

MAINE STATE LEGISLATURE

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PETITION

We, the undersigned, are opposed to the \$600,000 cut in the Maine Care Transportation funds. This cut would devastate the transportation services for the pre-school children, mentally retarded adults, the mentally and physically handicapped and the elderly.

NAME	ADDRESS
Florence Patine	Branston Me
Gene Bohanon	Princeton Me 04668
James Bohanon	Princeton, ME 04668
Paulie Kelly	Princeton Me 04668
James Kelly	Princeton, ME 04668
Anthony Best	Princeton, ME 04668
Bob Kelly	Princeton, ME 04668
Becky Strigman	Princeton, ME 04668
Quaker Noel	Indrup Princeton, ME 04668
Annabelle Neale	Indrup Princeton, ME 04668
Doug Paye	Box 714 Princeton ME 04668
Paul Paye	Branston Me 04419
Paul Paye	Branston Me 04413
Paul Paye	Princeton Me 04487
Paul Paye	Princeton ME 04487
Paul Paye	Princeton ME 04730
Lillian Brown	P.O. Box 101 - Grand Lake Stream, Vt. 04637
Jack O'Neil	P.O. Box 555 Baileyville, ME 04694
Paul Paye	1140 VENT 1 Robinson ME 04671
Paul Paye	123 South St. Calais ME 04619
Paul Paye	188 North Collins Vt 04619
Paul Paye	10 Academy St. Calais ME 04619
Paul Paye	184 Main St. Calais ME 04619
Paul Paye	Box 569 Airlie Rd. Baileyville ME 04694
Paul Paye	1406 Airlie Rd. Baileyville ME 04694
Paul Paye	71 Downeast Calais ME 04619

May 7, 2003

Department of Human Services

TRANSPORTATION

\$3,000,000	
- 900,000	
<u>\$2,100,000</u>	
- 800,000	Revenue Max CSC
<u>\$1,300,000</u>	
- 300,000	Eff.
<u>\$1,000,000</u>	
- 453,000	Base Unit \$7.00
<u>\$ 547,000</u>	
- 57,000	4% Cut
<u>\$ 490,000</u>	
- 496,000	Selected cuts of 5.79%
<u>\$ 0</u>	

We, the undersigned, strongly oppose the **\$1,000,000 budget cut** to transportation funded by MaineCare, that was recently approved by Gov. John Baldacci.

This funding cut will not only eliminate \$1,000,000 in state funds but will also eliminate an additional \$2,000,000 in matching federal funding. This will result in a **total loss of \$3,000,000 to the transportation programs in Maine**. Without this funding the current York County Community Action Transportation Program will be forced to close its doors and will no longer provide transportation services to York County residents.

Many people have no other means of transportation and rely solely on the YCCA Transportation Program for transport to medical appointments, childcare and child development programs. Without the YCCA Transportation Program (volunteer drivers and bus service) many children, elderly and low income families will not receive the necessary services essential to enrich and sustain their lives.

Because the negative impact of this budget cut will be devastating to so many individuals who depend on the transportation provided by YCCA **we sincerely urge you** to find the necessary funding for this program and others like it and include these funds as part of the supplemental budget for 2004 - 2005.

Name / Address or Town

Shirley Clements 941 Main St, Apt # 401 Sanford, ME, 04073

Edith Johnstone 941 Main St, Apt # 511, Sanford, ME. 04073

Linda Allen 941 Main St Apt 409 Sanford ME 04073

NELSON CUTTEN 941 MAIN ST APT 406 SANFORD ME 04073

Calvin Holden 941 Main St

N. Pearl Higgins 941 Main St APT 310 Sanford, ME.

S. Montgomery 941 Main Apt 204 Sanford

Elvira R. Bille 941 Main St Apt 311 04073

Helen LeRAS 941 Main St Apt. 303 SANFORD, ME

Bertrude Belanger 941 Main St Apt # 804 - Sanford

JACQUELINE PENNEY 941 Main St Apt # 602 - SANFORD, ME 04073

Edith M Legare 941 Main St Apt 503

Doris M Gilbert 941 Main St Apt 707 Sanford ME 04073

Kenneth R. R. Apt 607

NAME

Jean Phillips

Bonnie Peck

Carol Skinner

Kenny Skinner

Ruth Rankin

Nichelle-Nicole Johnson

Tom Horner

David D. Daley

Janet Elaine Daley

ADDRESS

30 Chickadee Dr. Apt.

186 Cottage Sanford

504 Sanford

941 main apt 504

941 Main St Apt 705 Sanford Me. Apt

941 Main St Sunset Tower 207

941 main street Sanford, Maine

941 main street Sanford, Maine

NAME

CITY OR TOWN

NAME

CITY OR TOWN

Catherine Swett Limerick, Me

Clayton R. Locke Kezar Falls, Me

Dorothy Locke Porter

Diane Brackett Limington

Wallace Fells Limington

Ginger Brackett Limington

Mark Beale Hollis Me

Carne R. Skundie Hollis Me.

Shirley Fox, Lyman Me

Reynold Beauchamp Sanford Me.

Marcia Reed Wells, ME.

Catherine Neust Kennebunk, Me

Betty Ann Brady Kennebunk, Me

Lannis Binett Alfred ME

Patricia W. Shackatt Alfred, Me.

Lois S. Sargent Alfred, Me.

Mae Bieng Alfred, Me.

Mary Ann Jiff Alfred, Me.

Holt Sargent

Barbara Pearson

Alfred Shackatt Alfred, Maine

Thelma Cudmore Alfred, Me

Thomas Cudmore Alfred Me

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Name / Address or Town

Robert Johnson PO Box 47, West Newfield, ME 04095

Sheryl R. Hott 4 Lebanon Ct., Apt. #62, Sanford, ME 04073

J. Fletcher 200 College St. Lewiston, ME 04240

Allegail Labstone 96 Campus Ave Lewiston ME 04240

Janet Beebe 96 Campus Ave Lewiston ME 04240

Sarah Syons 96 Campus Ave Lewiston, ME 04240

William Peckham 96 Campus Ave Lewiston, ME 04240

Ira Bell 96 Campus Ave. Lewiston, ME 04240

Karen M. Houser 136 Cemetery Rd, Lebanon ME 04027

Shelli Haux 106 Granite St. #6, Biddeford 04005

Jeremiah Young 64 High St #101 Biddeford, 04005

Maureen Hester 509 Beach Ridge Rd Scarborough 04074

Brian MacDougall 510 Bonnygate Rd. Standish ME 04084

Rebecca Mitchell 55 State Biddeford ME 04005

Allen Sukalas 7 Smith Ln, #113 - SACW, ME

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Name / Address or Town

Cindy Baird	So. Berwick, ME
Virginia Baird	So. Berwick, ME
Sharon Hardy	Kennebunk, ME
Sandy Roche	South Portland, ME
Brady James	Falmouth, ME
Stephanie Loran	Scarborough, ME
Dan White	Portsmouth, ME
John Currier	Portsmouth, ME
Mary Beth Bourgeois	Effingham, N.H.
Alice Bragdon	Lyman Maine
Thomasine LaBunk	Saco Maine
Valiant Moody	Saco Maine
Kathleen S. Lavoie	Wells Maine
Heather Palmer	Wells Maine

**MAINE
DEPARTMENT OF HUMAN SERVICES**

**INFORMATION
AND SUPPORTING DATA**

MAY 7, 2003

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Human Services

Program Name: Purchased Social Services 0228

Account Number(s): 010-10A-0228-01 **Page # in Bill:** C-17

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	<u>(99,520)</u>	<u>(99,520)</u>
<u>Federal Funds</u>	<u>79,520</u>	<u>79,520</u>
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides for the deappropriation of funds due to the transfer of three special needs contracts to the Social Services Federal Block Grant and the elimination of General Fund appropriation for a Family Preservation project that will be funded by a federal grant.

Description of Impact on Program(s) – BE SPECIFIC:

The transfer of contracts to the SSBG (Social Services Block Grant) funding equals \$79,520 each year and thus will not have any impact on services.

The Promoting Safe and Stable Families federal grant will cover the elimination of \$20,000 from the Family Preservation project allocation in the General Fund, thus will not affect the project as costs are covered.

Does this Initiative have an impact on the 2006-2007 Biennium? (Yes and No) (Yes and No)
 (please explain below)

The contract transfer to the SSBG is one-time, while the Family Preservation Project federal funding is on going.
 One time cost saving reductions.

**DEPARTMENT OF HUMAN SERVICES
FY 2004-2005**

Account/Program Name: Purchased Social Services 0228

Community Services Center

	FY 2004	FY 2005	Biennium	
010-10A-0228-012	\$79,520.00	\$79,520.00	\$159,040.00	Transfer 3 Special Needs Contracts to SSBG
	20,000.00	20,000.00	40,000.00	Eliminate flexible funds fro Region I
	54,989.50	54,989.50	109,979.00	Family Preservation Contract Reductions
Sub-Total	154,509.50	154,509.50	309,019.00	
010-10A-0845-012	\$31,702.00	\$31,702.00	\$63,404.00	All Other Reductions
TOTALS	\$186,211.50	\$186,211.50	\$372,423.00	

NOTE: Contract Reductions equate to a 1% reduction per year.
This is in addition to the \$359,859 savings already built into the budg3et that we must recover from carryover savings. The actual Reduction percentage may change depending on how much we are able to recover in carryover savings.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Human Services

Program Name: Foster Care 0137

Account Number(s): 010-10A-0137-01 Page # in Bill: C-17

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	<u>(147,450)</u>	<u>(147,450)</u>
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides for the deappropriation of funds due to a reduction in the spring and fall clothing allowance for foster children as appropriated in the Foster Care account.

Description of Impact on Program(s) – BE SPECIFIC:

Children in Foster Care receive an average daily clothing allowance of \$2.55 a day plus a spring and fall clothing allotment.

AGE:	FALL LUMP-SUM	SPRING LUMP- SUM	REGULAR ALLOWANCE	TOTAL:
Birth - 3 years	\$ 100.00	\$ 65.00	\$ 554.00	\$ 719.00
4 - 10 years	\$ 200.00	\$ 100.00	\$ 901.00	\$1,201.00
11 - 20 years	\$ 350.00	\$ 250.00	\$ 1,339.00	\$1,939.00

This reduction should be changed to (\$54,700) which would be approximately a 65% reduction in the lump sum bi-annual amounts when allocated over both Child Welfare and Foster Care accounts.

Does this Initiative have an impact on the 2006-2007 Biennium? (No) (No)
 (please explain below)

One time reduction in clothing allowance

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Fact Sheet:

Spring and Fall clothing allowance decrease

In order to meet a \$900,000 shortfall in the 04'-05' budget it has been proposed that there be a 65% reduction in the Spring and Fall clothing allotments for children in foster care for the next biennium.

On average there are approximately 3000 children in state's custody. All children in care receive an average daily clothing rate of \$2.55. The daily rate depends on the age of the child. Children from ages:

0-3	receive \$554/year
4-10	\$901/year
12-17	\$1339/year

from the daily rate.

In addition to the daily rate children receive a Spring and Fall clothing allotment (lump sum amount). Currently, these amounts are:

Fall	Age	Amt.	Spring	Age	Amt.
	0-4	100		0-4	65
	5-10	200		5-10	100
	11-17	350		11-17	250

A 65% reduction in the above allotments would be:

Fall	Age	Amt.	Spring	Age	Amt.
	0-4	35		0-4	23
	5-10	70		5-10	35
	11-17	122		11-17	87

The children would still be receiving their daily rates.

CLOTHING ALLOWANCE PER CHILD:

CURRENT SENARIO:

AGE:	FALL LUMP-SUM	SPRING LUMP SUM	REGULAR ALLOWANCE	TOTAL:
Birth - 3yrs old	\$ 100.00	\$ 65.00	\$ 554.00	\$ 719.00
4 to 10 years	\$ 200.00	\$ 100.00	\$ 901.00	\$ 1,201.00
11 to 20 years	\$ 350.00	\$ 250.00	\$ 1,339.00	\$ 1,939.00

NEW SENARIO WITH 65% REDUCTION IN FALL & SPRING ALLOWNACE:

AGE:	FALL LUMP-SUM	SPRING LUMP SUM	REGULAR ALLOWANCE	
Birth - 3yrs old	\$ 35.00	\$ 22.75	\$ 554.00	\$ 611.75
4 to 10 years	\$ 70.00	\$ 35.00	\$ 901.00	\$ 1,006.00
11 to 20 years	\$ 122.50	\$ 87.50	\$ 1,339.00	\$ 1,549.00

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Human Services

Program Name: Child Welfare Services 0139

Account Number(s): 010-10A-0139-01 Page # in Bill: C-17

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e. (-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>		<u>(2,000,000)</u>
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides for the deappropriation of funds due to a one-time reduction of Community Intervention Program funding and replaced with one-time Temporary Assistance for Needy Families (TANF) block grant funds in fiscal year 2004-05.

Description of Impact on Program(s) – BE SPECIFIC:

Does this Initiative have an impact on the 2006-2007 Biennium? (No) (No)
(please explain below)

One time reduction in Community Intervention General Funds to be replaced by one-time TANF Block Grant Funds.

**DEPARTMENT OF HUMAN SERVICES
FY 2004-2005
TANF ACCOUNT**

Account/Program Name: 010-10A-0139-01

Proposed De-appropriation:

\$2 million block grant reduction in TANF

- The \$2 million is achievable in '05 with a caseload reduction of about 450 to 500 cases below the current caseload of 12,391 for May 03. Recognizing that over FY'04 there will be caseload shifts too, the average reduction across both years would be 250 cases per month. We anticipate that by June '04 the caseload will be near 11,650, below the 500 caseload target.
- Such caseload reduction is possible with ASPIRE and economic growth
- Would require that ASPIRE specialist positions be filled on regular basis (ASPIRE caseload currently 200 per worker)
- Other information
 - Eligibility caseloads 650 per worker
 - Caseloads in other states CT 400 after layoffs, NH 300 caseloads per worker
- Average benefit is decreasing slightly which will also help meet this reduction. Believe that this is due to increase wage at placements of \$7.76 per hour as well as higher minimum wage payments

FY 2004-2005

General Fund

(\$2,000,000)

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Human Services

Program Name: Child Welfare Services 0139

Account Number(s): 010-10A-0139-01 Page # in Bill: C-17

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	<u>(115,585)</u>	<u>(119,053)</u>
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides for the deappropriation of funds used as state match for cooperative agreements with the University of Southern Maine Muskie School. The in-kind match will come from the University.

Description of Impact on Program(s) – BE SPECIFIC:

The Muskie School engages in multiple Cooperative Agreements with DHS including the Department of Human Service Training Institute, Medicaid Reimbursement etc. These projects are funded primarily through federal funds using match from the University Budget and some state funds. In order to reduce the amount of state funds required to draw down the federal match, the Muskie School has identified percentages of salary of core staff, which can be used as match.

There will be no impact on the programs to be delivered. This is an increase in the in-kind match contributed by the university, which will result in a decrease in the amount of state funds required for the Child Welfare Services Training Institute (CWSTI).

Does this Initiative have an impact on the 2006-2007 Biennium? (Yes) (Yes)
(please explain below)

his in-kind match can be on going.

Child Welfare

Child Welfare Training Institute (CWTI)

Since 1989, The Child Welfare Training Institute has had a cooperative agreement with the Bureau of Child and Family Services (BCFS), Maine Department of Human Services (DHS). CWTI delivers pre-service and in-service staff training, innovations to Child Welfare practice, competency-based child welfare staff and adoptive/foster parent hiring and retention, group home training, adoptive and foster parent training and educational outreach, professional development, foster care licensing, field placements for social work students, support for ongoing professional education in collaboration with schools of Social Work and training data analysis, and application of customized information systems.

Adoptive and Foster Family Introductory Training (CWTI)

Deliver a 24-hour competency based curriculum to prospective foster and adoptive parents. CWTI staff work closely with district staff within the Bureau to assure that participants receive timely and effective training. Educators are home-based, experienced foster and/or adoptive parents. Staff in this project also train private foster care agencies on curriculum delivery and use.

Adoptive and Foster Family In-Service Training (CWTI)

Provide on-going skill development training to foster and adoptive parents through home correspondence courses, in-service training, and locally based non-formal training and interventions. Training programs are customized to the parents' needs and incorporate curricula from the Adoptive and Foster Family Training program.

Child Welfare Field Instruction Units (CWTI)

The mission of this program, a collaboration between units of the University of Maine System and the Department of Human Services since 1992, is to improve or enhance public child welfare services to children and families by attracting more professionally trained social workers to the public child welfare by providing a field-based academic and field practicum. Fifteen BSW students are assigned yearly to field placement programs in DHS offices. In return for a stipend and job training experience under the supervision of a Field Instructor who is a DHS employee, students agree to work for DHS for a minimum of one year after graduation. The project also supports a closer working relationship with the university social work programs and promotes the infusion of child welfare content into the academic curriculum.

Kids Transportation Training (CWTT)

This is a program designed to insure safe, appropriate, and effective transportation services for children.

Maine Caring Families (CWTT)

Maine Caring Families (MCF) is a statewide therapeutic foster care program administered by the Maine Department of Human Services, Bureau of Child and Family Services (BCFS) to support ongoing initiatives within the MCF program and assist with organizational development, training design and recruitment/retention efforts that support both foster families and staff.

Post-Legal Adoption Services (CWTT)

As the national interest in adoption continues to grow, Maine is responding by enhancing the skills of adoption professionals through ongoing training while recognizing the need for building support for families whose adoptions have already been legalized. Maine has also expanded the pool of treatment providers who have specialized training in areas most often cited as challenges for children who have been in the foster care system. A statewide resources guide divided by region is being developed to assist adoptive families.

Child Welfare Professional Development (CWTT)

Professional development opportunities outside of the formal training system promote interaction with non-Bureau providers and the University system. Activities include providing graduate social work classes in DHS offices to make continuing education more accessible, tuition reimbursement for graduate courses off site, books, journals, and professional memberships, mentoring for BCFS Supervisors, and a program to support staff attendance at conferences and workshops.

Child Welfare Specialized Programs Training (CWTT)

This component of CWTT provides ongoing staff training and resource development to serve the DHS Foster Care Licensing, Independent Living, Quality Improvement, and Case Aide staff and programs. Current services include specialized training, facilitation of discussions to further the implementation and development of new policy initiatives, which affects these specialized program areas. Examples include a time/work study for the Statewide Intake and Emergency Services program, training and development on decision-making and outcomes, and collaboration with a

national demonstration project to improve services to older youth who remain in care voluntarily as they continue their education.

Child Welfare Staff Training (CWTT)

Staff Training includes *Pre-service Training* program, which is a competency based, five-week training for all new DHS Child Welfare caseworkers that integrates classroom with field-based application of skills. *Ongoing Staff Training Program*, which includes workshops, regional policy and practice forums, and other staff development opportunities and *Innovative Practices Initiative*, which supports continued organizational evolution in response to external, internal policy and staffing changes, and the introduction of best practices. .

Child Welfare

Child Welfare Training Institute (CWTI)

Purpose

The Child Welfare Training Institute meets the need for high-quality training and professional development for professionals involved with Maine's child welfare system, including foster/adoptive parents, case workers, educators, and mental health providers. We work with state partners and providers to develop specific solutions through policy analysis and development, organizational development activities, and applied technology.

