating in separate initiatives for baseline , DRG and APC. See Item 353.	MaineCare Baseline Adjustment	General Fund	1	13030 CP2	UNK		T		(\$9,345,730)	\$0
367	147	Medical Care - Payments to Providers		Reduces funding by extending the implementation date of the conversion of hospital prospective interim payments for hospital outpatient services to an ambulatory patient classification methodology to January 1, 2012.		OFPR: Included as proposed in Change Package 2 - may consider incorporating in separate initiatives for baseline , DRG and APC. See Item 353.	MaineCare Baseline Adjustment	Federal Expend. Fund	1	13031 CP2	UNK		T		(\$16,098,677)	\$0
368	705	Medicaid Services - Developmental Services		Adjusts funding in the various MaineCare seed accounts to reflect more accurate baseline appropriation amounts.		Added in the change package.	MaineCare Baseline Adjustment	General Fund	12	3710 CP1	UNK		T		(\$6,000,000)	(\$6,000,000)
369	202	Low-cost Drugs To Maine's Elderly		Adjusts funding in the various MaineCare seed accounts to reflect more accurate baseline appropriation amounts.		OFPR. Technical issue. Not a MaineCare seed account. Include in baseline assumption discussions.	MaineCare Baseline Adjustment	General Fund	1	13261 CP1	UNK		T		\$2,000,000	\$2,000,000
370	Z006	Developmental Services Waiver - Supports		Adjusts funding in the various MaineCare seed accounts to reflect more accurate baseline appropriation amounts.		Added in the change package.	MaineCare Baseline Adjustment	General Fund	1	4200 CP1	UNK		T		\$1,570,000	\$1,570,000
371	147	Medical Care - Payments to Providers	C-A-1198	Reduces funding by changing the disability determination cutoff from 45 days to 90 days.	A court decision in the '70s required that a disability determination be made in 45 days. After 45 days, the person becomes eligible for temporary coverage which is 100% state-funded. In the '80s, the federal law required the decision in 90 days and then required temporary coverage. This initiative reflects the savings from requiring that the determination be made in 90 days to mirror federal law.	See language Part RR. HHS Committee Majority amendment modifies initiative to extend current demo and increase staffing from 6 to 15 to achieve net savings of approx. \$4.1 million in FY 12 and \$4.9 million in FY 13.	MaineCare Eligibility/Recipients	General Fund	1	12770	AMD	8-5	T		(\$3,000,000)	(\$6,000,000)

