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JANE ORBETON, Legislative Analyst
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State of Maine
 ONE HUNDRED AND TWENTY-FOURTH LEGISLATURE
 COMMITTEE ON HEALTH AND HUMAN SERVICES

MEMORANDUM

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

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

Date: February 3, 2010

Re: Recommendations on LD 1671, An Act Making Supplemental Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds, and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2010 and June 30, 2010

The Health and Human Services Committee is pleased to provide their report on LD 1671, the supplemental budget for FY10 and FY11.

The following spreadsheets are the report of the HHS Committee:

- The spreadsheet entitled HHS Committee- Policy Initiatives Report. Please note on the left hand side the column entitled Line #, which we used to refer to all initiatives except the language items, which are added to the end of the spreadsheet. Also please note on the right hand side the column entitled HHS Vote. In this column we have recorded the votes on each item, indicating if the vote was not unanimous, if the initiative requires an amendment and if we have included an attachment for further explanation
- Attachments A through E that accompany the policy initiatives spreadsheet. We bring to your attention Attachment A, which is an itemization of Item #2 on adult mental health, nonMaineCare contracts. There are 17 contracts embedded in this initiative. The HHS Committee took separate votes on all of the contracts, with the result that we are unable to enter in the vote column for Item #2 a simple designation of "yes" or "no."
- The spreadsheet entitled HHS Committee – Management Initiatives. All management initiatives were voted "yes" by the HHS Committee unanimously.

Committee members are prepared to discuss this report with you. Some members will recommend additional revenues. Representatives Sarah Lewin and Henry Joy are submitting a supplemental memorandum with recommendations for savings within and outside of the Department of Health and Human Services. They look forward to discussing the memorandum with you.

Thank you for your consideration.

c: Members, Health and Human Services Committee
 Commissioner Brenda Harvey
 Christopher Nolan, OFPR

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MEMORANDUM

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

From: Representative Sarah O. Lewin
 Representative Henry L. Joy

Date: February 3, 2010

Re: Recommendations on LD 1671, An Act Making Supplemental Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds, and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2010 and June 30, 2010

We are pleased to provide comments to the Appropriations Committee and hasten to comment first and foremost that although we were unable to agree with some of the savings initiatives in LD 1671 we strongly oppose any new taxes.

A. Having expressed our strong opposition to any new taxes, we offer the following recommendations for savings initiatives within the jurisdiction of the Health and Human Services Committee:

1. Reduce MaineCare hospital expenses through reducing emergency department admissions and increasing referrals from the emergency department to the offices of health care providers. We think that recent progress with electronic medical records will assist with these initiatives.
2. Reduce MaineCare expenses by reducing benefits to persons on the noncategorical waiver beginning January 1, 2010 and reducing Maine's MaineCare program to the national average in expenditures.
3. With regard to MaineCare, take steps to free Maine from the grip of the restrictive strings attached to the federal Stimulus package.
4. With regard to residential care and nursing facilities licensed by the Department of Health and Human Services: reduce paperwork and embrace electronic records; reduce the frequency of inspections; limit post-admission long-term care assessments to changes in the consumer's medical condition; and review whether serving portions of food are inappropriately and wastefully large and whether alternatives exist to throwing away leftover food.
5. With regard to the service provider tax or the health care provider tax, review opportunities for expanding the tax base to additional services.

B. We offer the following recommendations with regard to aspects of State government and State spending that are outside the jurisdiction of the Health and Human Services Committee.

1. Eliminate the Governor's Office of Health Policy and Finance, the State Planning Office and the State Auditor.
2. Reduce the size of State government by 1 to 2%.
3. Reduce the size of administrative staff in the Department of Health and Human Services and other state departments. Look at the number of Commissioners, assistants to Commissioners and office and bureau directors.
4. Review and reduce the number of limited time positions across State government and consider changing full time positions into part-time positions across all departments.
5. Review and reduce the number of studies being done across all departments.

We would be pleased to discuss any and all of these recommendations with the Appropriations Committee. Thank you for your consideration.

c: Members, Health and Human Services Committee
Commissioner Brenda Harvey
Christopher Nolan, OFPR

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

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

Date: February 4, 2010

Re: Continuing work on HHS Committee recommendations on LD 1671, An Act Making Supplemental Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds, and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2010 and June 30, 2010

Thank you for the opportunity to give the Appropriations Committee the recommendations of the Health and Human Services Committee on LD 1671. As suggested by the Appropriations Committee yesterday, we have worked out a plan to continue work on LD 1671 with interested parties and the Department of Health and Human Services.

We will be working on initiatives in the near future, with the designated Health and Human Services Committee member taking responsibility for the effort on his or her initiative and with the full assistance of the Department of Health and Human Services, interested parties and advocates. The initiatives are:

1. The Elderly Low-cost Drug program initiative with regard to copays for MSP members, Item #56, or a substitute proposal. Designated member is Representative Sally Lewin.
2. Initiatives in the area of developmental disabilities, in the mental retardation accounts. This includes the 4% across the board MaineCare rate cut, shared living, day habilitation services, rental subsidies for room and board and administrative costs for high-cost individuals, Items # 29 to 43, or substitute proposals. Designated member is Representative Linda Sanborn.
3. The limitation of MaineCare inpatient hospital admissions, Item #112 to 113, or a substitute proposal. Designated member is Representative Anne Perry.
4. The MaineCare long-term care financial eligibility (sheltering assets) and estate recovery (elective share and joint tenancy in real estate) initiatives in Items 127, 128, 134 and 135 and Language Item UU, or a substitute proposal. Designated member is Senator Mills.

5. The children's services MaineCare waiver initiative in Items #13 to 15, or a substitute proposal. Designated member is Representative Stuckey.
6. The initiatives to cut MaineCare reimbursement rates 10% across the board, with some exceptions, or a substitute proposal. Designated member is Senator Marrache.
7. The long-term care medical eligibility assessment process and reimbursement for assessments for MaineCare and state-funded services or a substitute proposal. Designated members are Senator Brannigan and Representation Peterson.
8. Proposals to expand taxes on MaineCare services through the health care provider tax or service provider tax. Designated member is Representative Anne Perry.
9. Initiatives regarding nonMaineCare mental health mobile crisis services, as proposed in Item 17 for children's services and Item 2, contract #16 for adult services, or a substitute proposal. Designated member is Representative Eves.
10. An array of ideas from the minority report dated February 3, with the addition of DHHS contracting, DHHS consent decree compliance and expenses, long-term care services and new or additional spending proposals from LD 1671. Designated member is Representative Sally Lewin.