Activities

- Promote child welfare knowledge and skills consistent with state-of-the-art practice through statewide training programs
- Provide pathways for research findings and analysis to reach child welfare professionals, policymakers and the public
- Collaboratively design specific curricula, programs, and research projects with key stakeholders in the populations being served

Funders

- United States Administration for Children and Families
- State of Maine Department of Human Services/Bureau of Child and Family Services
- Annie E. Casey Foundation

Collaborators

Department of Human Services Bureau of Child and Family Services, Annie E. Casey Foundation, Casey Family Services of Maine, Foster Family Treatment Association of Maine (FFTA),

Adoptive and Foster Families of Maine (AFFM), A Family for Me, University of Maine at Orono School of Social Work, University of New England School of Social Work, University of Southern Maine School of Social Work, National Association of Social Workers-Maine Chapter, Maine Governor's Commission on Domestic Violence and Sexual Abuse: Mental Health / Medical Action Committee

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Jeannie Lucas
Diane Sanborn
Chuck Smith
Julia Simmons
Colleen Kelley

Audiences

State Policymakers
Federal Policymakers
Child Welfare Staff
Foster/Adoptive Parents
Mental Health Providers
and Associations
Child Placing Agencies
Educators

Institute for Public Sector Innovation
295 Water Street ~ Augusta, ME 04333 ~ (207) 626-5200 ~ www.muskie.usm.maine.edu

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Human Services

Program Name: Long Term Care - Human Services 0420

Account Number(s): 010-10A-0420-01 Page # in Bill: C-18

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

General Fund		
Federal Funds		
Other Special Revenue funds		
Other (please specify)		

Appropriation or Allocation Increase / (Decrease):

General Fund	(100,000)	(100,000)
Federal Funds		
Other Special Revenue funds		
Other (please specify)		

Revenue or Balance Transfer Increase / (Decrease):

General Fund		
Federal Funds		
Other Special Revenue funds		
Other (please specify)		

Description of Initiative:

Provides for the deappropriation of funds due to savings in long term care assessments.

Description of Impact on Program(s) – BE SPECIFIC:

The de-appropriation is based on savings from not offering a face-to-face eligibility assessment in situations unless the person is expected to receive services within three months, because a person's condition may change such that an earlier assessment would no longer be valid.

Approximately 600 persons will be affected by the proposed change. These individuals will receive an extensive telephone intake screening and be offered referral to other community resources while they are on the waiting list for the program.

Does this Initiative have an impact on the 2006-2007 Biennium?

(No) _____ (No) _____
(please explain below)

**DEPARTMENT OF HUMAN SERVICES
FY 2004-05 Proposed De-appropriation**

Account/Program Name: Long-term Care

Program Purpose: Funds are used to pay for in-person eligibility assessments for the Home Based Care Program, which pays for personal care, housekeeping, nursing other needed in-home services in order to prevent or delay nursing home placement for eligible older and disabled adults. In sfy02 the program served 3873 persons at an average cost of \$3306 for a total expenditure of \$12.8 million. Cost sharing is based on the consumer's income and assets. This program serves individuals who do not qualify financially or medically for MaineCare funded home care services. The program currently has a waiting list of 700+ persons.

Proposed De-appropriation: The de-appropriation is based on savings from not offering a face-to-face eligibility assessment unless the person is expected to receive services within three months, because a person's condition may change such that an earlier assessment would no longer be valid.

Impact: Approximately 600 persons will be affected by the proposed change. These individuals will receive an extensive telephone intake screening and be offered referral to other community resources while they are on the waiting list for the program.

	<u>FY 2003-04</u>	<u>FY 2004-05</u>
Appropriation or Allocation Increase / (Decrease):	<u>(\$100,000)</u>	<u>(\$100,000)</u>
Revenue Increase / (Decrease):	<u></u>	<u></u>
Transfer / Balance Adjustment Increase / (Decrease):	<u></u>	<u></u>

Description of Initiative: Eliminate face-to-face assessments for persons who will be on the Home Based Care waiting list for more than three months.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Human Services

Program Name: Long Term Care - Human Services 0420

Account Number(s): 010-10A-0420-01 Page # in Bill: C-18

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	<u>(220,000)</u>	<u>(220,000)</u>
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides for the deappropriation of funds by putting a cap on the time allowed for assistance with housekeeping tasks for Home Based Care consumers.

Description of Impact on Program(s) – BE SPECIFIC:

Cap time allowed for assistance with housekeeping tasks at 10 hours per month for Level I Home Based Care consumers and 12 hours for Level II consumers. The average time now is 13 and 15 hours per month respectively.

This change will affect 300+ current Home Based Care consumers who are receiving more hours monthly than the proposed new cap. Fewer hours will mean that families or friends will have to assume more responsibility for these tasks.

Does this Initiative have an impact on the 2006-2007 Biennium? (No) (No)
(please explain below)

DEPARTMENT OF HUMAN SERVICES
FY 2004-05 Proposed De-appropriation

Account/Program Name: Long-term Care

Program Purpose: Funds are used for the Home Based Care Program, which pays for personal care, housekeeping, nursing other needed in-home services in order to prevent or delay nursing home placement for eligible older and disabled adults. In sfy02 the program served 3873 persons at an average cost of \$3306 for a total expenditure of \$12.8 million. Cost-sharing is based on the consumer's income and assets. This program serves individuals who do not qualify financially or medically for MaineCare funded home care services. The current program waiting list is 700+ persons.

Proposed De-appropriation: The program establishes four "levels" of care, based on amount of support/assistance required. The proposed de-appropriation is based on savings resulting from capping the hours of housekeeping assistance available monthly to 10/12 hours respectively for consumers in Level I and Level II. Currently the average hours per month is 13/15 respectively.

Impact: Approximately 300 persons will be affected by the proposed change. It may mean that family or friends will assume some of these responsibilities.

	<u>FY 2003-04</u>	<u>FY 2004-05</u>
Appropriation or Allocation Increase / (Decrease):	<u>\$220,000</u>	<u>\$220,000</u>
Revenue Increase / (Decrease):	<u></u>	<u></u>
Transfer / Balance Adjustment Increase / (Decrease):	<u></u>	<u></u>

Description of Initiative: Cap time allowed for assistance with housekeeping tasks at 10 hours per month for Level I Home Based Care consumers and 12 hours for Level II consumers. The average time now is 13 and 15 hours per month respectively.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Human Services

Program Name: Health - Bureau of 0143

Account Number(s): 010-10A-0143-01 **Page # in Bill:** C-19

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	<u>(300,000)</u>	<u>(300,000)</u>
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides for the deappropriation of funds allocated to Healthy Start Home Visitations by utilizing Fund for Healthy Maine Tobacco Evaluation funds for this purpose.

Description of Impact on Program(s) – BE SPECIFIC:

The loss of \$300,000 in Tobacco Evaluation funds from the Fund for a Healthy Maine will negatively affect the ability to measure the impact of the multiple tobacco-related initiatives of the Fund for a Healthy Maine. Examples of the type of data obtained through evaluation include: regular updating of data related to adult and youth smoking rate (including detailed analysis of Maine Behavioral Risk Factor Surveillance System and Maine Youth Risk Behavior Surveys as well as implementation and analysis of special Adult and Youth Tobacco Surveys, which occur every four years on a staggered schedule); analysis of consumption data (determined by tobacco sales); evaluation of the impact of the Healthy Maine Partnership Community/School grants, including monitoring and analysis of policy changes in local communities; evaluation of the reach and impact of tobacco media; overall evaluation of impact of all components of the tobacco control program, including tobacco treatment through the Maine Tobacco Help Line.

Evaluation of the success of Maine's comprehensive tobacco control efforts is important both to monitor program success but also to assist program managers in adjusting allocations and priorities to assure effectiveness. Tobacco advocates will likely view this transfer of funds as a step away from the State's commitment to tobacco prevention and control.

Does this Initiative have an impact on the 2006-2007 Biennium? (No) (No)
(please explain below)

**Department of Human Services
FY 2004-2005**

Account/Program Name: Health – Bureau of 0143

FHM Evaluation Swap Healthy Families

The budget proposal replaces the \$300,000 in funds from the General Fund for Home Visitation with a portion of the Fund for a Healthy Maine dollars currently dedicated to evaluation of the tobacco control related activities.

Impact:

There will be no impact on Home Visitation services.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Human Services

Program Name: Health - Bureau of 0143

Account Number(s): 010-10A-0143-01 Page # in Bill: C-21

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

General Fund	(0.2)	(0.2)
Federal Funds	(2.5)	(2.5)
Other Special Revenue funds	(2.0)	(2.0)
Other (please specify)		

Appropriation or Allocation Increase / (Decrease):

General Fund	(27,354)	(28,436)
Federal Funds	(184,944)	(193,595)
Other Special Revenue funds	(103,223)	(106,713)
Other (please specify)		

Revenue or Balance Transfer Increase / (Decrease):

General Fund		
Federal Funds		
Other Special Revenue funds		
Other (please specify)		

Description of Initiative:

Provides for the deallocation of funds for one part time Public Health Nurse I position in the General Fund, two seasonal Chemist Assistant positions in the Health and Environmental Testing Lab's Other Special Revenue Fund account, one Nuclear Engineer Specialist position in the Other Special Revenue Fund account, a half-time Planning & Research Associate II position, one Nursing Education Consultant position, and one Public Health Veterinarian position in the Federal Project Grants account which will be given up in return for positions to support the Office of Public Health Emergency Preparedness and the Environmental Public Health Tracking Grant.

Description of Impact on Program(s) – BE SPECIFIC:

We have identified 8 positions that we could give up in exchange for having 8 new positions for public health emergency preparedness and the environmental health tracking grants.

Does this Initiative have an impact on the 2006-2007 Biennium? (Yes) (Yes)
(please explain below)

**Department of Human Services
FY 2004-2005**

Account/Program Name: Health – Bureau of 0143

Public Health Emergency (Bioterrorism) Funded Position Requests

As a result of terrorism concerns since 9/11/01, from April 2002 through August 2003 about \$9 million is being granted this 17-month period to Maine for public health emergency preparedness through the Bureau of Health from the Centers for Disease Control and Prevention (CDC) and Health Resources Services Administration (HRSA). Over \$10 million is expected to be granted for the period August 2003 – August 2004.

These funds come with a wide variety of requirements including:

1. Health Alert Network: Developing, implementing, and maintaining a Health Alert Network for two-way communication among health care providers on health information;
2. Public Health Data: Developing a system to tie together the state's various public health data sets and to make them more available to the public, especially to the health work force for improving their ability to work effectively;
3. Educating and Training of Health care Workers: Providing ongoing education and training of health care providers on health emergency issues;
4. Disease Surveillance: Developing and maintaining a system that will detect unusual levels of health problems such as outbreaks;
5. Laboratory Capacity: Improving the capacity of our public health laboratory to respond to biological and chemical public health problems;
6. Assessment and Planning: Assessing public health emergency readiness of hospitals, counties, and the state, then developing a plan to address assess gaps and implementing that plan.
7. Hospital Readiness: Assisting hospitals then other components of the health care delivery system to improve their preparedness for public health emergencies.

With these funds we have hired three people to distribute and manage these funds and functions, which includes about 60 contracts. However, we have discovered that with the wide variety of demands on these people and the functions required by these funds, we cannot possibly be in compliance with the grant requirements. Therefore, we are asking for five new positions, and, though difficult, are willing to give up five other Bureau of Health currently vacant positions to compensate for this increased line count.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Human Services

Program Name: Bureau of Medical Services 0129

Account Number(s): 010, 013 & 014-10A-0129-01 Page # in Bill: C-22

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

General Fund		
Federal Funds		
Other Special Revenue funds		
Other (please specify)		

Appropriation or Allocation Increase / (Decrease):

General Fund	<u>100,000</u>	
Federal Funds	<u>750,000</u>	
Other Special Revenue funds	<u>400,000</u>	
Other (please specify)		

Revenue or Balance Transfer Increase / (Decrease):

General Fund		
Federal Funds		
Other Special Revenue funds		
Other (please specify)		

Description of Initiative:

Provides for the appropriation and allocation of funds, from a disencumbered prior year General Fund contract that will lapse back to the General Fund and Certificate of Need (CON) funds used for state match, for the continuation of the development and implementation of the Medicaid Claims Management System (MECMS) for the MaineCare Program.

Description of Impact on Program(s) – BE SPECIFIC:

The Department of Human Services (DHS) requires \$500,000 to complete the MECMS project in FY04; replace the functions on the DHS WELFRE system; and replace the MaineCare voice response system.

DHS restructured the MECMS project to deliver the absolute minimum required system for federal system certification, but still requires \$200,000 to complete the project. DHS also uses other software on the same computer system that contains the current Medicaid claims processing system. DHS must replace this "gap" in capability before deactivating the DHS WELFRE system. The estimated state cost to replace this remaining critical software is \$250,000. Finally, DHS has competitively selected a vendor to provide MaineCare voice response services to replace the current leased system. The current voice response system is no capable of accessing MECMS. The net cost difference to activate this system in FY 04 is \$50,000. On-going service costs in future years is equal to the current system lease cost.

DHS proposes to fund the state \$500,000 portion of these projects in two ways. First, allocating \$400,000 from the Certificate of Need other special revenue in the Bureau of Medical Services (BMS) account. Second, un-encumber \$100,000 from the NL Partners media account and re-encumber the money towards the MECMS contract.

Does this Initiative have an impact on the 2006-2007 Biennium? (No) (No)
(please explain below)

MAINE CLAIMS MANAGEMENT SYSTEM (MECMS)

OVERVIEW

The purpose of this document is to provide an overview, objectives, and current status of the Department of Human Services (DHS) Bureau of Medical Services (BMS) MECMS project. MECMS replaces and expands the current batch processing mainframe environment that was designed, developed, and implemented in the late 1970's. In April 2001, DHS awarded a contract to a quality assurance vendor, GovConnect, to provide independent project risk assessment, management assistance, and oversight of an implementation vendor for the project. In September 2001, DHS competitively awarded a contract to Client Network Services, Inc. (CNSI) to develop, test, and implement MECMS. DHS anticipates successful completion of the system and implementation in calendar year 2003.

OBJECTIVES

The objectives of the MECMS project are to develop and implement a State-owned web-based Maine Medicaid Management Information System (MMIS) to replace the current Medicaid claims processing system and provide added functionality to enhance the operations and management of the MaineCare Program. The system includes development of claims processing subsystem; integration of a commercially available financial subsystem; and the development of a decision support subsystem to analyze the effectiveness of the MaineCare Program. DHS plans to implement a system to rapidly accommodate changing business requirements and to support the partnership of DHS and the Department of Behavioral and Developmental Services around the provision of behavioral health. The web-based infrastructure of the system will provide thousands of MaineCare providers throughout Maine a cost effective method of submitting claims to the State and tracking status for payment. The system implemented must also be compliant with the Health Insurance Portability and Accountability Act (HIPAA). HIPAA applies to health plans (Medicaid), health providers, and clearinghouses and requires the administrative simplification of electronic data exchange through standardization. The HIPAA rule for implementation of standard transactions and service code sets is October 16, 2003. The system must also be certified by the Centers for Medicare and Medicaid Services (CMS) following implementation to receive federal match funding for the system operational costs.

STATUS

DHS has completed many major project milestones including approval of an Advance Planning Document to secure federal funding for the project, and the completion of the system requirements and design.

Currently, DHS is nearing completion of the project development phase with CNSI. The end of the development phase includes the DHS approval to move into the test phase with an initial group of MaineCare providers followed by acceptance testing and implementation of the entire system.

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Human Services

Program Name: Medical Care Payments to Providers 0147

Account Number(s): 010-10A-0147-01 Page # in Bill: 49/50

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	<u>(3,786,812)</u>	<u>(4,396,942)</u>
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides for the deappropriation and transfer of MaineCare funds from the Department of Human Services to the Department of Behavioral and Developmental Services for services to individuals who are Eligible for Maine Care.

Description of Impact on Program(s) – BE SPECIFIC:

The non-categorical or childless adult MaineCare Waiver that was passed into law in 2002 put the entire Mainecare seed into the Medical Care Payments to Providers account. This item transfers the seed for the services traditionally managed by the Department of behavioral and Developmental Services to that Department. This transfer will allow for better coordination of service and better outcomes.

Does this Initiative have an impact on the 2006-2007 Biennium?

(Yes) (Yes)
 (please explain below)

**MaineCare CASELOAD, SFY 2003
Maine Department of Human Services**

	Traditional Medicaid	S-CHIP		Medicaid Expansion Parents	Childless Adult Waiver	SUBTOTAL	Healthy Maine Rx	TOTAL
		Medicaid Expansion	"Cub Care"					
Jul-02	174,393	9,208	4,069	14,330	0	202,000	112,071	314,071
Aug-02	175,329	9,199	4,065	14,425	0	203,018	112,430	315,448
Sep-02	176,047	8,442	4,061	13,147	0	201,697	112,897	314,594
Oct-02	181,134	8,294	4,079	13,500	2,846	209,853	111,811	321,664
Nov-02	184,050	8,328	4,307	14,245	5,571	216,501	110,778	327,279
Dec-02	185,859	8,415	4,449	14,379	7,774	220,876	109,864	330,740
Jan-03	190,665	7,954	4,575	13,727	10,036	226,957	108,851	335,808
Feb-03	190,905	8,414	4,619	14,665	11,535	230,138	107,025	337,163
Mar-03	192,472	8,504	4,684	14,778	12,845	233,283	102,669	335,952
Apr-03	193,887	8,413	4,752	14,778	13,719	235,549	98,551	334,100
May-03								
Jun-03								

+ 150%

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Human Services

Program Name: Medical Care – Payment to Providers 0147

Account Number(s): 010 / 013-10A-0147-01 **Page # in Bill:** C-23

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	<u>700,000</u>	<u>700,000</u>
<u>Federal Funds</u>	<u>1,362,615</u>	<u>1,362,429</u>
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides for the appropriation and allocation of funds associated with re-establishing partial rate increases for MaineCare medical and remedial private non-medical institutions, private duty nursing and personal care, elderly and adults with disabilities waiver, adult day health care and adult family care providers that were reduced in P.L. 2001 chapter 51.

Description of Impact on Program(s) – BE SPECIFIC:

This retroactive rate increase that was eliminated in chapter 51 amounted to \$1,614,000 in fiscal year 2003 \$1,400,000 is being added back in over a two year period. Approximately \$1.2 million will be allocated to Medical and Remedial PNMI and Adult Family Care Homes. The balance will be used for MaineCare home care program. The difference between the \$1.6 mil. and the \$1.4 mil. is being appropriated to the Home Based Care account to provide for the same one-time supplemental rate increases for that program.

Does this Initiative have an impact on the 2006-2007 Biennium?

(No) (No)
(please explain below)

Distribution of \$1.6 Million (State)

Medical and Remedial PNMI/Adult Family Care		1,215,949
Private Duty Nursing/Personal Care Services - Kids		53,510
Home Health Agencies	\$ 45,484	
Private Duty Nursing	\$ 8,027	
Private Duty Nursing/Personal Care Services - Adults		172,300
Home Health Agencies	\$ 69	
Private Duty Nursing	\$ 172,231	
Elderly Waiver/Adults with Disabilities Waiver		142,053
Elderly Waiver	\$ 92,334	
Adults with Disabilities Waiver	\$ 49,719	
Day Health Services		30,188
		1,614,000

**2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs**

Department/Agency Name: Human Services

Program Name: Medical Care – Payment to Providers 0147

Account Number(s): 010 / 013-10A-0147-01 **Page # in Bill:** C-24

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	<u>(200,000)</u>	<u>(200,000)</u>
<u>Federal Funds</u>	<u>(389,275)</u>	<u>(389,275)</u>
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides for the deappropriation and deallocation of funds due to a reduction in the Physician Incentive Program (PIP) payments.

Description of Impact on Program(s) – BE SPECIFIC:

This reduction requires MaineCare to save an additional \$200,000 in SFY 04 and SFY 05. The Department proposes to meet this reduction by reducing the Primary Care Physician Incentive Payment (PCPIP) by another 20% on top of the 50% (\$500,000) reduction in P.L.2001 Chapter 20. The PCPIP is distributed on a quarterly basis to an average of 640 primary care providers with payment ranging between \$900.00 and \$2200.00 depending upon the specialty of the primary care provider. 30% of the original payment will remain \$270 - \$660.

Does this Initiative have an impact on the 2006-2007 Biennium?