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Item	Prog. Code	Program	Initiative Number	Initiative Text	Initiative Justification	Initiative Notes	HHS Sort	Fund	Unit	Ref Number	Policy Com. Action	Policy Com. Vote	AFA Action	AFA Vote	2012 Total	2013 Total
372	147	Medical Care - Payments to Providers	C-A-7025	Reduces funding by eliminating the program in the MaineCare program for parents of children whose family income levels exceed 133% of the federal poverty level in fiscal year 2011-12. Funding is maintained to provide for the 6-month Transitional Medicaid benefit to this entire population. Funding is also maintained to provide for an additional 6-month Transitional Medicaid benefit to parents that meet specific income criteria.		CP 1 decreases savings from Original Request of - \$2,578,166 in 2011-12 and - \$5,916,288 in 2012-13 and changes from freeze to elimination but extends Transitional Medicaid benefits. Is reduced funding flow from Dirigo reflected in OSR impact?; Question on ACA MOE requirement and ACA waiver/certification request; request for info on Federal requirements and other states' Medicaid eligibility levels.	MaineCare Eligibility/ Recipients	General Fund	1	12950 CP1	IN	8-5	T		(\$1,155,211)	(\$4,914,390)
373	147	Medical Care - Payments to Providers	C-A-7025	Reduces funding by eliminating the program in the MaineCare program for parents of children whose family income levels exceed 133% of the federal poverty level in fiscal year 2011-12. Funding is maintained to provide for the 6-month Transitional Medicaid benefit to this entire population. Funding is also maintained to provide for an additional 6-month Transitional Medicaid benefit to parents that meet specific income criteria.		CP 1 decreases savings from Original Request of - \$2,578,166 in 2011-12 and - \$5,916,288 in 2012-13 and changes from freeze to elimination but extends Transitional Medicaid benefits. Is reduced funding flow from Dirigo reflected in OSR impact?; Question on ACA MOE requirement and ACA waiver/certification request; request for info on Federal requirements and other states' Medicaid eligibility levels.	MaineCare Eligibility/ Recipients	Federal Expend. Fund	1	12960 CP1	IN	8-5	T		(\$2,783,747)	(\$9,996,381)
374	147	Medical Care - Payments to Providers	C-A-7025	Reduces funding by eliminating the program in the MaineCare program for parents of children whose family income levels exceed 133% of the federal poverty level in fiscal year 2011-12. Funding is maintained to provide for the 6-month Transitional Medicaid benefit to this entire population. Funding is also maintained to provide for an additional 6-month Transitional Medicaid benefit to parents that meet specific income criteria.		CP 1 decreases savings from Original Request of - \$2,578,166 in 2011-12 and - \$5,916,288 in 2012-13 and changes from freeze to elimination but extends Transitional Medicaid benefits. Is reduced funding flow from Dirigo reflected in OSR impact?; Question on ACA MOE requirement and ACA waiver/certification request; request for info on Federal requirements and other states' Medicaid eligibility levels.	MaineCare Eligibility/ Recipients	Other Special Rev Funds	3	12970 CP1	IN	8-5	T		(\$451,810)	(\$1,005,766)

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375	147	Medical Care - Payments to Providers	C-A-7034	Reduces funding by limiting medical assistance benefits to certain legal noncitizens except for benefits for children and pregnant women.	This initiative eliminates benefits provided to legal non-citizens who have been in the United States for less than 5 years. Funding for TANF, food supplements, supplemental security income and medical and financial assistance will be eliminated.	CP1 modifies and reduces savings from Original Request of -\$8,825,231 per year beginning in 2011-12. □ HHS Committee notified Change Package to revise savings assumptions to -\$2.6 million per year. Coverage for children and pregnant women will be retained under Medicaid (MOE).	MaineCare Eligibility/ Recipients	General Fund	1	13020 CP1	TBL	Change Package	T		(\$2,559,110)	(\$2,559,110)
376	147	Medical Care - Payments to Providers		Reduces funding by eliminating the childless adult waiver program effective January 1, 2012		OFPR: Freeze or elimination? Does this meet ACA MOE requirements? Are savings assumptions net of restoration of Disproportionate Share Hospital (DSH) payments?	MaineCare Eligibility/ Recipients	General Fund	1	13025 CP1	UNK		T		(\$11,066,350)	(\$23,912,898)
377	147	Medical Care - Payments to Providers		Reduces funding by eliminating the childless adult waiver program effective January 1, 2012		OFPR: Freeze or elimination? Does this meet ACA MOE requirements? Are savings assumptions net of restoration of Disproportionate Share Hospital (DSH) payments?	MaineCare Eligibility/ Recipients	Federal Expend. Fund	1	13026 CP1	UNK		T		(\$19,169,579)	(\$38,607,788)
399	844	Office of Substance Abuse - Medicaid Seed		Provides funding to offset a one-time reduction related to the enhanced federal medical assistance percentage.		Added in the change package	MaineCare FMAP	General Fund	1	4040 CP1	UNK		T		\$510,970	\$510,970
400	Z006	Developmental Services Waiver - Supports		Provides funding to offset a one-time reduction related to the enhanced federal medical assistance percentage.		Added in the change package.	MaineCare FMAP	General Fund	1	4190 CP1	UNK		T		\$923,182	\$923,182
401	147	Medical Care - Payments to Providers	C-A-7032	Reduces funding that is available as the result of a redistribution of resources within the Fund for a Healthy Maine.	Resources within the Fund for a Healthy Maine have been redistributed with a greater share being allocated to the FHM - Medical Care program, allowing for a deappropriation from the Medical Care - Payments to Providers program, General Fund account.		MaineCare Other	General Fund	1	13010	IN	8-5	T		(\$17,705,645)	(\$17,684,183)