Thank you for your consideration.

c: Members, Health and Human Services Committee
Commissioner Brenda Harvey
Christopher Nolan, OFPR

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From: Representative Sarah O. Lewin
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Date: February 4, 2010

Re: Recommendations on LD 1671, An Act Making Supplemental Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds, and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2010 and June 30, 2010 – CORRECTED COPY, See A(4) and B(1)

We are pleased to provide comments to the Appropriations Committee and hasten to comment first and foremost that although we were unable to agree with some of the savings initiatives in LD 1671 we strongly oppose any new taxes.

A. Having expressed our strong opposition to any new taxes, we offer the following recommendations for savings initiatives within the jurisdiction of the Health and Human Services Committee:

1. Reduce MaineCare hospital expenses through reducing emergency department admissions and increasing referrals from the emergency department to the offices of health care providers. We think that recent progress with electronic medical records will assist with these initiatives.
2. Reduce MaineCare expenses by reducing benefits to persons on the noncategorical waiver beginning January 1, 2010 and reducing Maine's MaineCare program to the national average in expenditures.
3. With regard to MaineCare, take steps to free Maine from the grip of the restrictive strings attached to the federal Stimulus package.
4. With regard to residential care and nursing facilities licensed by the Department of Health and Human Services: reduce paperwork and embrace electronic records; reduce the frequency of inspections; limit post-admission long-term care assessments to changes in the consumer's medical condition; and review whether food storage and retention standards should be revised to be comparable to the restaurant industry.

5. With regard to the service provider tax or the health care provider tax, review opportunities for expanding the tax base to additional services.

B. We offer the following recommendations with regard to aspects of State government and State spending that are outside the jurisdiction of the Health and Human Services Committee.

1. Eliminate the Governor's Office of Health Policy and Finance; eliminate or revamp the State Planning Office; eliminate the State Auditor and either eliminate the Dirigo Health program completely and transfer covered person to private insurance or hold the program to a budget of \$48,000,000 per year and use the remaining funding to meet the State's obligations to persons who are elderly and disabled and who qualify for home and community-based services, residential services of nursing facility services. The budget of the GOHPF is embedded in the Executive's budget. We are unclear how many positions and what portion of the total the GOHPF represents. The budget of the State Planning Office for FY10 is \$1,999,591 in General Fund and for FY11 is \$2,030,327 in General Fund. The budget of the Bureau of Audit for FY10 is \$1,436,042 in General Fund and for FY11 is \$1,472,376 in General Fund. Dirigo Health has a budget for FY10 of \$4,683,443 from the Fund for a Health Maine and \$48,376,515 from the Dirigo Health Fund. Dirigo Health has a budget for FY11 of \$4,441,7891 from the Fund for a Health Maine and \$72,158,841 from the Dirigo Health Fund.

2. Reduce the size of State government by 1 to 2%.

3. Reduce the size of administrative staff in the Department of Health and Human Services and other state departments. Look at the number of Commissioners, assistants to Commissioners and office and bureau directors.

4. Review and reduce the number of limited time positions across State government and consider changing full time positions into part-time positions across all departments.

5. Review and reduce the number of studies being done across all departments.

6. Review state owned lands for possible sale and revenue. If they are contiguous to timberland harvesting operations, these lands should be kept in timberland and recreation.

We would be pleased to discuss any and all of these recommendations with the Appropriations Committee. Thank you for your consideration.

c: Members, Health and Human Services Committee
Commissioner Brenda Harvey
Christopher Nolan, OFPR

Line #	Prog. Code	Program	Initiative #	Initiative Text	Initiative Justification	Secondary Class	Fund	Unit	Line Number	HHS Notes	HHS Vote	FY 10 Total	FY 11 Total
1	105	Riverview Psychiatric Center	F-A-1910	Provides funding for medical services contracts.	This initiative funds physician and nursing services contracts. The inability to successfully recruit nurses and physicians requires Riverview to use contractual positions to maintain staffing ratios as mandated by the Consent Decree.	Adult MH	Other Special Revenue Funds	22	139		Y	\$504,890	\$504,890
2	121	Mental Health Services - Community	F-A-7200	Reduces funding for non-MaineCare services other than housing and medication management.	This initiative reduces funding that provides coverage for MaineCare-like services to people who are not eligible for MaineCare. The impact will be: 40 people will no longer receive ACT services, 13 people will no longer receive living supports, 364 people will no longer receive community integration and various contracts with advocacy and support organizations will be ended.	Adult MH	General Fund	2	150	See list of account 0121 cuts in FY10 and FY11 and list of mental health services retained. Much testimony against cuts to NAMI (\$55,000 in FY10 and \$220,000 in FY11). Funds pay training for volunteers. Testimony suggested working group to identify savings. Info requested on NAMI budget and volunteer hours value in Maine and other states and on NAMI budget. Testimony against cuts to non-MaineCare ACT services (\$146,000 in FY10 and \$585,000 in FY11) and Me Center on Deafness and sexual assault services funds cut of \$34,430 in FY10 and \$137,723 in FY11. Testimony against hospital management of crisis services (8 district mobile crisis programs cut \$1,350,000 in FY11).	Split voting. See attachment A for separate votes on the 17 contracts in this initiative. See Item #17 for children's mobile crisis services, related to contract #16.	(\$1,341,864)	(\$4,579,469)
3	120	Dorothea Dix Psychiatric Center	F-A-7201	Reduces funding for the Dorothea Dix Psychiatric Center.	The reduction in this account will be absorbed by the Dorothea Dix Psychiatric Center.	Adult MH	General Fund	55	147	Funds not needed.	Y	\$0	(\$500,000)
4	121	Mental Health Services - Community	F-A-7254	Reduces funding for contracted vocational services. Funding in the same amount will be appropriated to the Department of Labor and matched with federal funds and used for the same purpose.	This initiative reduces funding in the Office of Adult Mental Health Services used for contracted vocational services. A corresponding appropriation to the Department of Labor will be used to match funding from the Rehabilitation Services Administration and be used for the same purpose.	Adult MH	General Fund	2	151	Clarification needed of program use in 2010 in DHHS and in DOL in 2011, purposes, consumers, budget, impact of change.	Y	\$0	(\$304,000)