(No) (No)
(please explain below)

DEPARTMENT OF HUMAN SERVICES

FY 2004-2005

MaineCare Managed Care Payment Changes Impact-DRAFT

Proposed PCPIP De-appropriation Impact: 388 Managed Care Primary Care Practice Sites (625 physicians) Receive A PIP Payment Each Quarter

Average Payment Per Year Per Site

- SFY 02 (100%): \$74,000
- SFY 03 (66%): \$41,625
- SFY 04/05 (proposed) (30%): \$22,200

Changes to Physician Reimbursement Expressed as a Percent of Charges for PIP and Management Fee reductions

Management fee (per member per month)	PCPIP Payment Level		
	SFY 2002 (100%)	SFY 2003 (66%)	SFY 2004/05 (30%)
\$3.00	47%	45%	43%
\$2.50	46%	44%	42%

- At 100% of PIP and \$3.00 management fee (SFY 02), payment to providers as percentage of billed amount was 47%
- With the current reduction in the management fee to \$2.50 and the additional PCPIP reduction (to 30% of SFY 02 level), payments to physicians as a percentage of billed amount will average approximately 42%

Impact of PCCM Benefit on Quality Indicators using Standardized Quality Measure (HEDIS)

Children's Access to Primary Care Providers 12 to 24 months

Managed Care - 98%
Fee for Service - 94%

Children's Access to Primary Care Providers 25 months to 6 years

Managed Care - 89%
Fee for Service - 73%

Adult Access to Preventive/Ambulatory Health Services

Managed Care - 86%
Fee for Service - 77%

Cervical Cancer Screening

Managed Care - 74%
Fee for Service - 53%

Diabetes HgA1C

Managed Care - 88%
Fee for Service - 57%

MaineCare Managed Care Payment Changes-DRAFT

MaineCare Managed Care is a managed care benefit called Primary Care Case Management (PCCM). Currently 127,000 MaineCare members are enrolled in this benefit and approximately 1,300 physicians participate at 453 sites. This benefit provides a "medical home" for members where one physician provides the majority of their medical care and coordinates the rest. This strategy improves the quality of care by recognizing and rewarding systematic, best practice chronic care and preventative healthcare management. By emphasizing access and prevention efforts, the focus is on payments to reward practices that work to maintain wellness rather than those that treat only illness episodically as it worsens. In this model, MaineCare members choose a Primary Care Physician or PCP. This PCP provides primary care services to the member such as preventative physicals and immunizations, as well as visits for mild illnesses and injuries. In addition, they coordinate all aspects of a member's healthcare including hospital and specialty care by providing referrals for these services. In SFY 04/05, PCPs will receive a management fee of \$2.50 per member per month (PMPM) to serve this role (reduced from \$3.00 PMPM in SFY 03).

This program also has an integral quality component that not only informs physicians on how they perform on various quality measures, but rewards providers financially who perform well on these measures. Each physician receives a report quarterly that shows how their performance compares to other physicians in their specialty on a variety of quality measures. Some measures included are: lead testing rates, pap smear and mammogram rates, percent of patients repeatedly using the emergency room, pre-natal care, well-child visits, and appropriate diabetes care. The Primary Care Physician Incentive Payment (PCPIP) is a payment sent quarterly to the physician based on the results of these quality as well as access indicators.

The payment has consisted historically of \$1,000,000 in state funds (\$3,000,000 total) distributed among the physicians scoring in the top 80% of their specialty based on utilization and quality measures. Payments vary between \$800.00 and \$2000.00 per primary care provider each quarter, with 20% of physician's receiving no payment. In SFY 03, the first three PCPIP payments were reduced by 25%, and the fourth payment was eliminated resulting in the average payment to practices decreasing from \$74,000/year in SFY 02 to \$41,625 for SFY 03 (44% decrease).

Compared to the original SFY 02 funding level, this proposal will reduce the PCPIP by 70% resulting in an average payment of \$22,200 per PCP site or a decrease of \$51,800/year.

The impact of these various changes is summarized on the following page.

**2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs**

Department/Agency Name: Human Services

Program Name: Medical Care – Payment to Providers 0147

Account Number(s): 010 / 013-10A-0147-01 **Page # in Bill:** C-24

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	<u>300,000</u>	<u>300,000</u>
<u>Federal Funds</u>	<u>583,912)</u>	<u>583,912</u>
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides for the appropriation and allocation of funds to partially re-establish the scope of adult transportation services and the rates paid for adult transportation reduced in P.L. 2001 chapter 20.

Description of Impact on Program(s) – BE SPECIFIC:

In Chapter 20, the scope of Adult transportation was reduced saving \$1,000,000 (state) per year in the next biennium.

Transportation services are provided to ensure MaineCare members are able to reach medically necessary services. There are 13 full-service transportation providers, while an additional 14 agencies provide wheelchair service. In addition to providing direct services, these agencies arrange volunteer vehicles, public transportation and reimburse MaineCare members at \$0.15/mile for use of their own vehicle when appropriate. In addition, members who travel out of state for certain services are reimbursed for their expenses at the state per-diem rate. All services that are provided that are beyond a member's "home area" require prior authorization.

Transportation providers bill a "base rate" for each trip they arrange. This rate has been determined ased on the provider's costs and varies between \$4.00 and \$9.98 for arranging a single one-way trip. They are then also reimbursed for the actual transportation provided.

Continued

This proposal restores \$300,00 (state) of the original reduction. If this proposal were accepted, the reduction would now be \$700,000 (state)

Does this Initiative have an impact on the 2006-2007 Biennium? (No) (No)
— (please explain below)

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Jan 03
T042 Analysis

Provider Name	Code	Procedure Description	Units of Service	Amount Paid	Avg Cost Per Unit	Approved Rate	Savings	% Cut to Providers < \$7.00	Total Savings
		PROVIDER BASE						4.00%	
AROOSTOOK REG TRANSPOR	T042	RATE(1 WAY TRIP)	268	\$ 1,431.12	\$ 5.34	\$ 5.34	\$ (57)		\$ (57)
COASTAL TRANS INC	T042	PROVIDER BASE RATE(1 WAY TRIP)	2337	\$ 18,929.70	\$ 8.10	\$ 8.10	\$ (2,571)		\$ (2,571)
COMMUNITY CONCEPTS INC	T042	PROVIDER BASE RATE(1 WAY TRIP)	12257	\$ 89,234.04	\$ 7.28	\$ 7.28	\$ (3,432)		\$ (3,432)
K V C A P	T042	PROVIDER BASE RATE(1 WAY TRIP)	10085	\$ 63,636.35	\$ 6.31	\$ 6.31	\$ (2,545)		\$ (2,545)
PENQUIS C A P INC	T042	PROVIDER BASE RATE(1 WAY TRIP)	7354	\$ 53,537.12	\$ 7.28	\$ 7.28	\$ (2,059)		\$ (2,059)
REGIONAL TRANS INC	T042	PROVIDER BASE RATE(1 WAY TRIP)	7265	\$ 38,699.85	\$ 5.33	\$ 5.37	\$ (1,561)		\$ (1,561)
ROBERT ZUSCHLAG	T042	PROVIDER BASE RATE(1 WAY TRIP)	21	\$ 81.48	\$ 3.88	\$ 3.88	\$ (3)		\$ (3)
WALDO COUNTY COMM FOR	T042	PROVIDER BASE RATE(1 WAY TRIP)	2285	\$ 14,144.15	\$ 6.19	\$ 6.19	\$ (566)		\$ (566)
WASHINGTON HANCOCK	T042	PROVIDER BASE RATE(1 WAY TRIP)	4119	\$ 39,343.80	\$ 9.55	\$ 9.70	\$ (11,121)		\$ (11,121)
WEST TRANSP INC	T042	PROVIDER BASE RATE(1 WAY TRIP)	3	\$ 11.64	\$ 3.88	\$ 3.88	\$ (0)		\$ (0)
WESTERN MAINE TRANS	T042	PROVIDER BASE RATE(1 WAY TRIP)	6042	\$ 54,800.94	\$ 9.07	\$ 9.07	\$ (12,507)		\$ (12,507)
YORK COUNTY COMMUNITY	T042	PROVIDER BASE RATE(1 WAY TRIP)	5541	\$ 44,882.10	\$ 8.10	\$ 8.10	\$ (6,095)		\$ (6,095)
Savings for single month							\$ (4,733)		\$ (42,518)
# months per year							12		12
Estimated Savings 12 months							\$ (56,793)		\$ (510,214)
State Share							\$ (19,274)		\$ (173,154)

SFY 03 Transportation Analysis

Code	Procedure Description	Actual for 37 wks			Projected for 52 wks			Realized Savings	
		Units	Amt Pd	Avg CPU	Units	Amt Pd	Avg CPU	Based on % Cut	
								5.79%	
T042	PROVIDER BASE RATE(1 WAY TRIP)	505,519	\$ 3,664,902	\$ 7.25	710,459	\$ 5,150,673	\$ 7.25	\$	-
T033	VOLUNTEER VEHICLE	8,785,099	\$ 2,630,978	\$ 0.30	12,346,626	\$ 3,697,591	\$ 0.30	\$	(214,091)
T043	FAMILY VEHICLE	8,015,753	\$ 1,202,040	\$ 0.15	11,265,383	\$ 1,689,353	\$ 0.15	\$	(97,814)
T012	WHEELCHAIR VAN SERVICE; DOOR THRU DOOR	445,119	\$ 774,015	\$ 1.74	625,573	\$ 1,087,805	\$ 1.74	\$	(62,984)
T029	PROVIDER AGENCY CONTROLLED VEHICLE	1,063,707	\$ 718,751	\$ 0.68	1,494,940	\$ 1,010,136	\$ 0.68	\$	(58,487)
T015	WHEELCHAIR VAN DOOR THRU DOOR BASE RATE	34,844	\$ 536,159	\$ 15.39	48,970	\$ 753,521	\$ 15.39	\$	(43,629)
T036	TAXI(NOT AVAIL FOR 7 DAY CLINIC SVC	104,802	\$ 407,319	\$ 3.89	147,289	\$ 572,448	\$ 3.89	\$	-
T027	PROVIDER BASE RATE(ROUND TRIP)	27,153	\$ 274,492	\$ 10.11	38,161	\$ 385,773	\$ 10.11	\$	-
T034	COMMON CARRIER LOCAL FIXED BUS RT/FERRY	6,750	\$ 193,499	\$ 28.67	9,486	\$ 271,945	\$ 28.67	\$	-
T030	SHARED RIDE ON AGENCY CONTROLLED VEHICLE	282,470	\$ 152,533	\$ 0.54	396,985	\$ 214,370	\$ 0.54	\$	(12,412)
T040	RELATED TRAVEL EXPENSES	1,085	\$ 117,572	\$ 108.36	1,525	\$ 165,236	\$ 108.36	\$	-
T028	SHARED PROVIDER BASE RATE	14,420	\$ 86,582	\$ 6.00	20,266	\$ 121,682	\$ 6.00	\$	-
T041	PROVIDER BASE RATE 7 DAY CLINIC	336,979	\$ 82,208	\$ 0.24	473,592	\$ 115,536	\$ 0.24	\$	(6,690)
T039	TOLLS & FEES	16,928	\$ 35,075	\$ 2.07	23,791	\$ 49,295	\$ 2.07	\$	-
T035	COMMON CARRIER NOT RT BUS,FERRY,TAXI	345	\$ 16,443	\$ 47.66	485	\$ 23,109	\$ 47.66	\$	-
T038	ATTENDANT ON COMMON CARRIER NOT TAXI	6,127	\$ 7,970	\$ 1.30	8,611	\$ 11,200	\$ 1.30	\$	-
T014	WHEELCHAIR VAN SER CURBSIDE BASE RATE	106	\$ 194	\$ 1.83	149	\$ 273	\$ 1.83	\$	(16)
T011	WHEELCHAIR VAN SERVICE; CURBSIDE	58	\$ 70	\$ 1.20	82	\$ 98	\$ 1.20	\$	(6)
			\$ 10,900,800			\$ 15,320,044		\$	(496,127)
	BDS Seeded								
T017	AGENCY CONTROLLED VEHICLE TO DAY HAB	1,117,556	\$ 1,113,810	\$ 1.00	1,570,619	\$ 1,565,355	\$ 1.00		
T019	VOLUNTEER VEHICLE TO DAY HAB	921,690	\$ 724,715	\$ 0.79	1,295,348	\$ 1,018,518	\$ 0.79		
T018	FAMILY VEHICLE TO DAY HAB	16,026	\$ 8,013	\$ 0.50	22,523	\$ 11,262	\$ 0.50		
			\$ 1,846,538			\$ 2,595,134			
	Total		\$ 12,747,338			\$ 17,915,178			

**Transportation
FY02 - FY 05**

Category of Service	FY 02 Actuals	FY 03 Estimates	FY 04 Budgeted	FY 05 Budgeted
Transportation	\$ 16,430,480	\$ 18,210,574	\$ 20,018,774	\$ 20,845,059

FY04/FY05 Transportation Biennium Budget Reductions

Establish \$7.00 Base Rate Cap (For Providers Over \$7)	\$ (453,421)	\$ (453,421)
4% Cut in Base Rate (For Providers Under \$7)	\$ (56,793)	\$ (56,793)
5.79% Cut to other services (All Providers)	\$ (496,127)	\$ (496,127)

Adjusted Total - After Budget Reductions	\$ 19,012,433	\$ 19,838,718
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2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Human Services

Program Name: Medical Care – Payment to Providers 0147

Account Number(s): 010 / 013-10A-0147-01 **Page # in Bill:** C-24

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>	<u>(502,000)</u>	
<u>Federal Funds</u>	<u>(977,081)</u>	
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Provides for the deappropriation and deallocation of funds from a settlement due to inappropriate prescription drug re-labeling and repackaging practices by the Pharmaceutical Manufacturing Company Bayer.

Description of Impact on Program(s) – BE SPECIFIC:

This deappropriation is possible because of a recently settled court case in which MaineCare was awarded approximately \$502,000 due to inappropriate prescription drug re-labeling and repackaging practices by the Pharmaceutical Manufacturing Company Bayer. These inappropriate practices caused MaineCare to be over billed by the company. There is no impact on programs or clients associated with this initiative.

Does this Initiative have an impact on the 2006-2007 Biennium? (No) (No)
(please explain below)

Total Bayer state overpayments: \$593,489.12

Restitution:	\$321,452.32
Penalties to BMS:	\$181,357.87
*Penalties to MFCU:	<u>\$ 90,678.93</u>
Total:	\$593,489.12

Restitution and Penalties: \$502,810.19

*MFCU: Medicaid Fraud Control Unit

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Human Services

Program Name: Nursing Facilities 0148

Account Number(s): 010 / 013-10A-0148-01 Page # in Bill: C-24

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

General Fund		
Federal Funds		
Other Special Revenue funds		
Other (please specify)		

Appropriation or Allocation Increase / (Decrease):

General Fund	949,200	949,200
Federal Funds	1,849,680	1,849,680
Other Special Revenue funds		
Other (please specify)		

Revenue or Balance Transfer Increase / (Decrease):

General Fund	400,000	400,000
Federal Funds		
Other Special Revenue funds		
Other (please specify)		

Description of Initiative:

Provides for the appropriation and allocation of funds required to increase reimbursement rates for municipally owned nursing facilities.

Description of Impact on Program(s) – BE SPECIFIC:

Federal Law limits what states can pay nursing homes to no more than what Medicare pays the nursing home. Medicare currently pays more than MaineCare at all Maine nursing homes.

This item raises the rates paid to Maine's only municipally funded nursing facility to the Medicare rate. This means that the Barron Center will be paid an additional \$400,000 next year.

Federal law also allows government entities to transfer funds through an Intergovernmental Transfer. This item has the City of Portland transferring \$333,333 of the increase back to the State. The City of Portland would "net" \$66,667.

The state would use \$133,333 to seed the increase and the state would "net" \$200,000. The other \$815,867 is the General Fund appropriation that was omitted in Chapter 20.

Does this Initiative have an impact on the 2006-2007 Biennium? (No) _____ (No) _____
(please explain below)

**Barron Center
7/1/00 - 6/30/01
Medicare Revenue and units of Service**

	Per F.S.	Per Mark Fisher
1. SNF Routine Medicare per City of Portland detailed trial balance as of 9/25/01	\$ 401,699.48	
2. Medicare days of service per 6/30/01 Medicaid cost report	<u>2,366</u>	<u></u>
3. Average Medicare rate per day	\$ 169.78	\$ 204.00 Average Medicare per Mark
4. Audited Medicaid rate per day for 6/30/01	<u>\$ 123.68</u>	<u>\$ 149.95</u> rate including tax adjustments
5. Difference	\$ 46.10	\$ 54.05
6. Medicaid days of service per 6/30/01 Medicaid audit report	<u>53,493</u>	<u>53,493</u>
7. Additional amount due from State	<u>\$ 2,466,027</u>	<u>\$ 2,891,297</u>
8. Less amount kept by Barron Center	<u>\$ 500,000</u>	<u>\$ 500,000</u>
9. Amount paid back to State	\$ 1,966,027	\$ 2,391,297
10. Less seed needed for line 7	<u>\$ 823,653</u>	<u>\$ 965,693</u>
11. Net increase to State	<u>\$ 1,142,374</u>	<u>\$ 1,425,604</u>

2004-2005 "Part 2" Budget Bill
Departmental Impact Form
Joint Standing Committee on Appropriations and Financial Affairs

Department/Agency Name: Human Services

Program Name: Interdepartmental Transfer

Account Number(s): Sec. P-2 **Page # in Bill:** 16

FY 2003-04

FY 2004-05

Position or FTE Increase [i.e. (0.000)] / Decrease [i.e.(-0.000)]:

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Appropriation or Allocation Increase / (Decrease):

<u>General Fund</u>		
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Revenue or Balance Transfer Increase / (Decrease):

<u>General Fund</u>	<u>400,000</u>	<u>400,000</u>
<u>Federal Funds</u>		
<u>Other Special Revenue funds</u>		
<u>Other (please specify)</u>		

Description of Initiative:

Sec. P-2. PL 2003, c.51 Pt. H, §7, is amended to read:

The Commissioner of Administrative and Financial Services shall annually establish the amount that must be transferred from the City of Portland as an intergovernmental transfer. The amounts that must be transferred to the State as undedicated General Fund revenue from the City of Portland must be \$1,000,000 in fiscal year 2002-03 and must be at least ~~\$2,000,000~~ \$2,400,000 in fiscal year 2003-04 and at least ~~\$2,000,000~~ \$2,400,000 in fiscal year 2004-05.

Description of Impact on Program(s) – BE SPECIFIC:

Federal Law limits what states can pay nursing homes to no more than what Medicare pays the nursing home. Medicare currently pays more than MaineCare at all Maine nursing homes.

This item raises the rates paid to Maine's only municipally funded nursing facility to the Medicare rate. This means that the Barron Center will be paid an additional \$400,000 per year.

Federal law also allows government entities to transfer funds through an Intergovernmental Transfer. This item has the City of Portland transferring \$333,333 of the increase back to the State. The City of Portland would "net" \$66,667.

The state would use \$133,333 to seed the increase and the state would "net" \$200,000. The other \$815,867 is the General Fund appropriation that was omitted in Chapter 20.

Does this Initiative have an impact on the 2006-2007 Biennium? (Yes) (Yes)
 (please explain below)

Barron Center
7/1/00 - 6/30/01
Medicare Revenue and units of Service

	Per F.S.	Per Mark Fisher	Excluding Ancillaries
1. SNF Routine Medicare per City of Portland detailed trial balance as of 9/25/01	\$ 401,699.48		
2. Medicare days of service per 6/30/01 Medicaid cost report	<u>2,366</u>		
3. Average Medicare rate per day	\$ 169.78	\$ 204.00	Average Medicare per Mark \$ 167.75
4. Audited Medicaid rate per day for 6/30/01	<u>\$ 123.68</u>	<u>\$ 149.95</u>	rate including tax adjustments <u>\$ 149.95</u>
5. Difference	\$ 46.10	\$ 54.05	\$ 17.80
6. Medicaid days of service per 6/30/01 Medicaid audit report	<u>53,493</u>	<u>53,493</u>	<u>53,493</u>
7. Additional amount due from State	<u>\$ 2,466,027</u>	<u>\$ 2,891,297</u>	<u>\$ 952,175</u>
8. Less amount kept by Barron Center	<u>\$ 500,000</u>	<u>\$ 500,000</u>	<u>\$ 500,000</u>
9. Amount paid back to State	\$ 1,966,027	\$ 2,391,297	\$ 452,175
10. Less seed needed for line 7	<u>\$ 823,653</u>	<u>\$ 965,693</u>	<u>\$ 318,026</u>
11. Net increase to State	<u>\$ 1,142,374</u>	<u>\$ 1,425,604</u>	<u>\$ 134,149</u>

Department of Human Services
Part II Budget Worksession
5/14/2003
Answers to 5/7/03 AFA Questions

Q. Rep Dudley - TANF - Caseload assumptions compared to economic growth assumptions. What is the basis for the projection that \$2 M would be available in the TANF account?