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402	147	Medical Care - Payments to Providers		Adjusts funding to recognize the savings from earned federal revenue.		Added in the change package. OFPR: Continuation of EFY 11 Supp 2 FO SCHIP initiative?	MaineCare Other	General Fund	1	13023 CP1	UNK		T		(\$1,754,295)	(\$1,754,295)
403	147	Medical Care - Payments to Providers		Adjusts funding to recognize the savings from earned federal revenue.		Added in the change package. OFPR: Continuation of EFY 11 Supp 2 FO SCHIP initiative?	MaineCare Other	Other Special Rev Funds	1	13024 CP1	UNK		T		\$1,754,295	\$1,754,295
404	147	Medical Care - Payments to Providers		Reduces funding from the implementation of a managed care strategy effective January 1, 2013.		Added in the change package. OFPR: Details on savings assumptions?	MaineCare Other	General Fund	1	13027 CP1	UNK		T		\$0	(\$5,400,000)
405	147	Medical Care - Payments to Providers		Reduces funding from the implementation of a managed care strategy effective January 1, 2013.		Added in the change package. OFPR: Details on savings assumptions?	MaineCare Other	Federal Expend. Fund	1	13028 CP1	UNK		T		\$0	(\$9,301,879)
406	147	Medical Care - Payments to Providers		Provides funding for the federal disallowance related to targeted case management services provided in 2002 and 2003. The Department is authorized to transfer expenditures from the Medical Care Services Federal Expenditures Fund to the Medical Care Services General Fund account.		Added in the change package. OFPR: Question on treatment of this authority to transfer vs. appropriation?	MaineCare Other	General Fund	1	13029 CP1	UNK		T		\$29,736,437	\$0

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421	147	Medical Care - Payments to Providers	C-A-1410	Provides funding to offset the loss of supplemental rebates due to the federal Patient Protection and Affordable Care Act.	The Patient Protection and Affordable Care Act increases the minimum rebate percentage from 15.1% to 23.1% of the average manufacturer price (AMP) and the minimum rebate percentage for generic drugs from 11% to 13% of AMP. The increases apply to rebate periods after December 31, 2009. The increases in the rebates go solely to the federal government, and the Secretary of the United States Department of Health and Human Services is instructed to reduce payments to the states by the amount of the increase in the minimum rebate amount. The amount of the reduction is to be "estimated by the Secretary based on utilization and other data." The payment reduction "shall be deemed an overpayment" that will be disallowed against the states' regular quarterly draw and is "not subject to reconsideration" before the federal Departmental Appeals Board. This change results in a loss of rebates to the State of Maine.	4/8 AFA Committee requested additional information to justify need for these funds.	MaineCare Providers	General Fund	1	12820	IN		T		\$6,885,095	\$5,671,918