Line #	Prog. Code	Program	Initiative #	Initiative Text	Initiative Justification	Secondary Class	Fund	Unit	Line Number	HHS Notes	HHS Vote	FY 10 Total	FY 11 Total
5	732	Mental Health Services - Community Medicaid	F-A-7268	Reduces funding by limiting mental health outpatient therapy to 18 visits per year. The corresponding federal funding decrease is in the Medical Care - Payments to Providers program.	The Department proposes to limit mental health outpatient therapy paid under Section 65 of the MaineCare Benefits Manual to 18 visits per year (72 units) for adults. During the year reviewed, 19,942 adults received this service with 4,267 receiving more than 18 visits. The department will also adopt more stringent eligibility criteria for children who receive more than 18 visits (72 units) per year to limit services to only those children at risk for out of home or hospital placement. During the year reviewed, 13,923 children receive this service with 3,935 receiving more than 18 visits. These two efforts will reduce spending by approximately \$4,611,390 or \$1,427,225 in General Fund.	Adult MH	General Fund	14	190	DHHS states that there will be no limit on medication management visits and that 18 is a hard limit for adults, no authorization above that. Info requested on whether for adult populations on all the benefit limits there will be exceptions. Info requested on standards for children's MH continued stay review inpatient and prior authorization outpatient. Info requested on possible streamlining of eligibility/care entry process for adults and children. Possibilities Counseling Inc. testified to clients who are required by their physicians to go to therapy sessions weekly, also have monthly physician visits. Limit of 18 visits would conflict with medical treatment. Also testified to frequent sessions required by adult and juvenile probation officers and courts when parents have children in child welfare services. Frequent visits also required for victims of psychological stress, violence, post traumatic stress syndrome. Todd Goodwin, Mid Coast Hospital, stated that mental health cuts will cause 5% loss in FY10 and 20% loss in FY11, and the wait list is over 200 persons.	Y, amended to impose soft cap, allowing 30% of members to get over 18 visits and allowing unlimited group therapy. See also Item 19 for children's outpatient therapy services. Item 18 is FFP of this item and Item 19.	\$0	(\$742,498)
7	732	Mental Health Services - Community Medicaid	F-A-7272	Reduces funding based on a 10% reduction to the rates paid to providers under all sections of MaineCare policy except hospital, physician, pharmacy and dental services.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	Adult MH	General Fund	14	192	Richard Farnsworth, Woodfords Family Services, testified against, citing underpayment history. Much testimony against 10% rate cut. Ana Hicks, MEJP, questioned legality of cut in this manner, citing federal law on Medicaid service amount, scope and duration and ADA prohibition on limits that could lead to institutionalization of persons age 65 and over. Shalom House stated this will cause 350 persons to lose residential and group care. Bob Long, KV Behavioral Health, stated this cut and prior cuts will amount to 22% rate reduction.	N	\$0	(\$4,525,641)

Line #	Prog. Code	Program	Initiative #	Initiative Text	Initiative Justification	Secondary Class	Fund	Unit	Line Number	HHS Notes	HHS Vote	FY 10 Total	FY 11 Total
8	147	Medical Care - Payments to Providers	F-A-7273	Reduces funding by restricting the use of antipsychotic drugs and by strengthening policies to require use of the most cost-effective option when more than one version of a unique chemical entity exists.	Approximately \$600K in savings would be achieved restricting the use of antipsychotic drugs to a) FDA approved indications, and b) other indications only when supported by published peer reviewed randomized controlled trials and when other FDA approved therapies have failed. The loss of rebates on atypical drug utilization that would be eliminated is reflected in the projected savings. In addition, \$400K in savings would be achieved by establishing new requirements to govern the use of a less cost effective version of a drug when more than one version of the same drug exists. Whenever more than one version of a unique chemical entity exists, only the most cost effective version would be payable unless at least one of the following conditions exists: a) the less cost effective version has demonstrated clinically meaningful superior outcomes or safety in peer reviewed published randomized trials, or b) the more cost effective version is not available through a nearby or mail order MaineCare pharmacy.	Adult MH	General Fund		1 789	DHHS-talking with advocates about this proposal. May be reworked. Maine Assoc Psychiatric Physicians suggests this proposal lacks physician input, requires input of professionals with clinical expertise.	Y, amended to impose controls on atypicals for new users (\$175,000), to decrease the use of narcotics thru evidence based addiction management and reduction in the use of antibiotics (\$425,000) and to increase the use of generics (\$400,000).	\$0	(\$1,000,000)
9	147	Medical Care - Payments to Providers	F-A-7273	Reduces funding by restricting the use of antipsychotic drugs and by strengthening policies to require use of the most cost-effective option when more than one version of a unique chemical entity exists.	Approximately \$600K in savings would be achieved restricting the use of antipsychotic drugs to a) FDA approved indications, and b) other indications only when supported by published peer reviewed randomized controlled trials and when other FDA approved therapies have failed. The loss of rebates on atypical drug utilization that would be eliminated is reflected in the projected savings. In addition, \$400K in savings would be achieved by establishing new requirements to govern the use of a less cost effective version of a drug when more than one version of the same drug exists. Whenever more than one version of a unique chemical entity exists, only the most cost effective version would be payable unless at least one of the following conditions exists: a) the less cost effective version has demonstrated clinically meaningful superior outcomes or safety in peer reviewed published randomized trials, or b) the more cost effective version is not available through a nearby or mail order MaineCare pharmacy.	Adult MH	Federal Expenditures Fund		1 790		Y, amended to impose controls on atypicals for new users (\$175,000), to decrease the use of narcotics thru evidence based addiction management and reduction in the use of antibiotics (\$425,000) and to increase the use of generics (\$400,000).	\$0	(\$2,231,018)

Line #	Prog. Code	Program	Initiative #	Initiative Text	Initiative Justification	Secondary Class	Fund	Unit	Line Number	HHS Notes	HHS Vote	FY 10 Total	FY 11 Total
10	121	Mental Health Services - Community	F-A-7282	Eliminates one Physician III position in the Mental Health Services - Community program and reduces one Physician III position to part-time in the Mental Health Services - Children program.	This initiative eliminates 1.5 positions from various department accounts in order to keep expenditures in line with available funding.	Adult MH	General Fund		2 153	Maine Medical Center opposed cut of MH Medical Director psychiatrist position, citing MH drug overdoses and NE Poison Control Center, need for oversight and coordination of care. Me Assoc Psychiatric Physicians opposed MH medical position cut, stressed worth and asked expand duties to MaineCare.	Y	\$0	(\$245,383)
11	Z074	Maine Children's Growth Council	F-A-1100	Provides funding for a grant from the National Governor's Association.	This initiative provides funding for the second year of a grant received from the National Governor's Association to be used to fund a summit on early childhood issues.	Children's Services	Other Special Revenue Funds		1 1016		Y	\$0	\$10,000
12	137	IV-E Foster Care/Adoption Assistance	F-A-7207	Reduces funding by streamlining adoptive family recruitment using technology.	A recent DHHS website enhancement has created a more streamlined approach to recruitment of adoptive families. This new enhancement now provides families curious about adoption and seeking information online (by far the most used medium) a simple, progressive three step process to: a) learn about the adoption process; b) view photos and descriptions of children awaiting permanency; and c) put the families in touch with a real person to discuss the child in more detail. The simple process begins with just one mouse click on the link entitled "How do I adopt a child from DHHS?" This enhancement can effectively replace the website service provided by International Adoption Services Center.	Children's Services	General Fund		1 572	\$112,000 cut was proposed for FY 10 and rejected in PL 2009, chapter 213.	Y	(\$112,500)	(\$450,000)
13	147	Medical Care - Payments to Providers	F-A-7208	Reduces funding to reflect the savings associated with the creation of a children's waiver.	Children's Behavioral Health Services will work with the federal Centers for Medicare and Medicaid Services and the Office of MaineCare Services to implement a new section of MaineCare policy to serve children. It is anticipated that there would be approximately 40 children across Children's Behavioral Health and Child Welfare Services that would be served in the waiver program at a state expenditure of approximately \$29,720 per child/per year. These children would otherwise be receiving services in a facility such as a private nonmedical institution (PNMI) at an annual state expenditure of \$59,097. This initiative would generate savings of \$29,377 per child per year or up to \$979,560 in General Fund expenditures for 40 children after being adjusted for the PNMI tax.	Children's Services	General Fund		1 724	Julia Bell, DD Council, questions how quickly waiver can be obtained and savings achieved. Is this amount 12 months of savings?	Tied, 7-7.	\$0	(\$979,560)