A. We did not base the projection on just one factor but the combination of factors with recognition that these factors can occur in either '04 or '05 or both and still result on '05 savings. These factors are:

- 1) Of the current caseload of 12,400, some 3,000 are working. The current average wage at placement is \$7.80 which is up from \$7.25 by 55¢. Due to income disregards if only ½ (or 25¢) is used as countable income upon which grants are calculated, the savings in the grants are roughly \$1.2M.
(½ of 50¢ x 30hr x 52 weeks for 3000 cases = \$1.2M)
- 2) Monthly expenditures are lower than we projected in the Part I. Expenditures are running at under \$4.8M for a 6 month average.
\$4,850,000 Part I projection
4,800,000 Part II projection
\$ 50,000 a month
 x12
\$ 600,000
- 3) For '02 the TANF account had a one time \$2M deallocation due to caseload savings. The deallocation was not made for '04 & '05 because the caseloads were projected to have a steady increase with no decreases. That \$2M remained allocated to cover caseload increases that exceeded the projections. While there have been caseload increases the caseloads also had some unexpected decreases. We anticipate similar experiences in '04 & '05.
- 4) See attached SPO projections (*Dudley A, page 6*) for '04 employments. Increased employments will impact TANF caseloads and benefit expenditures.
- 5) In January the minimum wage increased to \$6.25. Because this impacts the countable income for a family, the TANF benefits and expenditure will decrease.

Q. Rep. Pingree, Rep Faircloth -- TANF - What steps will be taken if deappropriation\deallocation is taken but caseload does not decrease.

A.

- Evaluate the TANF Transfers to the Child Care Development Fund
(If fewer TANF recipients go to work, reduced need to TANF Transfer to Transitional Child Care)
- Evaluate the Child Support Welfare Collections
(If the TANF caseload does not reduce, the Child Support Welfare Collection MAY be higher due to the larger TANF caseload)
- Look at services to determine if fee structure could be restructured
- Limit enrollment into ASPIRE
(There would be NO reduction in PaS because PaS is state funded and there is no reduction)
- Request additional funds for either Community Intervention or TANF
- Reduce monthly TANF Benefits

Q. Rep Rosen - NF Tax -- increase for LTC providers -- distribution of additional \$800 K and existing \$1.6 million per year.

A. See attachments – *Rosen A (page 7)* is the \$800,000 and *Rosen B (page 8)* is the \$1.6 million.

Q. Rep Dudley -- FHM - Details of reductions in FHM evaluation funding

A. The budget proposal replaces the \$300,000 in funds from the General Fund for Home Visitation with a portion of the Fund for a Healthy Maine dollars currently dedicated to evaluation of the tobacco control related activities. There will be no impact on Home Visitation services.

Funding for Tobacco Evaluation from the Fund for a Healthy Maine will be reduced from \$1.1 million to \$800,000. Evaluation includes the following activities: regular updating of data related to adult and youth smoking rate (including detailed analysis of Maine Behavioral Risk Factor Surveillance System and Maine Youth Risk Behavior Surveys as well as implementation and analysis of special Adult and Youth Tobacco Surveys, which occur every four years on a staggered schedule); analysis of consumption data (determined by tobacco sales); evaluation of the impact of the Healthy Maine Partnership Community/School grants, including monitoring and analysis of policy changes in local communities; evaluation of the reach and impact of tobacco media; overall evaluation of impact of all components of the tobacco control program, including tobacco treatment through the Maine Tobacco HelpLine.

Evaluation of the success of Maine's comprehensive tobacco control efforts is important both to monitor program success and also to assist program managers in adjusting allocations and priorities to assure effectiveness. The reduction will primarily impact the evaluation of specific local program and grantee activities. The rest of the evaluation activities will continue with little impact.

Q. Rep. Dudley -- FHM - Summary of programs getting both GF and FHM funds.

A. The Drugs for the Elderly Program, providing MaineCare coverage for children and parents of children on the Cub Care/Expanded MaineCare program, providing MaineCare coverage for certain pregnant persons, and dental care to low income people.

Cardiovascular Health: no GF; previously had \$20,000 allocated that was eliminated through cuts in the past two rounds.

Partnership For A Tobacco-Free Maine: no GF; only FHM dollars from state

Oral Health: Approximately \$185,000 supports primary prevention of oral disease and promotion of oral health through the school oral health program, including fluoride. The purpose of the FHM dollars for Oral Health are completely different, focusing on access to care through provision of sliding fees and development of infrastructure to assure services for underserved populations.

Teen and Young Adult Health/Community Family Planning: Approximately \$210,000 supports comprehensive family life education. In contract, the FHM dollars support family planning outreach to at-risk populations.

The Purchased Services funding is distributed as follows:

- Child Care Resource & Referral: \$154,305 to 11 agencies
- 12 to 15 year old programs: \$ 652,357 to 18 programs
- Odd Hours child care: \$ 995,626 to 11 voucher agencies
- School-age child care: \$ 546,706 to 11 voucher agencies
- Infant/toddler/preschool child care: \$1,285,612 to 11 voucher agencies
- Child Care for At-Risk Families: \$ 175,014 to 11 voucher agencies
- Funds to improve quality: \$ 27,615 TO 11 voucher agencies

All but the 12 to 15 Year Old programs receive General Funds as well.

Head Start: \$1,350,000 in FHM supports the expansion of Head Start programming to full day, year round service availability. The Head Start agencies also receive \$2,229,611 in State Head Start funds.

The Fund for Healthy Maine component of the Community Services Center provides a portion of the child care and residential services licensing, and institutional abuse investigation functions within the Division of Licensing. The Fund for Healthy Maine – Service Center account supports:

- 2 Child Care licensing staff
- 2 Institutional Abuse Investigators
- 2 Residential Services licensing staff (new positions in FY2003; support staff positions upgraded)

- 1 Human Services Aide II – provides support services for Residential licensing unit, Institutional Abuse unit, and backup for child care licensing support staff.

These positions are necessary to help ensure the safety of children in licensed facilities by reducing child care and residential services licensing, and institutional abuse investigations.

For FY2004, State General Funds are allocated for other staff performing the above functions, as follows:

- 7 Child Care licensing staff
- 1 Child Care Supervisor (supervises 8 licensing staff)
- 4 Institutional Abuse Investigators
- 1 Residential Services licensing staff

Q. Sen. Turner - FHM - GF dollars remaining in Healthy Families (??)

A. None

Q. Rep Rosen - MECMS - When will MECMS be completed (10/1/03 ?) When do we get federal approval\certification (6 months after operational ?)

A. MECMS is scheduled to be on line in October, 2003. Federal Certification and Approval is estimated for April 2004. The Centers for Medicare and Medicaid Services (CMS) will review MECMS for federal certification six months after a written request by the State. The State must have the system fully implemented prior to sending the request, so the earliest date for certification is six months after completion of the project. CMS normally provides conditional certification after the actual review. This allows the State to claim 75% federal matching funds for system operational costs retroactive to the implementation date of the system.

Q. Rep Brannigan -- PNMI - additional information on PNMI proposal -- what PNMI's are affected, when, impact on what PNMI's are currently being asked to do?

A. The proposal only affects medical and remedial PNMI's seeded by the Department of Human Services. Children's PNMI's, Substance Abuse PNMI's and Adult Mental Health PNMI's are not affected by the proposal. The proposal is estimated to begin in January of 2004. The effect on the facility is that more money will come from MaineCare and less will be coming from the member (through the State Supplemental Payment). There remain a few unresolved issues of distribution between the facilities, but this proposal should have less administrative burden than the current system.

Q. Rep. O'Brien -- Mental Health Parity -- Why do all mental health parity recoveries go to DHS.

- A. The recoveries will go to whichever agency seeded the services. All projections indicate that most of the services covered under a bill creating "parity" with physical health are currently seeded by DHS.

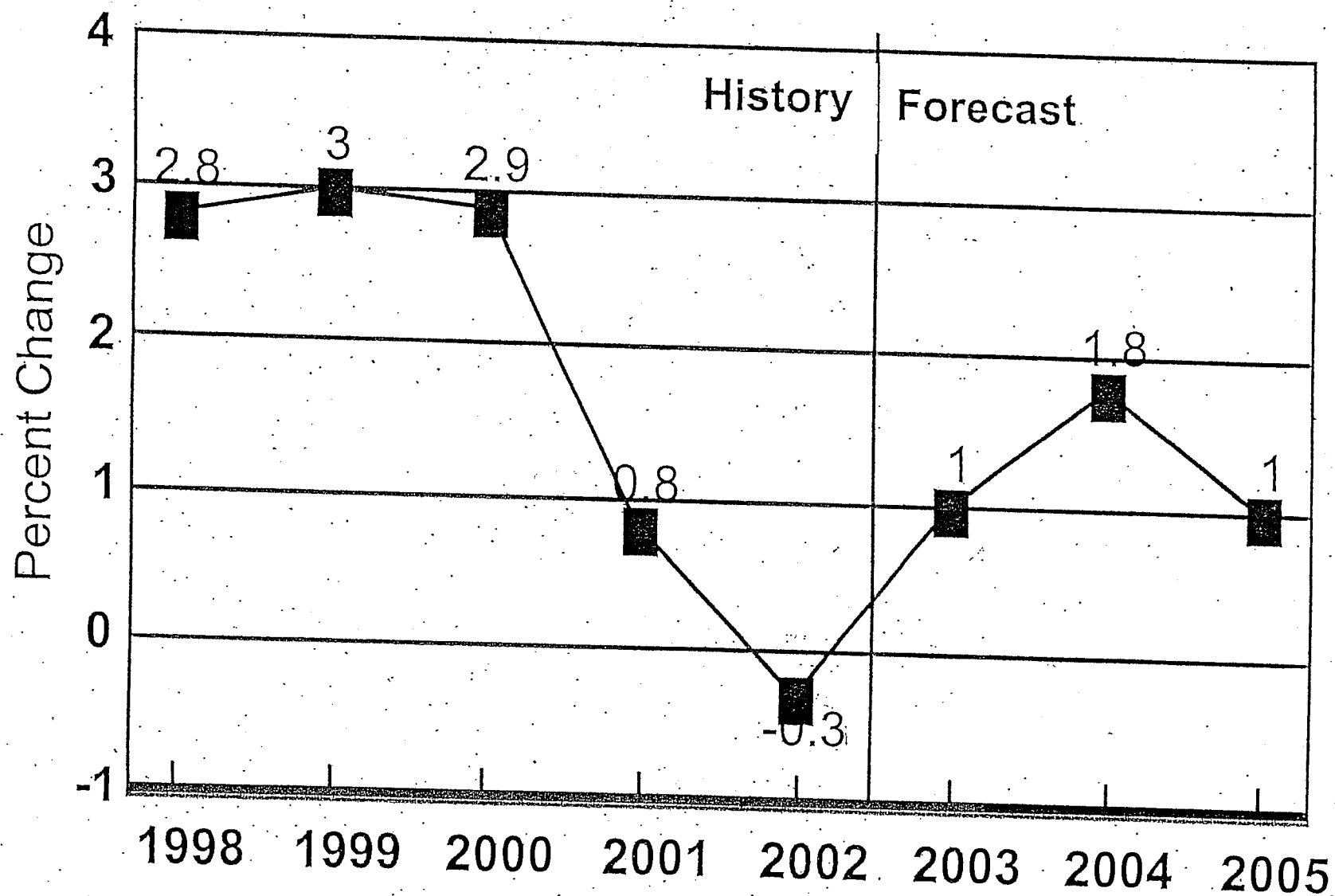
Other Questions

- Q. What portion of the increase in MaineCare transportation expenditure from State Fiscal Year 2003 to State Fiscal Year 2004 is due to an increase in the units of service provided? (*Sen. Turner*)
- A. The entire increase is due to units of service provided. The Department will not be increasing reimbursement rates, so none of the increase is in this area. Attachment **Turner A (page 9)** shows all of the expected expenditures.

SPO Fall 2002 Me. Economic Forecast

Payroll Employment Growth

DDLEY A



Distribution of \$800,000 (State)

Medical and Remedial PNMI/Adult Family Care		\$	607,975
Private Duty Nursing/Personal Care Services - Kids		\$	26,755
Home Health Agencies	\$	22,742	
Private Duty Nursing	\$	4,013	
Private Duty Nursing/Personal Care Services - Adults		\$	86,150
Home Health Agencies	\$	34	
Private Duty Nursing	\$	86,116	
Elderly Waiver/Adults with Disabilities Waiver		\$	71,027
Elderly Waiver	\$	46,167	
Adults with Disabilities Waiver	\$	24,859	
Day Health Services		\$	15,094
		\$	807,000

Distribution of \$1.6 Million (State)

Medical and Remedial PNMI/Adult Family Care		\$ 1,215,949
Private Duty Nursing/Personal Care Services - Kids		\$ 53,510
Home Health Agencies	\$ 45,484	
Private Duty Nursing	\$ 8,027	
Private Duty Nursing/Personal Care Services - Adults		\$ 172,300
Home Health Agencies	\$ 69	
Private Duty Nursing	\$ 172,231	
Elderly Waiver/Adults with Disabilities Waiver		\$ 142,053
Elderly Waiver	\$ 92,334	
Adults with Disabilities Waiver	\$ 49,719	
Day Health Services		\$ 30,188
		\$ 1,614,000

**Transportation
FY02 - FY 05**

TURNER A

Category of Service

Transportation

FY 02 Actuals	FY 03 Estimates	FY 04 Budgeted	FY 05 Budgeted
\$ 16,430,480	\$ 18,210,574	\$ 20,018,774	\$ 20,845,059

FY04/FY05 Transportation Biennium Budget Reductions

Establish \$7.00 Base Rate Cap (For Providers Over \$7)

\$ (453,421) \$ (453,421)

4% Cut in Base Rate (For Providers Under \$7)

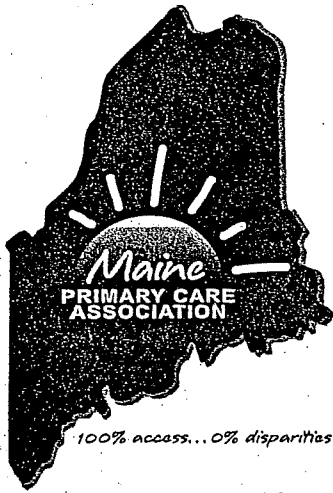
\$ (56,793) \$ (56,793)

5.79% Cut to other services (All Providers)

\$ (496,127) \$ (496,127)

**Adjusted Total - After
Budget Reductions**

\$ 19,012,433 \$ 19,838,718



Kevin A. Lewis, *Executive Director*
Norman Fournier, *President*

May 14, 2003

TO: Appropriations & Financial Affairs

FROM: Kevin Lewis, Executive Director
Maine Primary Care Association

RE: State funds for Adult Vaccine

I am writing out of concern that Maine is about to make a grave mistake by abandoning the public purchase of adult flu and pneumococcal vaccine. I bring this issue to the Appropriations & Financial Affairs Committee at this late date because up until yesterday, I believed that we were going to accomplish the refinancing of this important public health initiative that saves the state far more than the costs of the vaccine purchase. However, yesterday's news indicates that the Governor's office has no intention of refunding the public purchase of adult vaccine, thereby exposing some of our most vulnerable residents to higher rates of morbidity and mortality.

In past years, the Fund for a Healthy Maine allocation to the Bureau of Medical Services was used in part to finance the public purchase of adult vaccine through the Bureau of Health's Immunization Program. Free vaccine was supplied to providers who in turn provided the vaccine to elderly patients free of charge thereby increasing immunization rates and reducing morbidity and mortality associated with flu and pneumonia. This year, BMS ended its transfer of funds to support this program, to use the FHM for other purposes.

The Bureau of Health has found that it could cut the total program costs to \$450,000 and restrict the program to the neediest and most vulnerable of the state's elderly population. In these tight economic times, MPCA supports targeting the program to those in greatest of need and will work with the Bureau of Health to optimize the efficacy of the program. However, as it stands right now, the Governor's Office apparently opposes the Bureau of Health's proposal, even though it would save the state far greater in terms of avoided illness and death as well as capitalizing on the state's purchasing power. According to the DHS Health Planning Resource, Pneumonia and Influenza account for the fifth leading cause of death among Maine residents 65 and older. MPCA asks the AFA to intervene and direct the allocation of \$450,000 for the public purchase of adult vaccine through the BOH Immunization Program.

Maine Primary Care Association

73 Winthrop Street ♦ Augusta, ME 04330 ♦ TEL: 207-621-0677 ♦ FAX: 207-621-0577

Supporting Community-Based Primary Care

Some Public Health Facts Concerning Flu and Pneumonia:

- Each year 10 to 20 percent of this nation's population gets hit with the influenza virus, and according to the National Center for Health Statistics, approximately 192 million days are spent in bed sick because of the flu. According to the national Centers for Disease Control and Prevention (CDC), while most people recover, more than 100,000 people are hospitalized and more than 20,000 die from the flu and its complications every year.
- While flu and pneumonia deaths rank as the sixth leading cause of death in the country, in Maine they are the fifth leading cause of death.
- For the elderly and people with certain chronic illnesses, the flu and its complications are especially life threatening. Persons aged 65 and older account for approximately 90% of these deaths. Together, influenza and pneumococcal disease cause approximately 21,400 deaths each year in this country among persons aged 65 and older.
- *While preventive measures can be taken in the simple form of vaccine, those most in need – older persons living in or near poverty – are least likely to get vaccinated. The CDC also reports that adults with chronic medical conditions had lower vaccination levels than their healthier peers. As a result, national goals for improving prevention of vaccine-preventable diseases among adults include expanding financing mechanisms to support the increased delivery of vaccines to adults.*

Thus it makes good sense for Maine to allocate a portion of the Fund for a Healthy Maine to pay for adult vaccines then made available to those who care for a disproportionate share of the elderly and low-income Mainers. State purchase of vaccine also capitalizes on the volume discount available to Maine which is just a third of the cost of what individual entities have to pay on their own. This translates into much greater total costs of the state's elimination of this program just in terms of the resulting replacement purchase price. The greatest cost of all though is the cost of increased morbidity and mortality because of the reduced access to adult vaccine for low-income and vulnerable populations.

Timeline of events

On March 6, 2003, the Immunization Program sent out an "Urgent Immu-Fax" notifying health care providers that the state was discontinuing its supply of free adult influenza and pneumococcal vaccine due to budget constraints.

On March 7, 2003, MPCA wrote to the HHS Committee asking the Committee to intercede and direct the restoration of the state's public purchase of adult vaccine. Copies went to DHS and the Governor's Office.

On March 13, 2003, MPCA contacted Trish Riley, Governor's Office of Health Policy and Finance, and Kathryn Monahan Ainsworth, Governor's Office, with these same concerns.

On March 31, 2003, MPCA repeated its appeal to Ms. Riley indicating that we had not received any response to our earlier queries.

On April 23, 2003, MPCA wrote to Commissioner Walsh reiterating the public health need for the continuation of this program.

On May 13, 2003, MPCA learned that the Governor's Office is resisting the reallocation of funds to support the public purchase of vaccine to benefit the most vulnerable seniors in Maine.

Unless the AFA directs the allocation of funds in support of the public purchase of adult vaccine, we will likely lose this program altogether.



URGENT Immu-Fax

From:

The Maine Immunization Program

Department of Human Services
Bureau of Health - Division of Disease Control
286 Water Street
Augusta, Me 04333

Lisa Tuttle, Director

The Maine Immunization Program has been notified that due to budgetary considerations our adult influenza and pneumococcal vaccine funding is not available for the 2003-2004 influenza season. We regret to inform you that we will be **unable to supply free adult influenza and pneumococcal vaccine** to our providers this season.

The Maine Immunization Program remains committed to increasing adult immunization rates. Our professional staff is available to provide technical assistance with vaccine procurement, handling and administration, as well as education re. vaccines and vaccine preventable diseases. You are an integral part of the effort to increase immunization levels for adults in the state of Maine and we value your commitment to the health of all Maine citizens.

As we will not be able to supply vaccine this season, please refer to the information below to privately purchase your 2003-2004 adult influenza and pneumococcal vaccine. Please continue to make influenza and pneumococcal vaccinations a priority in your facilities. For your convenience we have included the names and numbers of the manufacturers supplying influenza and pneumococcal vaccine.