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Item	Prog. Code	Program	Initiative Number	Initiative Text	Initiative Justification	Initiative Notes	HHS Sort	Fund	Unit	Ref Number	Policy Com. Action	Policy Com. Vote	AFA Action	AFA Vote	2012 Total	2013 Total
422	147	Medical Care - Payments to Providers	C-A-1410	Provides funding to offset the loss of supplemental rebates due to the federal Patient Protection and Affordable Care Act.	The Patient Protection and Affordable Care Act increases the minimum rebate percentage from 15.1% to 23.1% of the average manufacturer price (AMP) and the minimum rebate percentage for generic drugs from 11% to 13% of AMP. The increases apply to rebate periods after December 31, 2009. The increases in the rebates go solely to the federal government, and the Secretary of the United States Department of Health and Human Services is instructed to reduce payments to the states by the amount of the increase in the minimum rebate amount. The amount of the reduction is to be "estimated by the Secretary based on utilization and other data." The payment reduction "shall be deemed an overpayment" that will be disallowed against the states' regular quarterly draw and is "not subject to reconsideration" before the federal Departmental Appeals Board. This change results in a loss of rebates to the State of Maine.	4/8 AFA Committee requested additional information to justify need for these funds.	MaineCare Providers	Other Special Rev Funds	5	12830	IN		T		(\$6,885,095)	(\$5,671,918)
423	147	Medical Care - Payments to Providers	C-A-1445	Provides funding to continue the patient-centered medical home incentive payment program.	This initiative is designed to encourage Maine providers to provide better access to primary care physician services for MaineCare members. This funding will provide an enhanced per member per month incentive payment for access to primary care services.		MaineCare Providers	General Fund	1	12840	IN		T		\$611,797	\$646,920
424	147	Medical Care - Payments to Providers	C-A-1445	Provides funding to continue the patient-centered medical home incentive payment program.	This initiative is designed to encourage Maine providers to provide better access to primary care physician services for MaineCare members. This funding will provide an enhanced per member per month incentive payment for access to primary care services.		MaineCare Providers	Federal Expend. Fund	1	12850	IN		T		\$1,059,780	\$1,114,365

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443	130	General Assistance - Reimbursement to Cities and Towns	C-A-7026	Reduces funding by reducing the level of reimbursement to municipalities.	When a municipality incurs net general assistance costs that exceed .0003 of its most recent state valuation, the department is required to reimburse the municipality for 90% of the excess amount. This initiative reduces the reimbursement to 75% of the excess amount.	HHS Committee had requested a break out of savings from Part JJ changes.	Public Assistance	General Fund	1	11710	OUT	7-6	T		(\$701,250)	(\$701,250)
444	138	Temporary Assistance for Needy Families	C-A-7034	Reduces funding by limiting benefits provided to legal noncitizens who have been in the United States for less than 5 years.	This initiative eliminates benefits provided to legal non-citizens who have been in the United States for less than 5 years. Funding for TANF, food supplements, supplemental security income and medical and financial assistance will be eliminated.	No CP 1 change made. Possible correction to blippie may be needed.	Public Assistance	General Fund	1	11910	IN	8-5	T		(\$157,320)	(\$157,320)
445	131	State Supplement to Federal Supplemental Security Income	C-A-7034	Reduces funding by limiting benefits provided to legal noncitizens who have been in the United States for less than 5 years.	This initiative eliminates benefits provided to legal non-citizens who have been in the United States for less than 5 years. Funding for TANF, food supplements, supplemental security income and medical and financial assistance will be eliminated.	No CP 1 change made. HHS Committee noted a Change Package correction to blippie may be needed regarding legal noncitizens who have been in the US more than 7 years.	Public Assistance	General Fund	1	11750	IN	8-5 Change Package	T		(\$367,900)	(\$367,900)
446	Z019	Food Supplement Administration	C-A-7034	Reduces funding by limiting benefits provided to legal noncitizens who have been in the United States for less than 5 years.	This initiative eliminates benefits provided to legal non-citizens who have been in the United States for less than 5 years. Funding for TANF, food supplements, supplemental security income and medical and financial assistance will be eliminated.	No CP 1 change made. HHS Committee noted a Change Package correction to blippie may be needed.	Public Assistance	General Fund	1	14600	IN	8-5	T		(\$420,000)	(\$420,000)
447	138	Temporary Assistance for Needy Families	C-A-7035	Reduces funding for Temporary Assistance for Needy Families assistance for individuals convicted of drug-related felonies.	Convicted drug felons will be required to submit proof of regular drug testing to be eligible for assistance under the TANF program. Failure to provide such proof or a positive drug test will result in immediate termination of assistance.	See language Part LL.	Public Assistance	General Fund	1	11920	IN	8-5	T		(\$50,000)	(\$50,000)
448	138	Temporary Assistance for Needy Families	C-A-7036	Reduces funding by implementing a full-family sanction for violation of program rules.	This initiative will achieve savings in the Temporary Assistance for Needy Families program by requiring participants to sign and comply with the family contract as a condition for eligibility in the program.	CP1 changes second year savings from -\$2,500,000. See language Part PP.	Public Assistance	General Fund	1	11930 CP1	TBL	Change Package	T		(\$1,250,000)	(\$2,000,000)