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14	147	Medical Care - Payments to Providers	F-A-7208	Reduces funding to reflect the savings associated with the creation of a children's waiver.	Children's Behavioral Health Services will work with the federal Centers for Medicare and Medicaid Services and the Office of MaineCare Services to implement a new section of MaineCare policy to serve children. It is anticipated that there would be approximately 40 children across Children's Behavioral Health and Child Welfare Services that would be served in the waiver program at a state expenditure of approximately \$29,720 per child/per year. These children would otherwise be receiving services in a facility such as a private nonmedical institution (PNMI) at an annual state expenditure of \$59,097. This initiative would generate savings of \$29,377 per child per year or up to \$979,560 in General Fund expenditures for 40 children after being adjusted for the PNMI tax.	Children's Services	Federal Expenditures Fund		1 725		Tied, 7-7.	\$0	(\$2,116,258)
15	147	Medical Care - Payments to Providers	F-A-7208	Reduces funding to reflect the savings associated with the creation of a children's waiver.	Children's Behavioral Health Services will work with the federal Centers for Medicare and Medicaid Services and the Office of MaineCare Services to implement a new section of MaineCare policy to serve children. It is anticipated that there would be approximately 40 children across Children's Behavioral Health and Child Welfare Services that would be served in the waiver program at a state expenditure of approximately \$29,720 per child/per year. These children would otherwise be receiving services in a facility such as a private nonmedical institution (PNMI) at an annual state expenditure of \$59,097. This initiative would generate savings of \$29,377 per child per year or up to \$979,560 in General Fund expenditures for 40 children after being adjusted for the PNMI tax.	Children's Services	Federal Expenditures Fund ARRA		1 726		Tied, 7-7.	\$0	(\$160,698)
16	Z008	Maternal and Child Health Block Grant Match	F-A-7223	Reduces funding not required for matching purposes.	This initiative will reduce funding in General Fund accounts administered by the Maine Center for Disease Control and Prevention. This includes a reduction in fiscal year 2009-10 of \$400,000 that is available from amounts that carried into the account from fiscal year 2008-09 and fiscal year 2010-11 reductions in the Office of the Maine CDC Director, Division of Environmental Health, Infectious Disease, Chronic Disease and Public Health Systems, including the Health, Environmental Testing Lab and the Maternal and Child Health Unit of the Division of Family Health.	Children's Services	General Fund		1 917		Y	(\$400,000)	(\$100,000)

Line #	Prog. Code	Program	Initiative #	Initiative Text	Initiative Justification	Secondary Class	Fund	Unit	Line Number	HHS Notes	HHS Vote	FY 10 Total	FY 11 Total
17	136	Mental Health Services - Children	F-A-7224	Reduces funding for non-MaineCare children's crisis services.	This budget initiative will be undertaken in collaboration with the Office of Adult Mental Health Services in order to achieve the best efficiencies. Reductions are proposed for fiscal year 2009-10 by taking an across-the-board cut across the 6 community agencies that currently provide children's mobile crisis services. Funding reductions in fiscal year 2010-11 will be achieved by creating a statewide administrative structure.	Children's Services	General Fund	7	165	DHHS indicates they are talking with providers of crisis services. Info needed on implementation plan for cuts, in 2011 on breakdown of cuts and admin savings. One provider of MH services suggested increasing 10% across the board provider rate cut to 10.4%, using increased cut to pay for crisis services non-hospital based delivery system. Lynn Duby, Crisis and Counseling Services, suggests behavioral health provider tax (Bart Beattie, Providence Service Corp, suggests 5%), maximization of Medicaid, review of GF accounts to determine impact of 2% across the board reduction where there is no federal match (MAMHS endorses), and review of barriers to decreasing MH inpatient hospital admissions. Information needed on relationship to cut embedded in Item 2 adult mental health mobile crisis services, \$1,350,000 in FY11.	N. See also Item #2, Attachment A, contract #16 on adult mobile crisis services.	(\$310,000)	(\$840,000)
18	147	Medical Care - Payments to Providers	F-A-7268	Reduces funding by limiting mental health outpatient therapy to 18 visits per year. The corresponding state funding decreases are in the Mental Health Services - Child Medicaid and Mental Health Services - Community Medicaid programs.	The Department proposes to limit mental health outpatient therapy paid under Section 65 of the MaineCare Benefits Manual to 18 visits per year (72 units) for adults. During the year reviewed, 19,942 adults received this service with 4,267 receiving more than 18 visits. The department will also adopt more stringent eligibility criteria for children who receive more than 18 visits (72 units) per year to limit services to only those children at risk for out of home or hospital placement. During the year reviewed, 13,923 children receive this service with 3,935 receiving more than 18 visits. These two efforts will reduce spending by approximately \$4,611,390 or \$1,427,225 in General Fund.	Children's Services	Federal Expenditures Fund	1	777		Y, amend to impose soft cap, allowing 30% of members to get over 18 visits and allow unlimited group therapy. DHHS will institute protections for children's EPSDT services as required for Medicaid. This is FFP for Items 5 and 19.	\$0	(\$3,184,164)