Thank you for your dedicated work to protect Maine's adult population against influenza and pneumococcal disease. If you have any questions please feel free to call us at (207) 287-3746 or at 1-800-867-4775

Influenza Vaccine Manufacturers

Aventis - Telephone: 1-800-822-2463

Wyeth Ayerst - Telephone 1-800-666-7248



Kevin A. Lewis, *Executive Director*

Norman Fournier, *President*

March 7, 2003

The Honorable Michael F. Brennan, Chair
Health and Human Services Committee
The Maine Senate
3 State House Station
Augusta, ME 04333-0003

The Honorable Thomas J. Kane, Chair
Health and Human Services Committee
Maine House of Representatives
2 State House Station
Augusta, ME 04333-0002

Dear Senator Brennan and Representative Kane:

It has just come to my attention that the Department of Human Services has eliminated the supply of adult flu and pneumococcal vaccine on behalf of providers such as public health agencies and federally qualified health centers. It apparently estimates a savings of \$2 million from this change. However, the costs to Maine's health will be far greater.

Decreasing the availability and promotion of vaccines will result in an increase in disease incidence. From an economic standpoint alone, this policy change apparently fails to recognize that the costs of flu and pneumococcal disease are overwhelmingly higher than vaccine costs.

For the influenza distribution year 2002-2003 Public health agencies and FQHC's were sent 39,830 doses of Influenza for a total of \$220,281.75. This public investment brought with it the purchasing power of the state as the average cost per dose for the flu vaccine was just \$5.53. For FQHCs to purchase the vaccine, the cost for the vaccine alone averages \$15. True costs to public health agencies and FQHCs amount to \$597,450. In the words of one rural health center director:

"Our patients for years now have come to expect this service from us free of charge and if they have to pay, most will not or cannot afford to be immunized. This could be more costly to society in the long run, not to mention the increased exposure and risk to the elderly and those already at high risk."

In addition, current FQHC Medicaid reimbursement (under the prospective payment system, or PPS) is already based on a reduction of rates by discounting the amount of total pneumococcal and influenza vaccine costs. In the past, Medicaid related vaccines were applied back to the health center during cost settlement, but now under PPS, no

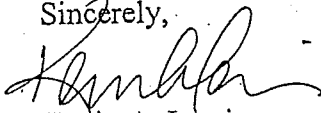
Maine Primary Care Association

73 Winthrop Street ♦ Augusta, ME 04330 ♦ TEL: 207-621-0677 ♦ FAX: 207-621-0577

pneumococcal or influenza costs are factored back into health centers' rates. In essence, with these two policies in effect, FQHCs – who serve those least able to afford adult vaccination – would be paying for the vaccinations twice.

As the nation has begun investing hundreds of millions of dollars in a small pox vaccination campaign, it seems shortsighted to drop efforts to promote vaccination against a presently occurring killer of our population who are immuno-suppressed or otherwise compromised. The FQHCs of Maine urge the Joint Standing Committee on Health and Human Services to restore the funds for these life-saving vaccines.

Sincerely,



Kevin A. Lewis
Executive Director

cc: Ed Miller, President
American Lung Association of Maine

Peter Walsh, DHS Commissioner
Newell Augur, DHS

Trish Riley, Director of the Office of Health Policy & Finance

Maine's Federally Qualified Health Centers

Kevin A. Lewis

From: Kevin A. Lewis [kalewis@mepca.org]

Sent: Wednesday, April 23, 2003 9:26 PM

To: 'Peter.E.Walsh@maine.gov'

Subject: funding for adult vaccines

Commissioner Walsh,

I've been trying to reach you by phone for over a week now and so I am relying on email to at least connect on the issue of adult vaccines for now. As I think you've heard me say before, the failure of the state to purchase flu and pneumococcal vaccine will come back to haunt the MaineCare budget in the very short term, let alone the ripple effects over the longer term. Moreover, safety net sites (FQHCs) and public health agencies depend on this source of vaccine to extend this life-saving public health intervention against the 5th leading cause of death in Maine among the elderly, especially to those in greatest need. Even if you don't agree that the recission of these FHM dollars constitutes a breach of the agreement with the Fund for a Healthy Maine, it does not make good policy or fiscal sense to cut the funding for this program. Please restore the public investment in the purchase of adult vaccine to be delivered through FQHCs, public health agencies and other important delivery sites.

Kevin Lewis

Executive Director

Maine Primary Care Association

kalewis@mepca.org

207-621-0677

SENATE

MICHAEL F. BRENNAN, DISTRICT 27, CHAIR
JOHN L. MARTIN, DISTRICT 1
COL WESTON, DISTRICT 11

JANE ORBETON, LEGISLATIVE ANALYST
LUCIA NIXON, LEGISLATIVE ANALYST
SARAH NASON, COMMITTEE CLERK



STATE OF MAINE

HOUSE

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ONE HUNDRED AND TWENTY-FIRST LEGISLATURE
COMMITTEE ON HEALTH AND HUMAN SERVICES

MEMORANDUM

To: Senator Mary R. Cathcart, Senate Chair
Representative Joseph C. Brannigan, House Chair
Joint Standing Committee on Appropriations and Financial Affairs

From: Senator Michael F. Brennan, Senate Chair
Representative Thomas J. Kane, House Chair
Joint Standing Committee on Health and Human Services

Date: May 9, 2003

Re: Recommendations of the Health and Human Services Committee
on the Governor's Part II Budget

The Health and Human Services Committee, at their meeting on May 8, considered and voted on the Governor's proposed Part II budget. As you will recall, the committee in their letter to the Appropriations Committee dated April 11th expressed their concern that it would be very difficult to support a Part II budget that contained additional cuts for the Department of Behavioral and Developmental Services and the Department of Human Services.

We report to you the unanimous vote of the Health and Human Services Committee to oppose the following items in the proposed budget.

O.F.P.R.
MAY -9 AM 11:55

DEPARTMENT OF HUMAN SERVICES

Foster Care Clothing Allowance

The committee opposes cuts to clothing allowances for children in foster care.

Cuts specifically opposed are:

	FY 2004	FY 2005
Clothing allowance (Foster Care Acct 0137)	\$ 65,200	\$ 65,200
Clothing allowance (Child Welfare Acct)	\$376,065	\$376,065
Total cuts opposed-Foster Care	\$661,265	\$661,265

441.000

602

Home Based Care

The committee opposes cuts to direct services to the elderly and adults with disabilities.

Cuts specifically opposed are:

	FY 2004	FY 2005
Housekeeping Assistance (Long Term Care 0420)	\$220,000	\$220,000

15 h a month

Transportation

The committee appreciates the efforts of DHS to restore funding to the MaineCare transportation account and the work of DHS and the transportation providers to find creative ways to deliver transportation services to all MaineCare members. The FY03 total budget estimate for for MaineCare transportation is \$18,210,574 and the original FY04 budgeted amount was \$20,018,774. With the partial restoration of funds contained in the Part II budget, the FY04 MaineCare transportation budget will be \$19,012,433. The committee is very concerned that the approximately \$1,000,000 gap that still remains will adversely affect MaineCare members and critical components of Maine's transportation network.

Temporary Assistance for Needy Families (TANF)

The committee is very concerned about the proposed use of \$2,000,000 from the TANF Block Grant for the Community Intervention program in child welfare services in FY2005, with the consequent freeing of \$2,000,000 in General Fund dollars in FY2005. In an uncertain economy, with TANF caseloads increasing and actual caseload numbers running above projections and with a TANF Reserve Fund that is barely adequately funded, the committee is concerned that deappropriating funds from this program is a risky step. If this transfer is made, the committee recommends that language be inserted into the Part II Budget to require legislative approval for any decreases in cash assistance and services.

wants language

Booked Revenues and Savings

The committee notes with concern that substantial revenue maximization has been booked from an initiative involving the University of Maine health insurance program, the hospitals and Anthem Blue Cross Blue Shield. The committee also notes with concern that \$2,000,000 in FY2004 has been booked for retroactive recovery of funds associated with mental health parity. There is grave concern that these funds may not be realized.

COMMITTEE COMMENTS ON POTENTIAL FUNDING SOURCES

The committee unanimously voted to recommend to the Appropriations and Financial Affairs Committee that savings may be achieved in State government from across the board administrative accounts and by suspending merit increases for State employees through the full biennium 2003-2005.

Fund for a Healthy Maine

A minority of the committee voted to recommend to the Appropriations and Financial Affairs Committee that Fund for a Healthy Maine money that is currently not being used for direct services be redirected to direct services. This money would be available thorough decreases in the Fund for a Health Maine allocations to media and program evaluation.

Nolan, Christopher

From: Naples, Rudolph [Rudolph.Naples@maine.gov]
Sent: Tuesday, May 06, 2003 5:55 PM
To: Orbeton, Jane; Nolan, Christopher; Wyke, Rebecca; Lachance, David
Cc: Walsh, Peter E.; Yeaton, Gail; Westburg, Karen M.; Armour, Carol; Williams, Judy; VanBurgel, Barbara; Mills, Dora A.; Haines, Philip W.; Gessow, Eugene; Winslow, David; Gianopoulos, Christine; Mower, John D.; Augur, Newell
Subject: DHS Answers: HHS Committee 5/5/03 Questions

Jane, here are responses to the questions posed yesterday by the HHS Committee. Please do contact me with any follow-up issues that the Committee or you may have.

Thanks!

-----Original Message-----

From: Orbeton, Jane [mailto:Jane.Orbeton@legislature.Maine.gov]
Sent: Monday, May 05, 2003 7:52 PM
To: Naples, Rudolph; Augur, Newell
Subject: RE: Confirming HHS Comm. Questions

Here's my list:

1. Chart of payments for foster children clothing allowance and cuts and percentages.

Response: The attached chart lists the foster children clothing allowance information.

2. Vaccine availability, state provision. When we say providing for vulnerable populations, who do we mean?

Response:

Response: The Bureau of Health states that last year we spent a total of \$828,750 for 150,000 doses of flu and \$98,786 for 8,625 doses of pneumonia vaccines.

This year we are basing our projections of \$450,000 on roughly 50,000 doses of flu and about 6,000 doses of pneumonia (both the price and the doses may be more or less, but the \$450,000 is the best estimate) This will cover the at-risk (CDC defined) patients and staff at nursing homes and other licensed residential care facilities, home care, federally qualified, rural and Indian health centers, and the two municipal health departments. NO populations that meet the CDC-defined risk criteria in those aforementioned agencies will be cut. The cuts represent patients of physicians and hospitals and other ambulatory care settings including schools and colleges. In this way, we are targeting the coverage to the most vulnerable and those least likely to be able to pay for immunization. We will be beginning the roster billing process this year for covered individuals with Medicare and other third party payers.

3. Positions frozen and cut and savings.

Response: Please see the four (4) attachments below that include the 83 positions frozen in Chapter 20 (The Biennium Budget).

4. I think there are 2 municipally owned hospitals: Dover HAD and Cary in Caribou. I think Lincoln HAD converted 2 years ago and is no longer a HAD. The bill was LD 716 in the 120th Legislature, enacted as Private and Special Law 31. Do your numbers still work?

Response: The Bureau of Medical Services advises that they were aware of the change in status of the Penobscot Valley Hospital in Lincoln, and that they were eliminated from the dollar figures included in this supplemental budget bill.

5. Could you confirm, or perhaps I should, you advise, whether Superintendent Iuppa is on board with the

5/6/03

University Employee health plan/MaineCare initiative?

Response: The Finance Director of the Bureau of Medical Services spoke with the Superintendent of Insurance yesterday about this topic. The Superintendent of Insurance is fully aware of it, and we are of the understanding that his office does not need to make any formal judgment or declaration about it.

6. Information wanted to the number of cases by which TANF caseloads will have to decline to meet the \$2million goal. Please detail the assumptions behind the calculations.

Response: In order to achieve this savings the caseload needs to go down by an average of 200 - 250 cases in the next Biennium, or 400 - 500 in SFY '05 alone. This reduction is estimated by the Bureau of Family Independence to be achievable since it only represents returning to the caseload of November 2002 - six months ago. Also, with the passage of the full Biennium Budget, the Bureau is now able to fill some vacant ASPIRE Specialist positions that will afford more one-on-one client assistance to achieve work.

7. Are there providers other than primary care doctors who get physician incentive payments?

Response: Currently, in draft rule form, there is a proposed new dentist "case establishment" incentive fee of approximately \$150. per new child patient. Also, "On the books" there is a Physician Drug Incentive program ("PDDI"), however it has never really made any pay outs.

8. Give a detail of the expenditures of federal Bioterrorism Grant funding that will be received in the next biennium (FY '04 - FY '05).

The Bureau of Health JUST today received the grant requirements from CDC and HRSA. They are together about 200-300 pages. Therefore, it's going to be a few days before they have a complete breakdown. The document below does have a breakdown for this current year's grant, that ends this August.

The differences between '03 and '04 grants are believed to be mainly the amounts of funds in each focus area of the grant - they are keeping the same basic focus areas from '03. The BT funds will continue to fund what they did this year, but assuming some progress in each focus area, the emphasis probably will be different. For instance, we know that the emphasis on training and education this year is on core public health professionals (BoH staff and others - for instance, Portland Public Health Division staff). This coming year the emphasis will be on training and education of health care providers in hospitals and EMS. The exact amount of funds for this and the exact emphasis for '04 is in the guidance we just received and haven't had time to evaluate. BoH will bring copies of both requirements to the AFA Committee meeting tomorrow.

CLOTHING ALLOWANCE PER CHILD:

CURRENT SCENARIO:

AGE:	FALL LUMP-SUM	SPRING LUMP SUM	REGULAR MONTHLY ALLOWANCE	ANNUAL TOTAL:
Birth - 3yrs old	100.00	65.00	554.00	\$ 719.00
4 to 10 years	200.00	100.00	901.00	\$ 1,201.00
11 to 20 years	350.00	250.00	1,339.00	\$ 1,939.00

NEW SCENARIO WITH 65% REDUCTION IN FALL & SPRING ALLOWNACE:

AGE:	FALL LUMP-SUM	SPRING LUMP SUM	REGULAR MONTHLY ALLOWANCE	
Birth - 3yrs old	35.00	22.75	554.00	\$ 611.75
4 to 10 years	70.00	35.00	901.00	\$ 1,006.00
11 to 20 years	122.50	87.50	1,339.00	\$ 1,549.00



State of Maine
Department of Human Services
11 State House Station
Augusta, Maine
04333-0011

John Elias Baldacci
Governor

**BUREAU OF FAMILY INDEPENDENCE
ADDITIONAL POSITIONS TO BE FROZEN IN FY 04/05**

Central Office

Augusta	Position #	Account #	Title	FY04	FY05
	00-2035	013-0100-011	Human Services Aide III	\$44,519	\$46,821
	00-2447	013-0100-011	Human Services Aide III	\$41,489	\$43,367
	00-2459	013-0100-011	Human Services Aide III	\$50,018	\$51,755
	00-2678	013-0100-011	Human Services Aide III	\$45,014	\$45,529
	00-2679	013-0100-011	Human Services Aide III	\$42,894	\$45,183
	00-1290	010-0100-011	Clerk Typist II	\$36,773	\$38,322
	00-2002	014-0100-011	Clerk Typist II	\$42,449	\$44,943

Regional Offices

Augusta	Position #	Account #	Title	FY04	FY05
	00-2714	015-0146-011	Human Services Aide III	\$43,661	\$46,349

Bangor	Position #	Account #	Title	FY04	FY05
	22-0311	015-0146-011	Human Services Aide III	\$40,304	\$42,179

Portland	Position #	Account #	Title	FY04	FY05
	00-2712	015-0146-011	Human Services Aide III	\$38,205	\$39,987
	22-7853	015-0146-011	Human Services Aide III	\$37,669	\$39,399

Rockland	Position #	Account #	Title	FY04	FY05
	00-2451	013-0100-011	Human Services Aide III	\$30,835	\$31,473

Sanford	Position #	Account #	Title	FY04	FY05
	00-2059	013-0453-011	Human Services Aide III	\$44,187	\$44,720

TOTAL GENERAL FUND (010)	1 position		\$36,773	\$38,322
TOTAL FEDERAL FUND (013)	7 positions		\$298,956	\$308,848
TOTAL OTHER SPECIAL FUND (014)	1 positions		\$42,449	\$44,943
TOTAL BLOCK GRANT FUND (015)	4 positions		\$159,839	\$167,914

TOTAL			\$538,017	\$560,027
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State of Maine
Department of Human Services
11 State House Station
Augusta, Maine
04333-0011

John Elias Baldacci
Governor

Bureau of Family Independence
Positions to be Frozen for Flat Funding Proposal

Central Office

Augusta	Position #	Account #	Title	FY04	FY05
	00-1228	013-0100-011	Account Clerk II	\$43,661	\$46,349
	22-1921	013-0100-011	Clerk Typist II	\$34,470	\$36,075
	00-2018	013-0100-011	Family Independence Specialist	\$50,292	\$53,295
	00-0471	013-0100-011	Field Examiner II	\$53,459	\$56,514
	00-2313	010-0100-011	Human Services Aide III	\$42,366	\$44,265

Regional Offices

Augusta	Position #	Account #	Title	FY04	FY05
	00-2968	010-0100-011	Family Independence Specialist	\$50,292	\$53,295
	00-2312	010-0100-011	Human Services Aide III	\$45,014	\$45,529

Bangor	Position #	Account #	Title	FY04	FY05
	00-2972	010-0100-011	Family Independence Specialist	\$50,292	\$53,295

Biddeford	Position #	Account #	Title	FY04	FY05
	00-2963	013-0100-011	Family Independence Specialist	\$50,292	\$53,295

Lewiston	Position #	Account #	Title	FY04	FY05
	00-2964	013-0100-011	Family Independence Specialist	\$50,292	\$53,295

Oxford	Position #	Account #	Title	FY04	FY05
	00-2967	010-0100-011	Family Independence Specialist	\$50,292	\$53,295

Portland	Position #	Account #	Title	FY04	FY05
	00-2969	010-0100-011	Family Independence Specialist	\$50,292	\$53,295

Rockland	Position #	Account #	Title	FY04	FY05
	00-2582	010-0453-011	Family Independence Specialist	\$51,398	\$53,506
	00-2067	010-0453-011	Human Services Aide III	\$44,187	\$44,720

Sanford	Position #	Account #	Title	FY04	FY05
	00-2962	013-0100-011	Family Independence Specialist	\$50,292	\$53,295

TOTAL GENERAL FUND (010)	8 positions			\$384,133	\$401,200
TOTAL FEDERAL FUND (013)	7 positions			\$332,758	\$352,118



State of Maine
Department of Human Services
11 State House Station
Augusta, Maine
04333-0011

John Elias Baldacci
Governor

OMB Division of Regional Operations
Positions to be Frozen for Flat Funding Proposal

Portland	Position #	Account #	Title	FY04	FY05
	22-7271	010-0196-011	Clerk Typist II	\$29,377	\$29,906
	10-0971	010-0196-011	Clerk Typist II	\$39,366	\$41,739
	22-4781	013-0196-011	Clerk Typist II	\$40,963	\$43,590
	10-0121	013-0196-011	Clerk Typist II	\$39,153	\$41,020
	22-8013	013-0196-011	Clerk Typist II	\$36,067	\$37,666

Sanford	Position #	Account #	Title	FY04	FY05
	22-7356	010-0196-011	Clerk Typist II	\$40,963	\$43,590
	22-5851	013-0196-011	Clerk Typist III	\$43,959	\$46,654

Lewiston	Position #	Account #	Title	FY04	FY05
	22-7807	010-0196-011	Clerk Typist II	\$40,963	\$43,590
	31-0771	010-0196-011	Clerk Typist II	\$34,545	\$36,157

Farmington	Position #	Account #	Title	FY04	FY05
	22-7896	010-0196-011	Clerk Typist II	\$38,976	\$40,967

S. Paris	Position #	Account #	Title	FY04	FY05
	10-1211	010-0196-011	Clerk Typist II	\$34,397	\$35,992

Augusta	Position #	Account #	Title	FY04	FY05
	10-1711	010-0196-011	Clerk Typist II	\$38,938	\$40,813
	22-7839	010-0196-011	Clerk Typist II	\$34,689	\$36,324
	22-4731	013-0196-011	Clerk Typist II	\$34,767	\$36,406
	22-7668	013-0196-011	Clerk Typist II	\$37,821	\$39,669
	00-1592	013-0196-011	Clerk Typist II	\$40,297	\$42,846

Rockland	Position #	Account #	Title	FY04	FY05
	22-7521	010-0196-011	Clerk Typist II	\$40,963	\$43,590

Machias	Position #	Account #	Title	FY04	FY05
	10-2091	010-0196-011	Clerk Typist II	\$37,135	\$39,161
	22-7556	013-0196-011	Clerk Typist II	\$41,131	\$41,838

Skowhegan	Position #	Account #	Title	FY04	FY05
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	22-7902	013-0196-011	Clerk Typist II	\$46,356	\$47,890
Bangor	Position #	Account #	Title	FY04	FY05
	00-2808	013-0196-011	Clerk Typist II	\$40,963	\$43,590
Caribou	Position #	Account #	Title	FY04	FY05
	22-7321	013-0196-011	Clerk Typist II	\$40,771	\$43,029
TOTAL GENERAL FUND (010)			12 positions	\$410,312	\$431,829
TOTAL FEDERAL FUND (013)			12 positions	\$442,248	\$464,198

Below is the listing of new positions as authorized by Chapter 559. They have been assigned as follows: The underlined positions were filled before the c. 559 positions were delayed.