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449	138	Temporary Assistance for Needy Families	C-A-7037	Reduces funding by implementing a strict 5-year time limit for recipients of assistance under the Temporary Assistance for Needy Families program.	This initiative reflects the savings associated with implementing a strict 5-year time limit for the TANF program. Individuals who are already at or over the 5-year limit on July 1, 2011 will have a 6 month grace period before their case is closed.	CP1 adds second year savings of -\$500,000 per year. See language Part PP.	Public Assistance	General Fund	1	1940 CP1	TBL	Change Package	T		(\$1,250,000)	(\$500,000)
472	130	General Assistance - Reimbursement to Cities and Towns		Reduces funding by limiting general assistance benefits to individuals who are not eligible for other federal cash programs.		Added in the change package. Definition of other federal cash assistance programs ?	Public Assistance	General Fund	1	1711 CP1	UNK		T		(\$1,075,767)	(\$1,075,767)
473	Z008	Maternal and Child Health Block Grant Match	C-A-1409	Reduces funding for recruitment and outreach in the Maine breast and cervical health program.	Reduces funding for recruitment and outreach in the Maine Breast and Cervical Health Program (BCHP). This money was dedicated to funding six contracts with community agencies to conduct BCHP recruitment and outreach. Current emphasis of BCHP is now on increasing screenings, and contract functions are no longer meeting the program needs. Contracts were terminated 6/29/2010 and no plans are in place to renew them.		Public Health	General Fund	1	14480	IN	7-6	T		(\$60,000)	(\$60,000)
507	Z008	Maternal and Child Health Block Grant Match		Reduces funding for screening, assessing, training and consultation for primary care providers in the injury prevention program.	This position is currently funded through 3 different funding sources. One of the accounts being charged is not appropriate based on the work being performed. This initiative places that portion of the position's cost in the correct account, and offsets the additional Personal Services cost with a reduction in All Other.	Added in the change package.	Public Health	General Fund	1	14501 CP1	UNK		T		(\$32,000)	(\$32,000)
527	679	Office of Substance Abuse		Provides funding for grants as a partial restoration of Fund for a Healthy Maine reductions.		Added in the change package. What services or programs will be restored.	Substance Abuse	General Fund	1	3590 CP1	UNK		T		\$2,500,000	\$2,500,000

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Language																
Group B																
	UU			Directs DHHS to pay child care at 50% of the 75th percentile of local market rates effective 10/1/2011. CP 1 amendment clarifies that the revised rules establish the child care rates at the 50th percentile of the local market-rate survey rather than at 50% of the local market-rate survey. CP 1 eliminates savings of \$266,619 in FY 12 and \$355,492 in FY 13 from Original Budget		CP 1 Amends				CP 1	T CP		T			
Group E																
	SS			Repeals Maine RxPlus program.		<i>See Elder Services, Maine Rx Plus Program, Items 250-252. Committee amendment to achieve proposed savings by establishing a fee to replace GF appropriation.</i>					AMD		T			
	MM			Directs DHHS to amend asset transfer rules for long-term care for state-funded assistance in certain board home settings, per Title 22, section 3174-A.		<i>See Elder Services, MR/Elderly PNMI Room and Board, Item 253.</i>					IN 12-1		T			
Group G																
	NN			DHHS directed to convene working group to develop a plan and implementing legislation regarding the future role and structure of DDPC effective 6/30/12. AFA and HHS Committees to submit legislation to implement the plan in Second Regular Session, 2012.		<i>See Adult Mental Health, Dispro Share, DDPC, Item 4. Committee Amendment to change composition of the working group.</i>					AMD		T			
Group H																
	WW			Extend Controlled Substances Prescription Monitoring Program to any controlled substance dispensed by a dispenser or prescriber. CP 1 amendment replaces the original language that would have required licensed health care professional with authority to prescribe controlled substances to participate in the Controlled Substances Prescription Monitoring Program by providing information on dispensed controlled substances with language that eliminates the prohibition on using General Fund appropriations to support the operation of the program		CP 1 Amends				CP 1	T CP		T			
	YY			Prohibits a MaineCare member from paying with cash for a prescription drug that is covered by MaineCare. CP 1 amendment replaces the original language that prohibited MaineCare recipients from purchasing prescription drugs using cash with the creation of a stakeholders group to look at the prevalence of the use of cash to purchase certain controlled medications and to make recommendations to the Commissioner of Health and Human Services to address the issue. It also describes the composition of the group and authorizes the adoption of routine, technical rules.		CP 1 Amends.				CP 1	T CP		T			
Group I																