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19	731	Mental Health Services - Child Medicaid	F-A-7268	Reduces funding by limiting mental health outpatient therapy to 18 visits per year. The corresponding federal funding decrease is in the Medical Care - Payments to Providers program.	The Department proposes to limit mental health outpatient therapy paid under Section 65 of the MaineCare Benefits Manual to 18 visits per year (72 units) for adults. During the year reviewed, 19,942 adults received this service with 4,267 receiving more than 18 visits. The department will also adopt more stringent eligibility criteria for children who receive more than 18 visits (72 units) per year to limit services to only those children at risk for out of home or hospital placement. During the year reviewed, 13,923 children receive this service with 3,935 receiving more than 18 visits. These two efforts will reduce spending by approximately \$4,611,390 or \$1,427,225 in General Fund.	Children's Services	General Fund	17	185	Info needed on how MaineCare benefits to children can be limited. DHHS indicates medically necessary services above 18 will be prior authorized. Info requested on child mh services and providers. Information requested about how mental health benefits for children are managed now and how they would be managed under this initiative. Richard Farnsworth, Woodfords Family Services testified against. Others opposed service limit and suggested treatment review board like drug utilization review board.	Y, amended to impose soft cap, allowing 30% of members to get over 18 visits and allow unlimited group therapy. DHHS will institute protections for children's EPSDT services as required for Medicaid. FFP match for this item and Item 5 is in Item 18.	\$0	(\$684,727)
20	731	Mental Health Services - Child Medicaid	F-A-7272	Reduces funding based on a 10% reduction to the rates paid to providers under all sections of MaineCare policy except hospital, physician, pharmacy and dental services.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	Children's Services	General Fund	17	186	Info needed on how savings will be achieved, rate cut or fewer children served? WL? Question raised about compliance with Medicaid requirements for services to children. Therapeutic foster care parents said this would cause 6% rate decrease. Broad opposition to 10% cut. NFI North opposed 10% cut as applied to PNMI's.	N	\$0	(\$1,544,951)
21	136	Mental Health Services - Children	F-A-7282	Eliminates one Physician III position in the Mental Health Services - Community program and reduces one Physician III position to part-time in the Mental Health Services - Children program.	This initiative eliminates 1.5 positions from various department accounts in order to keep expenditures in line with available funding.	Children's Services	General Fund	7	166	See item 10.	Y	\$0	(\$120,515)
22	19	Department wide	F-A-7252	Adjusts funding to distribute the departmentwide deappropriation included in Public Law 2009, chapter 213, Part A related to a social security income cost-of-living increase.	Public Law 2009, c. 213, Part A included General Fund deappropriations of \$4,000,000 per year from savings due to a Social Security Income cost-of-living increase. This initiative distributes those savings to the Medical Care Services account which realized those savings.	Department wide	General Fund	1	137		Y	\$4,000,000	\$4,000,000
23	147	Medical Care - Payments to Providers	F-A-7253	Adjusts funding to distribute the departmentwide deappropriation included in Public Law 2009, chapter 213, Part A related to a social security income cost-of-living increase.	Public Law 2009, c. 213, Part A included General Fund deappropriations of \$4,000,000 per year from savings due to a Social Security Income cost-of-living increase. This initiative distributes those savings to the Medical Care Services account which realized those savings.	Department wide	General Fund	1	754		Y	(\$4,000,000)	(\$4,000,000)

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24	814	Freeport Towne Square	F-A-1310	Reduces funding in the Freeport Towne Square program, Other Special Revenue Funds account that is no longer necessary.	This initiative will eliminate allocation in this account following the sale of Freeport Towne Square.	Developmental Services	Other Special Revenue Funds	77	200		Y	(\$89,085)	(\$89,085)
25	705	Medicaid Services - Mental Retardation	F-A-1852	Provides funding for the Mental Retardation Waiver - Supports program through a reduction in the Medicaid Services - Mental Retardation program.	The Mental Retardation Supports Waiver was designed to offer support to qualified individuals. Many of these individuals were formerly receiving services under the MaineCare Benefits Manual, Section 24 Day Habilitation policy. Upon the Section 24 policy elimination, the funds previously used to fund Day Habilitation should be transferred to the MR Supports account in order to fund the Supports Waiver.	Developmental Services	General Fund	12	173	Info needed on account balance, effect of cut.	Y	(\$4,222,447)	(\$4,222,447)
26	Z006	Mental Retardation Waiver - Supports	F-A-1852	Provides funding for the Mental Retardation Waiver - Supports program through a reduction in the Medicaid Services - Mental Retardation program.	The Mental Retardation Supports Waiver was designed to offer support to qualified individuals. Many of these individuals were formerly receiving services under the MaineCare Benefits Manual, Section 24 Day Habilitation policy. Upon the Section 24 policy elimination, the funds previously used to fund Day Habilitation should be transferred to the MR Supports account in order to fund the Supports Waiver.	Developmental Services	General Fund	1	219		Y	\$4,222,447	\$4,222,447
27	122	Mental Retardation Services - Community	F-A-1913	Provides funding for an anticipated shortfall in the Office of Advocacy program through a reduction in the Mental Retardation Services - Community program.	This initiative funds a projected shortfall within the Office of Advocacy by reducing the funding in the Mental Retardation Community account.	Developmental Services	General Fund	60	156		Y	-8129	-8129
28	632	Office of Advocacy - BDS	F-A-1913	Provides funding for an anticipated shortfall in the Office of Advocacy - BDS program through a reduction in the Mental Retardation Services - Community program.	This initiative funds a projected shortfall within the Office of Advocacy by reducing the funding in the Mental Retardation Community account.	Developmental Services	General Fund	42	168		Y	8129	8129
29	122	Mental Retardation Services - Community	F-A-7202	Reduces funding by decreasing room and board subsidies.	Developmental Services provides rent subsidy to offset the room and board costs that are not sufficiently covered by the individuals' SSI or other benefits for group homes. The department proposes curtailing current contracts and reducing fiscal year 2010-11 contracts.	Developmental Services	General Fund	60	157	Info needed on implementation, effect of cut. Brenda Leavitt, OHI and MACSP, testified against cut in room and board payment, saying OHI FY 09 deficit was \$127,624, this year already running a deficit in occupancy income of \$152,672.	N	(\$808,256)	(\$1,022,207)

Line #	Prog. Code	Program	Initiative #	Initiative Text	Initiative Justification	Secondary Class	Fund	Unit	Line Number	HHS Notes	HHS Vote	FY 10 Total	FY 11 Total
30	147	Medical Care - Payments to Providers	F-A-7204	Reduces funding by centralizing the administration of shared living services. The corresponding state funding decrease is in the Mental Retardation Waiver - MaineCare program.	There are 452 individuals who reside in 'shared living' homes. The current model reimbursed through the comprehensive waiver is designed to contract with qualified agencies who recruit, screen, arrange respite and provide quality assurance oversight to the adult care provider. This proposal would reduce the administrative expense associated with shared living. Six new employees will be required to oversee this effort. There would be little impact to consumers who are receiving supports in this model. The foster parents (shared living provider) will be affected by a change in the relationship with their current oversight model. The greatest impact will be to those provider agencies whose entire business model is shared living. They would have to close. There are other agency providers who have some shared living homes and they would be impacted by a loss of funds in their administrative overhead.	Developmental Services	Federal Expenditures Fund		1 721		N	\$0	(\$4,791,805)
31	147	Medical Care - Payments to Providers	F-A-7204	Reduces funding by centralizing the administration of shared living services. The corresponding state funding decrease is in the Mental Retardation Waiver - MaineCare program.	There are 452 individuals who reside in 'shared living' homes. The current model reimbursed through the comprehensive waiver is designed to contract with qualified agencies who recruit, screen, arrange respite and provide quality assurance oversight to the adult care provider. This proposal would reduce the administrative expense associated with shared living. Six new employees will be required to oversee this effort. There would be little impact to consumers who are receiving supports in this model. The foster parents (shared living provider) will be affected by a change in the relationship with their current oversight model. The greatest impact will be to those provider agencies whose entire business model is shared living. They would have to close. There are other agency providers who have some shared living homes and they would be impacted by a loss of funds in their administrative overhead.	Developmental Services	Federal Expenditures Fund ARRA		1 722		N	\$0	(\$394,310)