<u>CLASSIFICATION</u>	<u>POS. #</u>	<u>LOCATION</u>	<u>UNIT</u>
Human Services Caseworker	00-2879	Augusta	SAC
<u>Human Services Caseworker</u>	00-2880	Biddeford	<u>SCT</u>
Human Services Caseworker	00-2881	Sanford	SCH
Human Services Caseworker	00-2882	Sanford	SCH
Human Services Caseworker	00-2883	Sanford	SCH
<u>Human Services Caseworker</u>	00-2884	Portland	<u>SCA</u>
Human Services Caseworker	00-2885	Portland	PCS
Human Services Caseworker	00-2886	Portland	PCS
Human Services Caseworker	00-2887	Portland	PCS
Human Services Caseworker	00-2888	Lewiston	<u>PAC</u>
Human Services Caseworker	00-2889	Lewiston	PAU
Human Services Caseworker	00-2890	Lewiston	PDU
Human Services Caseworker	00-2891	Biddeford	SCT
<u>Human Services Caseworker</u>	00-2892	Augusta, CO	<u>CIN</u>
Human Services Caseworker	00-2893	Augusta	SCS
Human Services Caseworker	00-2894	Bangor	PPB
Human Services Caseworker	00-2895	Bangor	SSB
<u>Human Services Caseworker</u>	00-2896	Rockland	<u>PSL</u>
Human Services Caseworker	00-2897	Rockland	PTP
Human Services Caseworker	00-2898	Skowhegan	PPT
<u>Human Services Caseworker</u>	00-2899	Bangor	<u>SSB</u>
<u>Human Services Caseworker</u>	00-2900	Bangor	<u>SSC [Liaison]</u>
<u>Human Services Caseworker</u>	00-2901	Bangor	<u>PPG</u>
Human Services Caseworker	00-2902	Machias	SCM
Human Services Caseworker	00-2903	Caribou	PRS
Human Services Caseworker	00-2904	Bangor	SSD
Human Services Caseworker	00-2905	Houlton	PRS
Human Services Caseworker	00-2906	Houlton	PRS
Human Services Casework Supv	00-2907	Biddeford	SCT
Human Services Casework Supv	00-2908	Portland	PCS
<u>Human Services Casework Supv</u>	00-2909	Augusta	<u>ORM</u>
Human Services Casework Supv	00-2910	Skowhegan	PPT
Human Services Casework Supv	00-2911	Caribou	PRS
Human Services Aide III	00-2912	Portland	PCS
Human Services Aide III	00-2913	Lewiston	RRD
Human Services Aide III	00-2914	Houlton	PRS
Human Services Aide III	00-2915	Bangor	SSB

Human Services Aide III	00-2916	Biddeford	SCB
<u>Social Services Manager I</u>	<u>00-2917</u>	<u>Biddeford</u>	<u>ORM</u>
<u>Social Services Manager I</u>	<u>00-2918</u>	<u>Bangor</u>	<u>ORM</u>
<u>Social Services Manager I</u>	<u>00-2919</u>	<u>Lewiston</u>	<u>ORM</u>
<u>Social Services Manager I</u>	<u>00-2920</u>	<u>Portland</u>	<u>ORM</u>
Social Svcs Pro. Specialist II	00-2921	Augusta, CO	BCF
Community Care Worker	00-2922	Caribou	SSG
Clerk Typist III	00-2923	Augusta, CO	BST

The Personal Services funds given up in Chapter 20 due to the delay in the implementation of the Child Welfare Initiative:

<u>FY 2003-04</u>	<u>FY 2004-05</u>
\$1,881,242	\$1,920,932

Summary of Federal Public Health
Bioterrorism Funds
May 2003

\$9.2 million Total Available to the Bureau of Health from Federal Funds to address Bioterrorism from 4/02 – 8/03

- \$8.5 million from CDC (Centers for Disease Control) for Public Health Bioterrorism Preparedness
- \$0.75 million from HRSA (Health Resources and Services Administration) for Bioterrorism Hospital Preparedness Program.

Required Focus Areas for Funds:

1. Preparedness Planning and Readiness Assessment = \$0.78 mill

Summary (quoted from grant guidance):

Establish strategic leadership, direction, assessment, and coordination of activities to ensure statewide readiness, interagency collaboration, local and regional preparedness (both intrastate and interstate) for bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies.

Required Critical Benchmarks for Initial Focus of Funds 4/02 – 8/03:

- **OFFICE OF PUBLIC HEALTH EMERGENCY PREPAREDNESS:**
Established an Office of Public Health Emergency Preparedness (OPHEP) within the Bureau of Health. Hired an Executive Director and Medical Director. Established an Advisory Committee for the OPHEP - Statewide Bioterrorism Advisory Committee.
- **STATEWIDE READINESS ASSESSMENT:**
Prepare an assessment for statewide emergency preparedness and response capabilities related to bioterrorism, other infectious disease outbreaks, and other public health threats. In progress.
- **LEGAL REVIEW:**
Review and assess statutes and regulations pertaining to public health emergency preparedness, and coordinate this review with neighboring states. In progress.
- **STATEWIDE PLAN:**
Prepare a statewide plan for responding to incidents of bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies. In progress.
- **REGIONAL PLANS:**
Prepare regional plans for responding to incidents of bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies. In progress.
- **NATIONAL PHARMACEUTICAL STOCKPILE PLAN:**
Develop a plan to receive and manage items from the National Pharmaceutical Stockpile and other sources (including mass distribution of vaccines, antibiotics, etc.). Identify individuals who need training to carry out these functions. In progress.

Contractors and amounts encumbered for this Focus Area:

USM-Muskie	\$148,269
6 Regional Public Health Medical Officers	\$102,000
Workplace Health	\$ 51,000
Maine Health Research Institute – UMF	\$ 40,000

Some of the remaining funds pay for some salaries of BoH staff (1.7 positions)

2. Surveillance and Epidemiology Capacity = \$1.68 mill

Summary (quoted from grant guidance):

Enhance, design, and/or develop systems for rapid detection of unusual outbreaks of illness that may be the result of bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies. Establish or expanded epidemiological capacity to investigate and mitigate such outbreaks of illness.

Required Critical Benchmarks for Initial Focus of Funds 4/02 – 8/03:

- **HANDLING DISEASE REPORTS:**
Develop a system to receive and evaluate urgent disease reports from all parts of the State on a 24 x 7 basis. In progress.
- **EPIDEMIOLOGY CAPACITY:**
Improve epidemiological capacity (surveillance and investigative) statewide. The BoH has hired by contract (through the contracts below) six regional Epidemiological Teams so EMS region of the State has a fulltime Nurse Epidemiologist and part time physician (otherwise practicing physician) to improve local epidemiological capacity and our ability to respond locally to bioterrorism, other infectious disease outbreaks, and other public health threats. These teams should also help improve the gap between public health and medicine locally. The BoH also hired a Public Health Veterinarian to provide linkages between the veterinarian community and the medical/public health community statewide as well as expert consultation on zoonoses and the inter-relationship of animal and human health.

Contractors and amounts encumbered for this Focus Area:

USM	\$545,213
City of Portland Public Health Division	\$250,000
USET	\$ 68,685
MHRI-UMF	\$100,000

Some of the remaining funds pay for salaries of BoH staff (5.65 positions)

3. Laboratory Capacity = \$1.45 mill

Summary (quoted from grant guidance):

Ensure that core diagnostic capabilities for bioterrorist agents are available at the public health laboratory. These funds will enable the State's public health laboratory to develop the capability and capacity to conduct rapid and accurate

diagnostic and reference testing for select biological agents likely to be used in a terrorist attack.

Required Critical Benchmarks for Initial Focus of Funds 4/02 – 8/03:

- **LOCAL-STATE LAB RELATIONSHIPS:**
Develop effective working relationships and communication between local laboratories and the State's Public Health Laboratory. Met with representatives from local laboratories in March, 2002, and hired a microbiologist to serve as a liaison.
- **STATE PUBLIC HEALTH LAB IMPROVEMENTS:**
Improve the capacity for the State's Public Health Laboratory (Bureau of Health's HETL) to respond to bioterrorism and other infectious disease outbreaks. Have purchased equipment and made renovations to improve the lab's safety.

Contractors and amounts encumbered for this Focus Area:

MHRI-UMF \$80,000

Some of the remaining funds have paid for renovations and equipment for the State's Public Health Laboratory, the Health and Environmental Testing Laboratory.

Some of these funds are also paying the salaries of BoH laboratory personnel (4 positions).

4. Communications and Information Technology = \$3.6 mill

Summary (quoted from grant guidance):

Establish and maintain a network that will: A.) support exchange of key information and training over the Internet by linking public health and private partners on a 24/7 basis; B.) provide for rapid dissemination of public health advisories to the news media and the public at large; C.) ensure secure electronic data exchange between public health partners' computer systems; and D.) ensure protection of data, information, and systems, with adequate backup, organizational, and surge capacity to respond to bioterrorism and other public health threats and emergencies.

Required Critical Benchmarks for Initial Focus of Funds 4/02 – 8/03:

- **HEALTH ALERT NETWORK:**
Ensure that 90% of the population is covered by the Health Alert Network. In progress.
- **HEALTH INFORMATION FLOW:**
Develop a communication system that provide 24 x 7 flow of critical information among hospital emergency departments, state and local health officials, and law enforcement officials. Is done, but is being improved.

Contractors and amounts encumbered for this Focus Area:

MHRI – UMF \$120,000

4 RFPs totaling ~\$3.4 million are in the process of being developed and reviewed.

5. Communicating Health Risks and Health Information Dissemination = \$0.4mill

Summary (quoted from grant guidance):

Ensure the development of effective risk communications capacity that provides for timely information dissemination to citizens during a bioterrorist attack, outbreak of infectious disease, or other public health threat or emergency. Such a capacity should include training for key individuals in communication skills, the identification of key spokespersons (particularly those who can deal with infectious diseases), printed materials, timely reporting of critical information, and effective interaction with the media.

Required Critical Benchmarks for Initial Focus of Funds 4/02 – 8/03:

- **COMMUNICATION PLAN:**

Develop and implement a plan for risk communication and information dissemination to educate the public regarding exposure risks and effective public response. In progress.

Contractors and amounts encumbered for this Focus Area:

PSI \$395,000

6. Education and Training = \$0.62 mill

Summary (quoted from grant guidance):

Ensure the capacity to: A.) assess the training needs of key public health professionals, infectious disease specialists, emergency department personnel, and other healthcare providers related to preparedness for and response to bioterrorism, other outbreaks of infectious diseases, and other public health threats and emergencies; and B.) ensure effective provision of needed education and training to key target audiences through multiple channels, including academic institutions, healthcare professionals, CDC, HRSA, and other sources.

Required Critical Benchmarks for Initial Focus of Funds 4/02 – 8/03:

- **TRAINING NEEDS:**

Assess training needs – with special emphasis on emergency department personnel, infectious disease specialists, public health staff, and other health care providers. In progress.

Contractors and amounts encumbered for this Focus Area:

Maine Center for Public Health \$475,000

Some of the remaining funds pay for salaries of BoH staff (1 position)

7. Bioterrorism Hospital Preparedness Program (HRSA funds) = \$0.74 mill

Summary (quoted from grant guidance):

These funds are to improve the capacity of hospitals, emergency departments, and other components of the health care system to respond to bioterrorist attacks as well as to large scale epidemics.

Required Critical Benchmarks for Initial Focus of Funds 4/02 – 8/03:

- **INITIAL PLANNING:**
Appropriate collaborators (Hospital Bioterrorism Preparedness Planning Committee) to develop a needs assessment of preparedness to respond to a bioterrorist incident and to develop a plan of action in response to the identified needs. Need to identify and hire a bioterrorism hospital preparedness coordinator, a medical director, and appropriate administrative staff. In progress.
- **HOSPITAL BIOTERRORISM PLANNING:**
Each hospital to be funded to develop plans to respond to bioterrorism or other infectious disease outbreak incident. Completed.

Contractors and amounts encumbered for this Focus Area:

Maine Hospital Association \$60,000

Emergency Medical Services \$44,200

Each of 42 hospitals – various amounts, depending on size of hospital, total amount = \$598,400

Some of the remaining funds pay for salaries of BoH staff (1.25 positions)

8. Smallpox Vaccination Plan

This Focus Area was added to the grant requirements in December, 2002. Thus far, this must be paid for by subtracting from other Focus Areas. Further guidance from CDC is pending. We are recruiting, medically screening, training (8 hours each person), vaccinating, and following up (for complications) up to 3100 public health and health care workers in Maine this winter and spring.

NOTE: The Governor's Budget passed 3/03 transferred an additional ~\$83,000 from General Funded salaries in the BoH to these federal bioterrorism funds.

Office of the Governor
#1 State House Station
Augusta, Maine 04333-0001

April 18, 2003

To whom it may concern:

I see where the Governor's budget calls for a \$600,000.00 reduction in Maine Care transportation. By doing that we will lose \$1.2 million in federal matching Medicaid funding. Please tell me how are the Elderly people who are now retired and on a fixed income are going to get to the Doctor's or to any of their other appointment's? The Elderly resident's of the State of Maine Depend on the Western Maine Transportation to get to where they need to go. A lot of them don't drive and can't afford to pay for a Taxi.

I don't like the idea that I helped put someone in the Governor's office and he can't keep his promises And you have only been in office for about 100 days.

A lot of people voted for you because of your promises and now you go back On your word How sad it is that you would not do what you said you would for the Elderly.

And while we are on the subject of the Elderly I personally find it appalling that we in The Great State of Maine can't take care of our elderly who helped make this state what It is today. Some of them can't even afford the cost of their medications and have to go With out so they can eat or have fuel to keep warm in the winter.

I know we pay enough in taxes we should have some kind of program so that They don't have to go with out. Many have worked all their lives only to retire. And get a little \$500.00 a month to live on from Social Security or if they get Disabled. All of you that run this State should be ashamed a lot of them we're productive people When they worked and you repay them with a \$500.00 check every month.

Sincerely,

Sherry woodsome

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COPY

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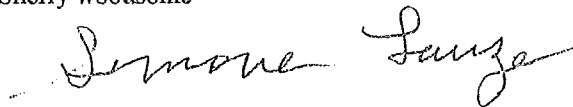
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Sincerely,

Sherry woodsome



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**Answers to Questions From Appropriations Committee
Hearings Held Wednesday, May 14, 2003**

Q. Rep Mailhot -- BEAS -- draft rules regarding proposed home-based care housekeeping caps.

Proposed \$220,000 deappropriation due to savings in Home Based Care Program by limiting hours for housekeeping services.

- The cap applied only to housekeeping services such as general housework, meal preparation, grocery shopping, and laundry (referred to in policy as Instrumental Activities of Daily Living, or IADLs).
- Consumers in this state funded program are authorized to receive a combination of housekeeping and personal care services at one of four levels, based on the amount of support/assistance required, with Level I representing the lowest care, and Level IV nursing facility level of care.
- 300 consumers receiving care at Levels I & II will be affected by limiting the monthly hours of housekeeping services.
- Consumers currently receiving Level I care now receive on average 13 hours of housekeeping services per month. They will be limited to no more than 10 hours per month.
- Consumers currently receiving Level II care now receive on average 15 hours of housekeeping services per month. They will be limited to no more than 12 hours per month.
- The proposed cap in homemaker hours is similar to the limit that has been in place under the state-funded Homemaker Program for several years.
- For current Level I consumers receiving 10 or fewer hours per month there will be no change unless their needs change. If they are receiving fewer than 10 hours, if their reassessment shows a need for increased care, their hours could be increased to 10 depending on if funds are available.
- For current Level II consumers receiving 12 or fewer hours per month there will be no change unless their needs change. If they are receiving fewer than 12 hours, if their reassessment shows a need for increased care, their hours could be increased to 12 depending on if funds are available.

Relevant Information

As of 5/14/03, there are 780 persons on the waiting list for the Home Based Care Program.

- 526 are waiting for home care services after being determined eligible.
- 254 are already on the program and waiting for additional authorized services.
- Keeping the policy change that limits housekeeping services as described above for consumers receiving care at Levels I and II will result in savings to help offset the shortfall in the General Fund.
- Keeping the policy change and restoring the \$220,000 would make it possible to serve approximately 60 persons on the waiting list who are currently not receiving any services.

- Q. Sen Cathcart -- MaineCare\University of Maine -- update on negotiations regarding amended language (final ?)
- A. Not yet final -- still in negotiation.
- Q. Rep. Mailhot -- Transportation - draft rules on Transportation changes -- this request may extend to all proposed DHS changes
- A. The Department is authorized to promulgate emergency MaineCare transportation rules (MaineCare Benefits Manual, Chapter III, Section 113) to enact budgetary savings as mandated by the legislature by July 1.
- Q. Rep Pingree -- Additional information on state employee mileage reimbursement rules -- relative to MaineCare reimbursement
- A. It is our understanding that the Biennial Budget, Part A, is interpreted to require equitable treatment of all monetary issues for all State employees, whether they are covered under a collective bargaining agreement or not. Therefore, it would not be possible to have a lower mileage reimbursement rate for employees not covered by collective bargaining agreements.
- Q. Rep Dudley\Sen Turner -- Additional information on FHM funding for vaccinations -- information on proposal that was being considered for Part 2, and history of funding allocated and used for this purpose.
- A. PL 200 C. 731, Part UU (119th) provided \$1.8 million to the Bureau of Medical Services in Special Revenue funds from the Fund for a Healthy Maine to improve access to tobacco-related chronic disease prevention services, including vaccines.

PL 2001 C 358, (120th) Part B, deallocated \$700,000 from the Bureau of Medical Services.

PL 2001 C559, Part AA deallocated the remaining \$1.1 million from 014-10A-0147-01 and reallocated it to 014-10A-0960-01. (Part of \$17,108,855)

In 2001 and 2002, BMS reimbursed BoH for the purchase of vaccines for residents and staff of nursing facilities. No purchase was made in 2003 because the purchase for 2003 was made in 2002. There is \$1.1 million in each year of '04 and '05 allocated to BMS for tobacco-related chronic disease prevention services, including vaccines.

These criteria are published ANNUALLY, by CDC and are recommendations by the Advisory Committee on Immunization Practice (ACIP). It is the guideline which lays out the high-risk groups, and is updated as knowledge progresses.

For the upcoming year, the categories include:

persons at increased risk for complications from influenza and persons who might transmit influenza to high-risk persons.

These include persons over age 50, residents of nursing homes and other chronic-care facilities that house persons who have chronic medical conditions, adults and children who have chronic disorders of the pulmonary or cardiovascular systems, including asthma, persons with immunosuppression due to disease or to treatment for disease, children and adolescents who are on long-term aspirin therapy, and SEVERAL OTHERS.

- Q. Rep Rosen - FHM - Healthy Maine Partnerships -- additional information on the availability of funding -- 3 year categorical grant funding or other FHM funds -- to extend expiring one-year Preventative Health BG funding contracts.
- A. Rep. Rosen asked why some of the Bureau of Health's funding for coalitions is for one, some for three, and some for five years. The Bureau of Health funds many different community-based organizations for many different purposes and consequently, time periods. Rep. Rosen was specifically asking about the difference between funding for Healthy Communities Coalitions and Healthy Maine Partnerships.