Proposed 2012-2013 Biennial Budget (LD 1043) Through CP2 - HHS Committee Programs - Major Policy Items - AFA Outstanding

5/23/2011

Item	Prog. Code	Program	Initiative Number	Initiative Text	Initiative Justification	Initiative Notes	HHS Sort	Fund	Unit	Ref Number	Policy Com. Action	Policy Com. Vote	AFA Action	AFA Vote	2012 Total	2013 Total
JJ				Changes reimbursement rate for municipalities who incur net GA costs over .03% of state valuation from 90% state match to 75% state match. Amends provision on reporting to State. Increases period of ineligibility for false representation of a material fact and for failure to comply with a work requirement from 120 to 180 days. Extends requirement to secure potential resources to Maine residents Property Tax Program. Amends period of ineligibility for failure to secure potential resource from "until makes good faith effort to secure the resource" to "120 days from date applicant abandons the resource." Extends period of ineligibility due to ineligibility for another program for "period of other program ineligibility" to "that period or 180 days, whichever is longer." Directs DHHS to work with municipalities to enhance their ability to determine eligibility. CP 1 strikes the provision that would have limited assistance under the general assistance program to once in a calendar year. It also makes individuals who are eligible for other federal cash programs ineligible to receive general assistance.		Initiative on GA eligibility 1x/yr withdrawn at PH. On other initiatives, see Public Assistance, GA, Items 443 and 472. Will be amended in CP. CP 1 Amends Definition of other federal cash assistance programs ?				CP 1	T CP		T			
RR				Extends period of time for DHHS to determine eligibility for assistance based on disability from 45 to 90 days. Requires issuance of temporary medical card at day 91. In other cases provides for temporary medical card at day 46.		See <i>MaineCare Eligibility, Medical Care-Payments to Providers, Item 371.</i>					IN 8-5		T			
KK				Repeals DHHS food supplement program for legal noncitizens. Repeals DHHS supplemental security income for legal noncitizens. Repeals DHHS discretion to provide medical and financial assistance to persons who would be eligible for TANF or MaineCare but for their citizenship status.		See <i>Public Assistance, State Supplement, Item 445, TANF, Item 444, Food Supplement Admin, Item 446, and MaineCare Eligibility, Medical Care-MAP, Item 375.</i>					IN 8-5		T			
LL				Amends state law allowing TANF eligibility for a person with a drug-related felony, adding a requirement of submitting proof of regular drug testing with disqualification for drug use.		See <i>Public Assistance, TANF, Item 447.</i>					IN 8-5		T			
PP				Imposes a strict 5 year limit on TANF eligibility, allowing an additional 6 months if the adults comply with all TANF participation requirements. Increases penalty for failure to sign family contract or to abide by it from sanctions to termination. Decreases availability of alternative aid from once per year to once. Changes Office of Integrated Access and Support to Office for Family Independence. Requires DHHS to terminate benefits for a parent who quits a job without cause, until parent obtains equivalent employment.		See <i>Public Assistance, TANF, Item 448 & 449.</i>					T CP		T			
TT				Directs DHHS, as soon as federal Medicaid law allows, to revise the rules on the calculation of income for MaineCare eligibility purposes to use a standard 5% disregard.		Budge impact? Reduction in eligiblty? MOE?					IN 8-5		T			
AAA				DHHS directed to amend rules for Medicare Buy-in program to reduce income eligibility to the optional minimal levels required in federal law. DHHS directed to determine if laws need to be changed to do this, submit legislation to Second Regular Session.		See Item 285. Current eligibility levels for QMB 150%, SLMB 150-170% and QI of 170-185% of FPL would be reduced to 100%/100-120%, and 120-135% of FPL.					IN 8-5		T			
Group J																
XX				Revisor directed to change name of MaineCare to Medicaid.							IN 7-6		T			