Line #	Prog. Code	Program	Initiative #	Initiative Text	Initiative Justification	Secondary Class	Fund	Unit	Line Number	HHS Notes	HHS Vote	FY 10 Total	FY 11 Total
32	732	Mental Health Services - Community Medicaid	F-A-7204	Reduces funding by centralizing the administration of shared living services. The corresponding federal funding decrease is in the Medical Care - Payments to Providers program.	There are 452 individuals who reside in 'shared living' homes. The current model reimbursed through the comprehensive waiver is designed to contract with qualified agencies who recruit, screen, arrange respite and provide quality assurance oversight to the adult care provider. This proposal would reduce the administrative expense associated with shared living. Six new employees will be required to oversee this effort. There would be little impact to consumers who are receiving supports in this model. The foster parents (shared living provider) will be affected by a change in the relationship with their current oversight model. The greatest impact will be to those provider agencies whose entire business model is shared living. They would have to close. There are other agency providers who have some shared living homes and they would be impacted by a loss of funds in their administrative overhead.	Developmental Services	Other Special Revenue Funds	46	188		N	\$0	(\$429,400)
33	987	Mental Retardation Waiver - MaineCare	F-A-7204	Reduces funding by centralizing the administration of shared living services. The corresponding federal funding decrease is in the Medical Care - Payments to Providers program.	There are 452 individuals who reside in 'shared living' homes. The current model reimbursed through the comprehensive waiver is designed to contract with qualified agencies who recruit, screen, arrange respite and provide quality assurance oversight to the adult care provider. This proposal would reduce the administrative expense associated with shared living. Six new employees will be required to oversee this effort. There would be little impact to consumers who are receiving supports in this model. The foster parents (shared living provider) will be affected by a change in the relationship with their current oversight model. The greatest impact will be to those provider agencies whose entire business model is shared living. They would have to close. There are other agency providers who have some shared living homes and they would be impacted by a loss of funds in their administrative overhead.	Developmental Services	General Fund	16	211	Info needed on implementation, effect of cut. One-pager needed to explain savings and costs and joint admin in MH and MR programs. Supports Solutions (provides direct service, admin, case management in shared living) testified against, citing proposed caseload of 68 (DD Council says caseload average will be 75) and availability of emergency care. 21 agencies provide admin services. Subject to confirmation - shared living provider pay is \$30,000 from State and \$7000 from individual, Joe Kuhn, BFLI, opposed and provided suggestions regarding reimbursement for shared living, cutting profit margin. Consumers and their families testified against State employees providing oversight, questioned whether 6 persons can provide appropriate oversight. Information requested on agencies that will be impacted most, that may go out of business. Input from Community Consent decree Court Master Sundrum and plaintiffs Consumer Advisory Board on all MR/DD cuts. Info requested on whether agencies can realize savings by pooled purchasing and contracting. Consumer Advisory Board questions affect	N	\$0	(\$2,324,551)

Line #	Prog. Code	Program	Initiative #	Initiative Text	Initiative Justification	Secondary Class	Fund	Unit	Line Number	HHS Notes	HHS Vote	FY 10 Total	FY 11 Total
34	122	Mental Retardation Services - Community	F-A-7205	Establishes 6 Social Services Program Specialist II positions to administer shared living homes in an effort to centralize and reduce administrative costs. These positions are allocated 50% General Fund and 50% Other Special Revenue Funds in the Mental Retardation Services - Community program.	There are 452 individuals who reside in 'shared living' homes. The current model reimbursed through the comprehensive waiver is designed to contract with qualified agencies who recruit, screen, arrange respite and provide quality assurance oversight to the adult care provider. This proposal would reduce the administrative expense associated with shared living. The 6 Social Services Program Specialist II positions in this initiative will be required to oversee this effort. There would be little impact to consumers who are receiving supports in this model. The foster parents (shared living provider) will be affected by a change in the relationship with their current oversight model. The greatest impact will be to those provider agencies whose entire business model is shared living. They would have to close. There are other agency providers who have some shared living homes and they would be impacted by a loss of funds in their administrative overhead.	Developmental Services	General Fund	60	158	See item 33.	N	\$0	\$224,551
35	122	Mental Retardation Services - Community	F-A-7205	Establishes 6 Social Services Program Specialist II positions to administer shared living homes in an effort to centralize and reduce administrative costs. These positions are allocated 50% General Fund and 50% Other Special Revenue Funds in the Mental Retardation Services - Community program.	There are 452 individuals who reside in 'shared living' homes. The current model reimbursed through the comprehensive waiver is designed to contract with qualified agencies who recruit, screen, arrange respite and provide quality assurance oversight to the adult care provider. This proposal would reduce the administrative expense associated with shared living. The 6 Social Services Program Specialist II positions in this initiative will be required to oversee this effort. There would be little impact to consumers who are receiving supports in this model. The foster parents (shared living provider) will be affected by a change in the relationship with their current oversight model. The greatest impact will be to those provider agencies whose entire business model is shared living. They would have to close. There are other agency providers who have some shared living homes and they would be impacted by a loss of funds in their administrative overhead.	Developmental Services	Other Special Revenue Funds	62	159		N	\$0	\$236,058