Healthy Communities Coalitions are community development projects in which the communities themselves determine their needs and priorities and develop plans to address them. The needs and priorities may be wide-ranging, from transportation, to promotion of physical activity, to child care, to domestic violence, or substance abuse. These coalitions are based on the World Health Organization model. Funding is limited (approx. \$130,000 per year for all grants) and comes from the Preventive Health Block Grant. The goal of the Community Health Program is to support communities as they start new coalitions and then reduce or eliminate state support after three or four years. (This is consistent with the pattern of funding school-based health centers as well.) The goal is to provide sufficient initial funding that the coalitions can identify their priorities and then seek funds from a variety of sources (municipal, foundation, hospital, or categorical state funding) for ongoing work. In this way, the Bureau of Health is able to support the creation of skills and capacity at the local level, which is particularly important given the lack of a formal local or regional public health infrastructure. Many Healthy Community Coalitions have gone on to become grantees for Healthy Maine Partnerships (see below) and OSA's One Maine, among other programs.

Last year, several coalitions were provided one-time, one-year funds for sustainability planning. The Community Health Program will resume providing multi-year start-up grants beginning in SFY 04.

Healthy Maine Partnerships are community-based chronic disease prevention programs that must address tobacco use, physical inactivity and poor nutrition. Funding is provided from the Fund for a Healthy Maine, and the use of the funds is consistent with the language associated with those funds.

- Q. Rep. Dudley requested a chart depicting FHM projects and those projects "other" funding sources and amounts.
- A. In general, Fund for a Healthy Maine dollars were used to either add new projects and functions under a general program area, or to enhance existing activities (not to supplant them). This chart provides information about those programs within the Bureau of Health.

State Fiscal Year 2003
(Numbers reported in millions)

Program Area	Fund for Healthy Maine	Other State	Federal
Tobacco Community/School Grants (including School-Based Health Centers, Obesity Prevention) Treatment/Evaluation/Counter-Marketing Media Staff	\$7.69 \$6.50 \$0.28		\$1.00 (CDC) ¹
Oral Health	\$0.95 ²		
Home Visitation	\$4.30	\$0.52 ³	
Family Planning ⁴ Outreach	\$0.40	\$1.014	\$0.273

Note: This information was compiled from page 1 of *Challenges/Results: Maine Bureau of Health Tobacco Settlement Fund Allocations SFY 02 – SFY 03*, February 2003.

¹ CDC Tobacco Funds focus on supporting tobacco enforcement, a Tobacco-Free Athletes initiative, a special project focused on populations disproportionately affected by tobacco use, as well as some state-level staff and administrative expenses.

² No other funds are reflected with the Oral Health figure, since the other state and federal funds used by the Oral Health Program are for completely different initiatives, focusing mainly on school-based oral health programs, fluoride, and dental sealants.

³ Half of this amount was mistakenly listed as federal funds in the original document.

⁴ Note: The Fund for a Healthy Maine Family Planning dollars are used specifically for Outreach, an activity that is not supported by the other funding sources.

Fund for a Healthy Maine Allocations
February 26, 2003

<u>Program Category</u>	<u>FY 03</u> <u>in</u> <u>millions</u>
Tobacco Prevention/Cessation to BoH	\$14.472*
Community/School Grants	\$7.690
Tobacco Treatment/Media	\$5.400
Evaluation	\$1.100
Staff/Admin.	\$0.282
Home Visits	\$ 4.300**
Family Planning Outreach	\$ 0.400
Oral Health Subsidy, Development, Case Management	\$ 0.950
To Medicaid MAP Account for Tobacco Treatment Incentives	\$ 1.100
Medicaid Initiatives	\$ 6.493
Child Care/Child Development	\$ 6.095***
Other Health Initiatives (such as school nurse consultant, dental loans, AHEC, Human Leukocyte Antigen program)	\$ 0.407
Substance Abuse/Prevention	\$ 5.647
Low-Cost Drugs for the Elderly	\$10.000
Enforcement/Administration	\$ 0.052

* Tobacco Prevention/Cessation received additional funds for FY 03 and ongoing of \$1.8 million in the Cessation/Media/Evaluation account.

** Home Visits had \$1 million taken from their budget in FY 03 on a one-time basis, but this was replaced with the same amount of funds from TANF.

*** Child Care Programs had \$3.1 million taken from their budget in FY 03 on a one-time basis, but this was replaced with the same amount of funds from TANF.

**Answers to AFA Committee Questions
Hearing Date 5/21/2003**

Q # 1. Hospital intergovernmental transfer -- would like to see the detailed numbers for each hospital -- also am still concerned about the language "transfer from the hospital..."

A. Federal law allows States to use disproportionate share (DSH) funds to reimburse a hospital for up to 175% of its uncompensated care costs (beginning in state fiscal year 2004).

In 2002, Mayo Hospital had \$1,527,985 of uncompensated care. 175% of this is \$2,673,974.

In 2002, Cary Hospital had \$3,591,900 of uncompensated care. 175% is \$6,285,825.

This bill calls for total DSH expenditures for the 2 hospitals of just over \$3 million. Therefore, there is room under the caps described above. This level of funding should not be exceeded, because it's unknown as to how the noncategorical waiver will affect these hospitals' uncompensated care next year.

Q. # 2 Barron Center -- further increase in IGT amount -- based on actual Medicare payment comparison ? or projected Medicare 04 05 ?

A. *See Attachment 1*

Q. # 3 SCHIP '03 -- not sure I understand (1) what you are proposing and (2) how you are accounting for it with a GF appropriation and FEF (vs. FBG) allocation ? -- please add this to our request for an update on the '03 MAP\NF numbers -- and '04-'05 projections

A. A Financial Order was approved on May 20 for \$11.8 million in SCHIP allotment in 015-10A-0147-01. The State Controller has determined this prior year adjustment is to be booked as revenue to the General Fund. Thus DHS is requesting the allocation of this revenue. The federal funds allocation is in error because the federal portion of SCHIP is in fund 015. However, the financial order has taken care of the Block Grant allocation.

The Section P-11 Revenue is the acknowledgement of this one-time adjustment to the balance forward of these SCHIP funds.

Q. # 4 Sec. P-11 revenues -- ?? -- add this to our request for an update on TCM revenues

A. This is the revenue associated with the question above.

Q. # 5 Sec P-12 -- Why ?

A. This section requires the Department of Human Services to enact Emergency Rules to implement the Part 1 and Part 2 Budget changes relating to hospital reimbursement. This is required for the Attorney General to approve the hospital rule, because there will not enough time between the Part 2 budget passage and July 1 2003 for the normal rulemaking process to run its course. As always, the Emergency Rule will be immediately followed by the Standard Rulemaking process.

Q. # 6 The deletion of allocation requests for federal funds. Was this because the grants were not available, DHS did not apply for them (and why) or because DHS applied and did not receive the grants. – Rosen

A. ***No grants are being deleted in LD 1614 due to not applying.*** The specifics are:

1. In 2002, the Maine Injury Prevention Program submitted two grants to the CDC that were not funded:

Core State Injury Surveillance Program Development Grant Application

(LD 1614, Page 40, Lines 40-50). The grant was submitted in August 2002 to CDC's National Center for Injury Prevention and Control (NCIPC). It was a capacity building grant to create an injury surveillance system in the State of Maine. Grant amount was \$75,000.

Four grants were awarded. Our grant was recommended for approval but did not rate high enough to be funded.

National Violent Death Reporting System Grant Application

Grant was submitted in August 2002 to CDC's National Center for Injury Prevention and Control. The grant requested \$219,901 to develop a system to report violent deaths. The grant was submitted jointly with the State of New Hampshire.

Six grants were awarded. Our grant was recommended for approval but did not rate high enough to be funded.

2. **The Traumatic Brain Injury Initiative**

A Maternal and Child Health federal grant application was approved by the CDC. It was originally set up in the Bureau of Health

account as a Federal Project Grant (LD 1614, page 41, lines 36-46). This is being deleted. On page 6 of the 5/21/03 Change Package, it is added back as an MCH account federal categorical grant.

Q. # 7 One-pager on the municipal hospitals (Barron, Carey and Mayo) starting with the first public law that touches this and walking through the appropriations/allocations and corrections to the bottom line of what the arrangement is with each municipal hospital. - Rosen

A. *See Attachment 2*

Q. # 8 Take another look at the transportation mileage reimbursement to reflect how it would look if the \$600K in the Part II is restored. - Pingree

A. The attached sheet shows the effect of moving the savings from the per mile cut to the base rate, and lowering the base rate cap from \$7.00 to \$6.35.

See Attachment 3

Q. # 9 How much would it cost to reinstate the 2 cent decrease? - Rotundo

A. Moving the volunteer vehicle rate back to 30 cents per mile from 28 cents per mile would cost \$214,091 total (state: \$72,128)
Moving the family vehicle rate back to 15 cents per mile from 14 cents per mile would cost \$97,814 total (state: \$32,954)

Q. # 10 Inform the chairs of HHS Comm of the "Youth in Need of Services" language and get the Committee's feedback on the approach in the language. - Rosen

A. Acting Commissioner Walsh to discuss with Committee on 5-28.

		2002-03	2003-04	2004-05
c.2 Curtailment	GF (MAP)	(\$600,000)		
c. 20	GF	\$0	(\$1,201,094)	(\$1,222,640)
c. 20	FEF	\$0	\$1,554,337	\$1,567,353
c. 20	OSR	\$0	\$1,201,094	\$1,222,640
c. 51	GF	\$1,000,000	\$0	\$0
c. 51	FEF	\$1,960,000	\$0	\$0
c. 51	Revenue	\$1,000,000	\$2,000,000	\$2,000,000
	Total GF Pymts	\$400,000	\$800,000	\$800,000
	Fed Match	\$800,000	\$1,600,000	\$1,600,000
	Total Payment	\$1,200,000	\$2,400,000	\$2,400,000
	Net to State	\$600,000	\$1,200,000	\$1,200,000
	Net to Portland	\$200,000	\$400,000	\$400,000
		\$800,000	\$1,600,000	\$1,600,000
Part 2 Proposed	Revenue		\$2,400,000	\$2,400,000
	Total GF Pymts		\$950,320	\$951,720
	Fed Match		\$1,849,680	\$1,848,280
	Total Payment		\$2,800,000	\$2,800,000
	Net to State		\$1,449,680	\$1,448,280
	Net to Portland		\$400,000	\$400,000
			\$1,849,680	\$1,848,280
Part 2 Revised	Need GF Approp		\$2,151,414	\$2,174,360

INTERGOVERNMENTAL TRANSFER OF MAINECARE FUNDS FOR MUNICIPALLY OWNED- HOSPITALS AND NURSING FACILITIES

		2002-03				2003-04				2004-05			
MUNICIPALLY-OWNED NURSING FACILITIE(S) - BARRON CENTER		BOOKED REVENUE	GENERAL FUND	FEDERAL FUND	OTHER SPECIAL REVENUE FUND	BOOKED REVENUE	GENERAL FUND	FEDERAL FUND	OTHER SPECIAL REVENUE FUND	BOOKED REVENUE	GENERAL FUND	FEDERAL FUND	OTHER SPECIAL REVENUE FUND
Chapter 2 Curtailment	GF (MAP)		(600,000)										
Chapter 20 Part B							(1,201,094)	1,554,337	1,201,094		(1,222,640)	1,567,353	1,222,640
Chapter 51 Part A		1,000,000	1,000,000	1,960,000		2,000,000				2,000,000			
LD 1614 Part C (ORIGINAL) CHANGE PACKAGE							949,200 1,041,818	1,849,680 2,027,996			949,200 1,093,909	1,849,680 2,124,417	-
LD 1614 Sec P-2 (ORIGINAL) CHANGE PACKAGE						2,400,000 2,492,618				2,400,000 2,544,709			
CHANGE PACKAGE Reverse Chapter 20 allocations								(1,554,337)	(1,201,094)			(1,567,353)	(1,222,640)
SUB-TOTAL:		1,000,000	400,000	1,960,000	-	2,492,618	(159,276)	2,027,996	-	2,544,709	(128,731)	2,124,417	-
MUNICIPALLY-OWNED HOSPITALS - CARY & MAYO		BOOKED REVENUE	GENERAL FUND	FEDERAL FUND	OTHER SPECIAL REVENUE FUND	BOOKED REVENUE	GENERAL FUND	FEDERAL FUND	OTHER SPECIAL REVENUE FUND	BOOKED REVENUE	GENERAL FUND	FEDERAL FUND	OTHER SPECIAL REVENUE FUND
LD 1614 Part C (ORIGINAL) CHANGE PACKAGE:							250,000 987,581	486,594 1,922,419			250,000 1,002,705	486,594 1,947,295	
ADD CHANGE PACKAGE PART C							1,202,214				1,225,160		
LD 1614 Sec P-2 (ORIGINAL) CHANGE PACKAGE:						650,000 2,590,000				650,000 2,630,000			
SUB-TOTAL:		-	-	-	-	2,590,000	2,189,795	1,922,419	-	2,630,000	2,227,865	1,947,295	-
GRAND-TOTAL		1,000,000	400,000	1,960,000	-	5,082,618	2,030,519	3,950,415	-	5,174,709	2,099,134	4,071,712	-
HOSPITAL IGT	FY 04	FY 05											
NET TO STATE:	1,602,419	1,627,295											
NET TO HOSPITALS:	320,000	320,000											
NURSING FACILITIES IGT													
NET TO STATE:	1,449,680	1,449,280											
NET TO HOSPITALS:	400,000	400,000											

Transportation
FY02 - FY 05

Category of Service	FY 02 Actuals	FY 03 Estimates	FY 04 Budgeted	FY 05 Budgeted
Transportation	\$ 16,430,480	\$ 18,210,574	\$ 20,018,774	\$ 20,845,059
FY04/FY05 Transportation Biennium Budget Reductions				
Establish \$6.35 Base Rate Cap (For Providers Over \$6.35)			\$ (759,306)	\$ (759,306)
4.5% Cut in Base Rate (For Providers Under \$6.35)			\$ (65,086)	\$ (65,086)
5.79% Cut to other services (All Providers)			\$ (191,897)	\$ (191,897)
			<hr/> \$ (1,016,289)	<hr/> \$ (1,016,289)
Adjusted Total - After Budget Reductions			\$ 19,002,485	\$ 19,828,770

Maine Rx Funding History

- **Maine Rx Bill enacted PL 1999, c.786 (May 11, 2000)** – to reduce prescription drug prices for all qualified residents of the state – original estimates that **325,000** could participate.
- **State would negotiate with manufacturers to get best price** – sanctions if they do not participate – Medicaid prior authorization, establishing maximum retail prices, other sanctions, etc.
- **No program has been implemented to date** -- Fed District court ruled in favor of PHARMA to block-- appeals court overturned -- Supreme Court heard arguments in the case on 1/22/03 -- decision May 19, 2003 to allow Maine Rx to go forward.
- **Original Maine Rx bill included start-up 2000-01 funding**
 - One-time General Fund appropriation of \$833,165 as follows
 - DHS \$651,080 (6 positions, outreach, PBM, cards)
 - AG \$182,085 (1 position, litigation cost account).
 - Advance from FHM trust fund of \$4.6 million – to be repaid to FHM by 6/30/05
 - On-going funding to come from drug rebates.
- **Maine Rx 2002-2003 funding -- P.L 2001 c. 358 Part JJ (6/04/01)** (Part 1 Budget 2002-2003)
 - Provided Other Special Revenue Fund allocation for 2002-2003
 - DHS \$2,017,200 for 2001-02 and \$4,935,983 for 2002-03 (4 positions, operational costs)
 - AG \$63,000 for 2001-02 and \$65,520 for 2002-03 (1 position)
 - Changed advance from FHM to \$1.7 million to be repaid by 6/30/10 (reflects elimination of FHM Trust Fund) –
 - P.L 2001, c. 714 (11/13/02) -- \$1.7 million in FHM funds deallocated and transferred to the General Fund and the advance to Maine Rx repealed.
- **P.L. 2001, c.293 (5/25/01) - Healthy Maine Prescription Program** – a federally approved Medicaid waiver to extend Medicaid best price to residents with incomes at or below **300%** of poverty (original estimates of **200,000 eligibles – 125,000 participate**) – part of the startup costs paid for with Maine Rx start-up funds (i.e., takes \$354,144 of above) – use Medicaid rebates to pay for reduced price (approx. 25% below retail) plus admin. Vermont program blocked because no state payment – Maine puts in a 2% (1/\$50) state only payment to address this concern. District court oks. Stopped at next level on 12/24/02 – working with federal HHS to address issues – DEL continues.
- **Maine DEL** – elderly and disabled up to 185% of poverty – covers specified illnesses (80% state payment – 20% copay). Issue with these other illnesses when HMP stopped.

citizens are admitted to or treated at hospitals each year because they can not afford the drugs prescribed for them that could have prevented the need for hospitalization. Many others must enter expensive institutional care settings because they can not afford their necessary prescription drugs that could have supported them outside of an institution. All Maine citizens are threatened by the possibility that when they need medically necessary prescription drugs most they may be unable to afford their doctor's recommended treatment.

B. Citizens of Maine and other Americans pay the highest prices in the world for prescription drugs, prices that result in extremely high profits for pharmaceutical companies.

C. Prescription drug costs represent the fastest growing item in health care and are a driving force in rapidly increasing hospital costs and insurance rates.

D. Excessive pricing for prescription drugs threatens Maine's ability to assist with the health care costs of Maine citizens, undermines the financial capacity of Maine communities to meet the educational needs of Maine children, hurts the ability of the Maine business community to provide health insurance coverage to Maine's work force and has a negative effect on Maine's economy. The Legislature finds that affordability is critical in providing access to prescription drugs for Maine residents.

2. **Intent.** It is the intent of the Legislature to provide access for all Maine citizens to medically necessary prescription drugs at the lowest possible prices.

3. **Purpose.** This law is enacted by the Legislature as a positive measure to make prescription drugs more affordable for Maine residents, thereby increasing the overall health of our families, benefiting employers and employees and the fiscal strength of our society, promoting healthy communities and increasing the public health and welfare.

Sec. A-6. Appointments; first meeting of Prescription Drug Advisory Commission. All appointments must be completed no later than 30 days following the effective date of this Act. The appointing authorities shall notify the Executive Director of the Legislative Council upon making their appointments. The Chair of the Legislative Council shall call the first meeting of the commission within 30 days after notification that appointments have been completed. At the first meeting of the commission, the members shall select a chair from among the members.

Sec. A-7. Working capital advance. Notwithstanding the Maine Revised Statutes, Title 22, section 1511, subsection 3 and section 1512, the State Controller is authorized to advance to the Maine Rx Dedicated Fund in the Department of Human Services \$4,582,500 from the Trust Fund for a Healthy Maine no later than January 1, 2001. These funds may be allotted by financial order upon the recommendation of the State Budget Officer and approval of the Governor. These funds must be returned to the Trust Fund for a Healthy Maine from the Maine Rx Dedicated Fund no later than June 30, 2005.

Sec. A-8. Appropriation. The following funds are appropriated from the General Fund to carry out the purposes of this Part.

2000-01

HUMAN SERVICES, DEPARTMENT OF

Maine Rx Program

Positions - Legislative Count	(6,000)
Personal Services	\$148,330
All Other	502,750

Provides for the one-time appropriation of funds to establish the Maine Rx Program, including the establishment of 6 additional positions and related operating costs, for outreach activities, to contract for claims management services and for costs associated with the issuance of prescription cards.

DEPARTMENT OF HUMAN SERVICES TOTAL

\$651,080

ATTORNEY GENERAL, DEPARTMENT OF THE

Administration - Attorney General

Positions - Legislative Count	(1,000)
Personal Services	\$46,745
All Other	5,340

TOTAL 52,085

Provides one-time funds for one Assistant Attorney General position and related operating costs due to the establishment of the Maine Rx Program.

Fair Drug Pricing Contingent Account

All Other \$130,000

Provides one-time funds to support litigation costs associated with the Maine Rx Program. Any balance remaining at the end of each fiscal year may not lapse but must be carried forward to be used for the same purpose.