Proposed 2012-2013 Biennial Budget (LD 1043) Through CP2 - HHS Committee Programs - Major Policy Items - AFA Outstanding

5/23/2011

Item	Prog. Code	Program	Initiative Number	Initiative Text	Initiative Justification	Initiative Notes	HHS Sort	Fund	Unit	Ref Number	Policy Com. Action	Policy Com. Vote	AFA Action	AFA Vote	2012 Total	2013 Total
	OO			Directs DHHS and AG's Office to explore opportunities for collaboration and improvements to fraud detection and referral process and potential savings.							IN		T			
	ZZ			Authorizes DHHS to adopt rules on emergency basis to implement provisions in bill without having to meet usual emergency standard "to avoid a threat to public health, safety or general welfare."							IN		T			
Group K																
	QQ			Directs State Controller to transfer at end of FY12 fiscal year up to \$25 million from unappropriated surplus from GF to DHHS, Medical Care – Payments to Providers account for hospital settlement payments, after Title 5, section 1507 Contingent Account and section 1511 Loan Insurance Reserve and before Title 5, section 1536 Excess General Fund revenues cascade.							IN		T			
	VV			Extends from 2011 to 2013 provision allowing MaineCare GF balances to be transferred between accounts by financial order. Extends from 2011 to 2013 weekly and quarterly MaineCare financial reports.							IN		T			
Group L																
	II			Regarding Fund for a Healthy Maine (FHM) extends cap on racino money to FHM of \$4.5m through FY13, repeals non-supplantation language in FHM Title 22, section 1514 , repeals provision related to ban on some flavored tobacco products that requires FHM money to offset loss of tobacco tax revenues from those sales. CP 1 strikes Part II, section 2 provision that would have allowed allocations from the FHM to supplant General Fund appropriations		See FHM group, Item 315-318. CP 1 Amends				CP 1	IN 8-5 II-1; IN 7-6 II-2; IN 13-0 II-3		T			
	DD			Repeals school nurse consultant position.		See FHM group, FHM-School Nurse Consultant, Item 276					IN 8-5		T			
CP 1 Additions																
	UUU			This Part gives the Department of Health and Human Services the authority to carry forward any balances in the All Other line category in the Bureau of Medical Services General Fund account from year to year.		CP 1 Adds				CP 1			T			
	VVV			This Part directs the Department of Health and Human Services to standardize the room and board rates paid for children's private nonmedical institution services to stay within existing resources and to adopt routine technical rules to implement the changes.		CP 1 Adds				CP 1			T			
	XXX			Current statute requires that any rules regarding principles of reimbursement for intermediate care facilities for the mentally retarded that are adopted under Title 22, section 3173 are major substantive rules. This Part clarifies that rules adopted to establish an approval process for capital expenditures to renovate or construct these facilities are routine, technical rules.		CP 1 Adds				CP 1			T			
	YYY			This Part repeals the family child care provider union representation statutes effective July 1, 2011.		CP 1 Adds				CP 1			T			