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36	147	Medical Care - Payments to Providers	F-A-7262	Reduces funding by eliminating administrative and program-related costs in portions of high-cost budgets. The corresponding state funding decrease is in the Mental Retardation Waiver - MaineCare program.	For those high-cost individuals who require more than 1:1 staffing on a 24/7 basis, this proposal will reduce the rate of reimbursement for additional staff above 168 hours per week to salary and benefits only. This would eliminate all administrative and program-related costs. Currently there are 184 individuals with budgets that exceed \$200,000. This figure represents 6% of individuals on the comprehensive waiver. The waiver program expends approximately \$43,660,000 annually on these high-cost individuals; this reduction represents about 15% of the total waiver budget.	Developmental Services	Federal Expenditures Fund		1 764		N. 7-4	\$0	(\$1,832,101)
37	705	Medicaid Services - Mental Retardation	F-A-7262	Reduces funding by eliminating administrative and program-related costs in portions of high-cost budgets. The corresponding federal funding decrease is in the Medical Care - Payments to Providers program.	For those high-cost individuals who require more than 1:1 staffing on a 24/7 basis, this proposal will reduce the rate of reimbursement for additional staff above 168 hours per week to salary and benefits only. This would eliminate all administrative and program-related costs. Currently there are 184 individuals with budgets that exceed \$200,000. This figure represents 6% of individuals on the comprehensive waiver. The waiver program expends approximately \$43,660,000 annually on these high-cost individuals; this reduction represents about 15% of the total waiver budget.	Developmental Services	Other Special Revenue Funds		52 174		N. 7-4	\$0	(\$113,425)
38	987	Mental Retardation Waiver - MaineCare	F-A-7262	Reduces funding by eliminating administrative and program-related costs in portions of high-cost budgets. The corresponding federal funding decrease is in the Medical Care - Payments to Providers program.	For those high-cost individuals who require more than 1:1 staffing on a 24/7 basis, this proposal will reduce the rate of reimbursement for additional staff above 168 hours per week to salary and benefits only. This would eliminate all administrative and program-related costs. Currently there are 184 individuals with budgets that exceed \$200,000. This figure represents 6% of individuals on the comprehensive waiver. The waiver program expends approximately \$43,660,000 annually on these high-cost individuals; this reduction represents about 15% of the total waiver budget.	Developmental Services	General Fund		16 212	Info needed on implementation and effect of cut. Bonnie Jean Brooks, OHI and Consumer Advisory Board, suggests DHHS is not in substantial compliance with consent decree, suggests that as a result of this budget class members and non-class colleagues will lose day programs, hours and days of community support services, NF placement and waiver slots.	N. 7-4	\$0	(\$707,770)

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39	147	Medical Care - Payments to Providers	F-A-7265	Reduces funding by eliminating separate reimbursement for day habilitation services for individuals residing in an intermediate care facility for persons with mental retardation or autism. The corresponding state funding decrease is in the Medicaid Services - Mental Retardation program.	The department proposes to eliminate separate billing for day habilitation services to those residing in intermediate care facilities for persons with mental retardation or autism (ICF/MR). The ICF/MR facilities provide 24/7 care. Day services are covered in the facilities daily rate and should not be billed separately. This reduction will save \$743,573 in General Fund dollars.	Developmental Services	Federal Expenditures Fund		1 768		N	\$0	(\$1,658,925)
40	705	Medicaid Services - Mental Retardation	F-A-7265	Reduces funding by eliminating separate reimbursement for day habilitation services for individuals residing in an intermediate care facility for persons with mental retardation or autism. The corresponding federal funding decrease is in the Medical Care - Payments to Providers program.	The department proposes to eliminate separate billing for day habilitation services to those residing in intermediate care facilities for persons with mental retardation or autism (ICF/MR). The ICF/MR facilities provide 24/7 care. Day services are covered in the facilities daily rate and should not be billed separately. This reduction will save \$743,573 in General Fund dollars.	Developmental Services	General Fund	12	175	Info needed on implementation and effect of cut. DHHS - discussing this initiative. Consumers testified in opposition, citing need for social outlets.	N	\$0	(\$743,573)
41	705	Medicaid Services - Mental Retardation	F-A-7272	Reduces funding based on a 10% reduction to the rates paid to providers under all sections of MaineCare policy except hospital, physician, pharmacy and dental services.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	Developmental Services	General Fund	12	177	Info needed on implementation and effect of cut. Also need explanation of 4% cuts for MR versus 10% for non-exempt others. Consumers testified against. Cullen Ryan, for Statewide Homeless Council and Maine Coalition for Housing and Quality Services, testified against 10% cut in MaineCare, proposed tax increase. Charlene Kinnelly, MACSP, questions what adjustments DHHS will make to keep PNMI's afloat as they have no private or Medicare beds, all income is from MaineCare, which will be cut 10%. Note: If this cut, as described in the justification statement intention for MR accounts, is only 4%, then the initiative description needs to be amended.	N	\$0	(\$399,793)

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42	705	Medicaid Services - Mental Retardation	F-A-7272	Reduces funding based on a 10% reduction to the rates paid to providers under all sections of MaineCare policy except hospital, physician, pharmacy and dental services.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	Developmental Services	Other Special Revenue Funds	52	178		N	\$0	(\$1,092,931)
43	987	Mental Retardation Waiver - MaineCare	F-A-7272	Reduces funding based on a 10% reduction to the rates paid to providers under all sections of MaineCare policy except hospital, physician, pharmacy and dental services.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	Developmental Services	General Fund	16	214	See Medicaid Services - MR above. Brenda Mitchell, Community Concepts, and Tyler Ingalls, consumer, testified to hardship caused by freeze on enrollment in waiver. Freeze causes increase in costs for persons receiving services. Linda LaRue Kenniston, Work First, suggested modifying administrative mandates, taking advantage of Voc Rehab opportunities and funding options. Wait list in Jan 2010 for comprehensive waiver was 118 persons priority 1 and 114 persons priority 2 and 3. Wait list for supports waiver was 58. Enrollment closed in both waivers. Note: If this cut, as described in the justification statement intention for MR accounts, is only 4%, then the initiative description needs to be amended.	N	\$0	(\$4,744,375)
44	453	Bureau of Family Independence - Regional	F-A-BBB-1	Part BBB requires the State Controller to transfer a total of \$5,813,927 in fiscal year 2009-10 from the unappropriated surplus of the General Fund to Other Special Revenue Funds accounts within the Department of Health and Human Services to settle indirect cost allocation settlements.		DHHS Other	General Fund	1			Y	\$1,569,406	\$0

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45	453	Bureau of Family Independence - Regional	F-A-BBB-1	Part BBB requires the State Controller to transfer a total of \$5,813,927 in fiscal year 2009-10 from the unappropriated surplus of the General Fund to Other Special Revenue Funds accounts within the Department of Health and Human Services to settle indirect cost allocation settlements.		DHHS Other	Other Special Revenue Funds		1		Y	(\$1,569,406)	\$0
46	Z020	Office of Integrated Access and Support - Central Office	F-A-BBB-1	Part BBB requires the State Controller to transfer a total of \$5,813,927 in fiscal year 2009-10 from the unappropriated surplus of the General Fund to Other Special Revenue Funds accounts within the Department of Health and Human Services to settle indirect cost allocation settlements.		DHHS Other	General Fund		1	See item 44.	Y	\$3,804,827	\$0
47	Z020	Office of Integrated Access and Support - Central Office	F-A-BBB-1	Part BBB requires the State Controller to transfer a total of \$5,813,927 in fiscal year 2009-10 from the unappropriated surplus of the General Fund to Other Special Revenue Funds accounts within the Department of Health and Human Services to settle indirect cost allocation settlements.		DHHS Other	Other Special Revenue Funds		1		Y	(\$3,804,827)	\$0
48	Z038	Division of Administrative Hearings	F-A-BBB-1	Part BBB requires the State Controller to transfer a total of \$5,813,927 in fiscal year 2009-10 from the unappropriated surplus of the General Fund to Other Special Revenue Funds accounts within the Department of Health and Human Services to settle indirect cost allocation settlements.		DHHS Other	General Fund		1	See item 44.	Y	\$439,694	\$0