DEPARTMENT OF THE ATTORNEY GENERAL TOTAL

\$182,085

TOTAL APPROPRIATIONS \$833,165

Sec. A-9. Allocation. The following funds allocated from the Other Special Revenue funds to carry out the purposes of this Part.

2000-01

PROFESSIONAL AND FINANCIAL REGULATION, DEPARTMENT OF

Licensing and Enforcement

All Other \$2,500

Provides for the allocation of funds for the costs associated with the Maine Board of Pharmacy to adopt rules associated with the Maine Rx Program.

PART B

Sec. B-1. 22 MRSA §254, sub-§8, as corrected by RR 1999, c. 1, §27, is amended to read:

8. Drug rebate program. Effective May 1, 1992, payment must be denied for drugs from manufacturers that do not enter into a rebate agreement with the department for prescription drugs included in the list of approved drugs under this

program. Each agreement must provide that the pharmaceutical manufacturer make rebate payments for both the basic and supplemental components of the program to the department according to the following schedule.

A. For the period beginning May 1, 1992 and ending September 30, 1992, the rebate percentage is equal to 11% of the manufacturer's wholesale price for the total number of dosage units of each form and strength of a prescription drug that the department reports as reimbursed to providers of prescription drugs, provided payments are not due until 30 days following the manufacturer's receipt of utilization data supplied by the department, including the number of dosage units reimbursed to providers of prescription drugs during the period for which payment is due.

B. For the quarters beginning October 1, 1992, the rebate percentage is equal to the percentage recommended by the federal Health Care Financing Administration of the manufacturer's wholesale price for the total number of dosage units of each form and strength of a prescription drug that the department reports as reimbursed to providers of prescription drugs, provided payments are not due until 30 days following the manufacturer's receipt of utilization data supplied by the department, including the number of dosage units reimbursed to providers of prescription drugs during the period for which payments are due.

C. Beginning October 1, 1998, the department shall seek to achieve an aggregate rebate amount from all rebate agreements that is 6 percentage points higher than that required by paragraph B of this subsection, provided such rebates result in a net increase in the rebate revenue available to the elderly low-cost drug program. In the event the department is not able to achieve the rebate amount required by this paragraph without compromising the best interest of recipients of the elderly low-cost drug program, it shall report to the joint standing committee of the Legislature having jurisdiction over health and human services matters and the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs in the First Regular Session of the 119th Legislature.

Upon receipt of data from the department, the pharmaceutical manufacturer shall calculate the quarterly payment. If a discrepancy is discovered, the department may, at its expense, hire a mutually agreed-upon independent auditor to verify the pharmaceutical manufacturer's calculation. If a discrepancy is still found, the pharmaceutical manufacturer shall justify its calculation or make payment

capacity is developed and expanded to provide external and internal network connections, technical support and toll-free home network access as recommended in the Final Report of the Task Force on the Maine Learning Technology Endowment.

5. Plan. The learning technology plan must provide for:

- A. Portable computing devices for every student and teacher with functional software appropriate to grade level;
- B. Obtaining basic research information and databases;
- C. An alternative equivalent value factor option to school administrative units if they meet the standards of the learning technology plan;
- D. Teacher technology and professional development;
- E. External and internal networks and technical support;
- F. Costs for replacement of portable computing devices, servers and other equipment; and
- G. An evaluation component.

Sec. II-8. Fundraising plan. The fundraising plan required by the Maine Revised Statutes, Title 20-A, section 19103 must be part of the learning technology plan submitted to the Second Regular Session of the 120th Legislature in accordance with Title 20-A, section 19102.

Sec. II-9. Transfer of funds. Notwithstanding the Maine Revised Statutes, Title 20-A, Part 1, the Commissioner of Administrative and Financial Services shall transfer \$20,000,000 from the Maine Learning Technology Endowment to the unappropriated surplus of the General Fund no later than August 1, 2001.

Sec. II-10. Transfer of interest earned. All income interest earned from the investment of endowment funds before August 1, 2001 must be transferred from the Maine Learning Technology Endowment fund account held by the Board of Trustees of the Maine State Retirement System to the dedicated General Fund account in the Department of Administrative and Financial Services by September 1, 2001.

PART JJ

Sec. JJ-1. Working capital advance. Notwithstanding the Maine Revised Statutes, Title 22, section 1511, the State Controller is authorized to advance to the Maine Rx Dedicated Fund in the

Department of Human Services \$1,700,000 from the Fund for a Healthy Maine on July 1, 2001. These funds may be allotted by financial order upon the recommendation of the State Budget Officer and approval of the Governor. These funds must be returned to the Fund for a Healthy Maine from the Maine Rx Dedicated Fund no later than June 30, 2010.

Sec. JJ-2. Allocation. The following funds are allocated from Other Special Revenue funds to carry out the purposes of this Part.

	2001-02	2002-03
ATTORNEY GENERAL, DEPARTMENT OF THE		
Administration - Attorney General		
Positions - Legislative Count	(1,000)	(1,000)
Personal Services	\$56,781	\$62,411
All Other	6,219	3,109
Allocates funds for an Assistant Attorney General position and related operating costs due to the implementation of the Maine Rx Program.		
DEPARTMENT OF THE ATTORNEY GENERAL		
TOTAL	63,000	65,520
HUMAN SERVICES, DEPARTMENT OF		
Maine Rx Program		
Positions - Legislative Count	(4,000)	(4,000)
Personal Services	160,000	166,400
All Other	1,857,200	4,769,583
Allocates funds to implement the Maine Rx Program including funds for 4 positions and related costs.		
DEPARTMENT OF HUMAN SERVICES		
TOTAL	2,017,200	4,935,983
TOTAL ALLOCATIONS	\$2,080,200	\$5,001,503

PART KK

Sec. KK-1. Capital Construction-Repairs-Improvements-Renovation of State Facilities. Notwithstanding any other provision of law, \$512,384 in fiscal year 2001-02 in Capital Construction-Repairs-Improvements-Renovation of State Facilities account must lapse to the General Fund unappropriated surplus.

B. If a drug rebate is paid for any prescription under the prescription program, a rebate is not due under the elderly low-cost drug program.

C. The department shall issue a single certificate for eligibility to an individual who is eligible for both the benefit under the elderly low-cost drug program and the benefit under the prescription program.

5. Copayments. Notwithstanding section 3173-C, a beneficiary of the prescription program shall make the copayments authorized under the prescription program and the elderly low-cost drug program.

6. Report. On or before January 15th each year, the department shall report to the Legislature on the prescription program.

7. Rules. The department shall adopt rules to implement this section. Rules adopted pursuant to this section are routine technical rules as defined in Title 5, chapter 375, subchapter II-A.

Sec. 6. 36 MRSA §191, sub-§2, ¶X, as amended by PL 1999, c. 708, §15, is further amended to read:

X. The disclosure to the Department of Human Services, ~~Bureau of Medical Services~~ of information relating to the administration of the elderly ~~low-cost~~ low-cost drug program and the Healthy Maine Prescription Program established under Title 22, section 258; and

Sec. 7. 36 MRSA §6162-B, sub-§2, as amended by PL 1999, c. 707, §2, is further amended to read:

2. Limitation. An individual does not qualify under this program if that individual receives state supplemental income benefits or full Medicaid pharmaceutical benefits.

Sec. 8. 36 MRSA §6162-B, sub-§3, as enacted by PL 1999, c. 401, Pt. KKK, §5 and affected by §10 and c. 531, Pt. F, §2, is repealed.

Sec. 9. Emergency rule-making authority. The Department of Human Services shall engage in emergency rulemaking under the Maine Administrative Procedure Act in order to implement the Healthy Maine Prescription Program authorized in this Act on or before July 1, 2001.

Sec. 10 Expenditures for prescription drugs. Notwithstanding any other provision of law, the Department of Human Services is authorized to utilize funds appropriated or allocated for prescription drug coverage in the Bureau of Medical Services

program, the Medical Care - Payments to Providers program and the Low-cost Drugs to Maine's Elderly program to support the costs of the Healthy Maine Prescription Program. This authorization is limited to fiscal year 2000-01 and fiscal year 2001-02 only.

Sec. 11. Appropriation. The following funds are appropriated from the General Fund to carry out the purposes of this Act.

	2000-01	2001-02	2002-03
HUMAN SERVICES, DEPARTMENT OF			
Healthy Maine Prescription Program			
All Other	\$259,726	\$1,777,094	\$787,968
Provides one-time funds to be deposited in the Administration - Attorney General Other Special Revenue program; the Bureau of Medical Services Other Special Revenue program; the Bureau of Family Independence - Regional Other Special Revenue program; the OMB Operations - Regional Other Special Revenue program; and the Medical Care - Payments to Providers Other Special Revenue program to support a portion of the costs of the Healthy Maine Prescription Program. Any balance remaining on June 30, 2001 may not lapse but must be carried forward to fiscal year 2001-02 to be used for the same purposes.			

Maine Rx Program

All Other	(\$354,144)
Deappropriates one-time funds from an available balance within the Maine Rx Program to provide funding for the Healthy	

Maine Prescription
Program.DEPARTMENT
OF HUMAN
SERVICES

TOTAL	(\$94,418)	\$1,777,094	\$787,968
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Sec. 12. Allocation. The following funds are allocated from Other Special Revenue funds to carry out the purposes of this Act.

2000-01	2001-02	2002-03
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ATTORNEY GENERAL,
DEPARTMENT OFAdministration - Attorney
General

Positions - Legislative Count	(1.000)	(1.000)
Personal Services	\$56,781	\$62,411
All Other	6,219	3,109

Allocates funds for the establishment of one Assistant Attorney General position and related costs to handle cases associated with Healthy Maine Prescription Program.

DEPARTMENT
OF THE ATTORNEY
GENERAL
TOTAL

\$63,000	\$65,520
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HUMAN SERVICES, DE-
PARTMENT OFBureau of Family Inde-
pendence - Regional

Positions - Legislative Count	(2.000)	(2.000)
Personal Services	\$69,368	\$72,142
All Other	173,485	86,205

TOTAL	\$242,853	\$158,347
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Allocates funds for the establishment of 2 Eligibility Specialist positions for the Healthy Maine Prescription Program.

Bureau of Medical Services

Positions - Legislative Count	(6.000)	(6.000)
Personal Services	\$37,098	\$200,198
All Other	137,313	393,738

L	\$174,411	\$593,936	\$604,740
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Allocates funds for the establishment of 4 Clerk Typist III positions; one Medical Care Coordinator position; and one Social Services Program Manager position for the Healthy Maine Prescription Program.

Medical Care - Payments to
Providers

All Other	\$85,315	\$2,675,272	\$4,613,564
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Allocates funds for payments to pharmacy providers under the Healthy Maine Prescription Program.

OMB Operations - Regional

Positions - Legislative Count	(2.000)	(2.000)
Personal Services	\$51,692	\$53,760
All Other	10,000	3,120

TOTAL	\$61,692	\$56,880
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Allocates funds for the establishment of 2 Clerk Typist II positions for the Healthy Maine Prescription Program.

DEPARTMENT
OF HUMAN
SERVICES
TOTAL

\$259,726	\$3,573,753	\$5,433,531
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TOTAL

ALLOCATIONS	\$259,726	\$3,636,753	\$5,499,051
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Sec. 13. Allocation. The following funds are allocated from the Federal Expenditures Fund to carry out the purposes of this Act.

2000-01	2001-02	2002-03
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HUMAN SERVICES, DE-
PARTMENT OFBureau of Family Inde-
pendence - Regional

Positions - Legislative Count	(2.000)	(2.000)
Personal Services	\$69,368	\$72,142
All Other	173,485	86,205

TOTAL	\$242,853	\$158,347
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Allocates federal matching funds for the establishment of 2



Oceanview Nursing and Residential Care

2 South Street

Lubec, Maine 04652

Tel. (207) 733-4900

Mary Cathcart - Chair

Appropriations Committee
State House
Augusta, ME. 04333

5/23/2003

To the Honorable Members of the Appropriations Committee:

Please accept this Letter of Support on behalf of WHCA and the other MaineCare funded Transportation Agencies assisting Maine's low-income population with maintaining the highest Quality of Life available to them.

I am aware of many elderly and disabled folks in our area who utilize WHCA on a fairly regular basis. They utilize WHCA so that they can keep appointments with Doctors and Therapists, maintain friendships with other elders who do not live in their immediate neighborhood, and maintain some level of independence in shopping for their groceries or going to the pharmacy. While family and friends are busy with work and/or family, these people are able to maintain some level of freedom with their personal lives.

Here in our Residential Care, we have one lady in particular who maintains an unbelievable pace of Doctor's visits and Counseling sessions. We would be unable to support the current level of service for her, due to scheduling conflicts for our van, and a lack of financial resources to keep a Van Driver employed for the duration of time our particular patient mix requires. WHCA allows her the freedom to schedule appointments at her convenience and her Medical Provider's rather than restricting her routine to times that the Nursing Facility Van is not being utilized.

I do appreciate the severe nature of the State's MaineCare budget shortfall, and recognize the need for drastic action to be taken, but I would encourage you to consider long-term costs which MaineCare may incur as a result of Beneficiaries neglecting their health for extended periods of time. Is it better to get checked by the Doctor one day when you feel your Blood Sugar is out of sorts, or to show up at the Emergency Room with a gangrenous foot three weeks later? One requires a day's work, the other requires amputation, an extended stay in the hospital, fitting for a prosthesis, and months of rehabilitation to learn how to use your new plastic foot.

Then there is the case of the person in a minor depression because of their lack of independence, who suddenly finds themselves having to beg and search for help in getting their household needs met. A gateway to Major Depression gets opened when restricted independence turns to total dependence. Either way, these are costs which MaineCare absorbs...

Needless to say, this is a worst-case scenario, but potential exists for these types of cases to increase greatly with a restriction on access to preventative care... How about limits on utilization? 52 or 104 passes/year? What about schedules like a bus—if you make it you do, if not, you don't? How about individual spending caps?

This is a need, surely there is some way to make it work. Check with States, Providers, or Individuals who make transportation profitable for them, and follow their guidelines for controls...

Thank you for your consideration.

Sincerely,

Nathan Brown

Nathan Brown
Administrator

Memo

To: Senator Brennan and Representative Kane, Co-chairs
Joint Standing Committee on Health and Human Services

From: Christine Gianopoulos, Director

Date: May 23, 2003

Subject: Restoration of Proposed Cut in Home Based Care Funds

Thank you and other members of the Committee for advocating to eliminate the proposed \$220,000 year reduction in Home Based Care Funds. This amount represented savings from capping the monthly hours of housekeeping assistance for Level I and Level II consumers.

It originally had been the Bureau's intent to implement this cap and use the savings to serve individuals on the Home Based Care waiting list. When the Department had to identify additional budget reductions, we put this savings proposal on the list.

As you know, the Home Based Care program has a waiting list of 700+ individuals. BEAS suggests that a portion of the restored funds be used to maintain housekeeping services, and the balance be used to admit more individuals from the waiting list. Before moving forward, we would appreciate the Committee's reaction to this idea.

Part II Budget Work Session – 5/14/03

Response to question from Representative Mailhot about housekeeping services

RE: Bureau of Elder and Adult Services

Proposed \$220,000 deappropriation due to savings in Home Based Care Program by limiting hours for housekeeping services.

- The cap applied only to housekeeping services such as general housework, meal preparation, grocery shopping, and laundry (referred to in policy as Instrumental Activities of Daily Living, or IADLs).
- Consumers in this state funded program are authorized to receive a combination of housekeeping and personal care services at one of four levels, based on the amount of support/assistance required, with Level I representing the lowest care, and Level IV nursing facility level of care.
- 300 consumers receiving care at Levels I & II will be affected by limiting the monthly hours of housekeeping services.
- Consumers currently receiving Level I care now receive on average 13 hours of housekeeping services per month. They will be limited to no more than 10 hours per month.
- Consumers currently receiving Level II care now receive on average 15 hours of housekeeping services per month. They will be limited to no more than 12 hours per month.
- The proposed cap in homemaker hours is similar to the limit that has been in place under the state-funded Homemaker Program for several years.
- For current Level I consumers receiving 10 or fewer hours per month there will be no change unless their needs change. If they are receiving fewer than 10 hours, if their reassessment shows a need for increased care, their hours could be increased to 10 depending on if funds are available.
- For current Level II consumers receiving 12 or fewer hours per month there will be no change unless their needs change. If they are receiving fewer than 12 hours, if their reassessment shows a need for increased care, their hours could be increased to 12 depending on if funds are available.

Relevant Information

As of 5/14/03, there are 780 persons on the waiting list for the Home Based Care Program.

- 526 are waiting for home care services after being determined eligible.
- 254 are already on the program and waiting for additional authorized services.
- Keeping the policy change that limits housekeeping services as described above for consumers receiving care at Levels I and II will result in savings to help offset the shortfall in the General Fund.
- Keeping the policy change and restoring the \$220,000 would make it possible to serve approximately 60 persons on the waiting list who are currently not receiving any services.

Regards item on Line 532

Naples, Rudolph

Subject: FW: Info on the Small Hospital Improvement Program

-----Original Message-----

From: Mosher, Michelle
Sent: Thursday, May 29, 2003 9:55 AM
To: Glidden, Sophie E.
Subject: Info on the Small Hospital Improvement Program

The Small Hospital Improvement Program guidance provides the Federal Office of Rural Health Policy's definition of eligible facilities. During last year's grant program, "available beds" was defined by the number of licensed beds at each facility. Maine had a total of 15 hospitals that met program criteria.

The guidance defines rural as being outside a Metropolitan Statistical Area (MSA) or in a census tract determined to be rural under the Goldsmith Modification. This modification only effects Penobscot County since a county must be of at least 1,225 square miles to be impacted by the rule. Penobscot County is defined as a Metropolitan Statistical Area since the Bangor area is metropolitan. The Goldsmith Modification is used to better reflect rural and urban areas in large metropolitan counties like Penobscot. Under this modification, many areas of Penobscot County are considered rural since the communities are not in close proximity to the Bangor MSA.

I expect to receive guidance for this year's grant program within the next month. At that point I will begin working with eligible hospitals on potential projects as proscribed in the new guidance. There is increased emphasis on collaboration and it highly likely that the Federal Office will expect the Office of Rural Health and Primary Care to facilitate collaboration among eligible facilities.

The hospitals are: Blue Hill; CA Dean; Calais; Downeast; Houlton; Inland; Mayo; Miles Millinocket; Mount Desert; Penobscot Valley; Rumford; Seabasticook Valley; St. Andrews; and Waldo County.

Let me know if I can provide any additional information.

Michelle Mosher
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HOUSE OF REPRESENTATIVES

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June 2, 2003

Senator Mary R. Cathcart, Chair
Representative Joseph C. Brannigan, Chair
Joint Standing Committee on Appropriations and Financial Affairs
5 State House Station
Augusta, ME 04333-0005

Dear Senator Cathcart & Representative Brannigan:

As you may be aware, the Joint Standing Committee on Health and Human Services has made a recommendation to you regarding the \$800,000 recently returned from a provider, Wings, of Bangor. I agree that reinstatement of funds to community support services, case management services and out-patient services is important; and it is my desire that these important services could be fully funded. However, I propose an alternate allocation for the \$800,000 and want to share my idea with you.

I put forward that \$300,000 be used to fully fund transportation with the remaining \$500,000 to be used to fund the Office of Program Evaluation and Government Accountability (OPEGA). Furthermore, I propose this newly-formed Office start with the review of the merged DHS/BDS organization.

You may ask; *why fund transportation?*


This program affects vulnerable people all over the State. It is important to give a sick senior citizen a ride to the doctor's office or the pharmacy and it is our responsibility to provide necessary transportation for a disabled child.

Why fund OPEGA?

I admit that I initially thought OPEGA was part of a political agenda and I was skeptical. Nevertheless, my skepticism has subsided due to my research on similar oversight programs in Idaho and Florida. The program evaluation and oversight in those states have improved the effectiveness of state-run programs, while at the same time ensuring that more money goes to services, not unnecessary levels of administration. DHS and BDS need improvements, as is evident by the two recent accounting problems at DHS and the negative BDS consent decree ruling last week.

My commitment for the funding of direct services remains steadfast and I will continue to be an advocate for our most needy citizens. I appreciate your consideration.

Respectfully,



Darlene J. Curley
State Representative

DJC/dak

pc: Appropriations & Financial Affairs Committee Members
Health & Human Services Committee Members