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49	Z038	Division of Administrative Hearings	F-A-BBB-1	Part BBB requires the State Controller to transfer a total of \$5,813,927 in fiscal year 2009-10 from the unappropriated surplus of the General Fund to Other Special Revenue Funds accounts within the Department of Health and Human Services to settle indirect cost allocation settlements.		DHHS Other	Other Special Revenue Funds		1		Y	(\$439,694)	\$0
50	140	Office of Elder Services Central Office	F-A-1316	Establishes one limited-period Social Services Program Specialist II position in the Office of Elder Services Central Office program to act as the state project director for the family caregiver program. This position will end June 18, 2011.	The Office of Elder Services applies for and receives numerous federal grants, primarily funded by the Administration on Aging. These grants require that there be a state project director within the Office of Elder Services to assure the implementation of grant activities and report on progress to the grantor. It is not appropriate to contract out the project director position. This initiative establishes a Social Services Program Specialist II position to meet these requirements of receiving federal funds.	Elder Services	Federal Expenditures Fund		1 595		Y	\$0	\$87,806
51	Z043	Consumer-directed Services	F-A-7203	Reduces funding from the Consumer-directed Services program.	The department proposes to reduce the state-funded Consumer Directed Services program by reducing the number of hours per consumer and providing support consistent with MaineCare regulations.	Elder Services	General Fund		1 221	Testimony opposed, from Alpha One and consumers, citing risk to care of lowering hours or wages of workers. Info requested on home and community care programs, use, payment levels. Testimony suggested consolidating programs and agencies. Leo Delicata, LSE - opposes. Many consumers testified against cuts for their workers. Information needed on current and proposed hours and proposed service reductions.	N, 10-0. 1 abstain.	(\$125,000)	(\$500,000)
52	420	Long Term Care - Human Services	F-A-7209	Reduces funding by managing utilization of the homemakers program.	The Independent Support Services Program serves approximately 2,000 people. The department will manage the utilization of this program which assists with meal preparation, grocery shopping and housekeeping.	Elder Services	General Fund		1 859	Catholic Charities says cut will force 500 consumers off. Have 2000 consumers, paying 20% co-pay, eligible for 6-8 hrs/mo. Cost \$18.75/hr, \$112.50-150/mo. WL is 250 consumers. Prior cuts \$187,500 in FY09 from curtailment and \$1million in 2008. Leo Delicata, LSE - opposes cuts. Consumers testified against cuts and for workers.	N	(\$187,500)	(\$750,000)
53	140	Office of Elder Services Central Office	F-A-7210	Reduces funding for non-MaineCare adult day services and other supportive and administrative services.	This initiative reduces funding for adult day services by reducing hours of support; reduces a contract for case aides by \$103,000 and reduces contracts for occupational therapy consultation.	Elder Services	General Fund		1 598	Graham Newson, Me AAAA - 30 people will lose adult day services. Leo Delicata, LSE - if 10 people who were getting services move to NF, savings will be offset by expenses.	N	(\$250,000)	(\$775,000)
54	420	Long Term Care - Human Services	F-A-7210	Reduces funding for non-MaineCare adult day services and other supportive and administrative services.	This initiative reduces funding for adult day services by reducing hours of support; reduces a contract for case aides by \$103,000 and reduces contracts for occupational therapy consultation.	Elder Services	General Fund		1 860	See item 53.	N	\$0	(\$225,000)

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55	202	Low-cost Drugs To Maine's Elderly	F-A-7217	Reduces funding for the pharmacy incentive payment.	MaineCare pays a supplemental dispensing fee for prescriptions provided to members residing in rural areas in an attempt to assure continuing access to prescription services. The Pharmacy Incentive Payment dispensing fee ranges from \$0.55 to \$0.65 per prescription and changes on a quarterly basis to reflect the number of prescriptions filled in the prior quarter. This initiative will reduce the pharmacy incentive payment from an annual amount of \$2 million to \$1.57 million.	Elder Services	General Fund		1 829	See testimony from pharmacies re dispensing fees in MAP account below, item 139. Information needed on proposal for incentive payments paid in addition to normal pharmacy \$3.35 per script dispensing fee.	N	\$0	(\$50,490)
56	202	Low-cost Drugs To Maine's Elderly	F-A-7218	Reduces funding by a reduction of the benefit provided under the Low-cost Drugs To Maine's Elderly program.	The Low Cost Drugs for the Elderly and Disabled (DEL) benefit is a prescription drug assistance program. This initiative will eliminate only copays for Medicare Savings Plan members. These members are between 100% and 185% of the federal poverty level. Copays are \$2.50 for generics and \$6.30 for brand name drugs. The proposal retains coverage for the gap (donut hole) and deductible coverage as well for the excluded drugs. It also retains coverage for the beneficiaries with incomes less than 100% FPL.	Elder Services	General Fund		1 830	Testimony opposed from consumers using DEL program. Cut would mean DEL would no longer pay Medicare copay - 37,000 MSP consumers would pay. Brenda Duggan, Maine Coast Memorial Hospital provided info on MSP clients using DEL to pay Medicare copays. John Carr, MCSC, and Steve Griffin, AARP, Chris Hastedt, MEJP, Leo Delicata, LSE -oppose shifting copays to consumers and apparent cut to benefit. Will there be a monthly cap on co-pays? What is cut in benefits? GF appropriation for FY10 is \$4,974,023, for FY11 is \$4,972,785.	Tabled, 10-1.	\$0	(\$1,800,000)
57	140	Office of Elder Services Central Office	F-A-7258	Provides funding for a new federal Alzheimer's innovation initiative grant administered by the Office of Elder Services Central Office program.	The goal of this federal grant is to improve the capability of consumer directed options within Maine's publicly funded programs to serve the needs of people with dementia and their caregivers. Much of the work will focus on the family provider service option (FPSO) to improve the awareness of, access to and efficiency of the current option. This will also result in a more efficient and consumer friendly transition between the State's funded respite program administered by the Area Agencies on Aging.	Elder Services	Federal Expenditures Fund		1 601		Y	\$0	\$235,310

Line #	Prog. Code	Program	Initiative #	Initiative Text	Initiative Justification	Secondary Class	Fund	Unit	Line Number	HHS Notes	HHS Vote	FY 10 Total	FY 11 Total
58	148	Nursing Facilities	F-A-7272	Reduces funding based on a 10% reduction to the rates paid to providers under all sections of MaineCare policy except hospital, physician, pharmacy and dental services.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	Elder Services	General Fund		1 807	Nathan Brown, nursing facility administrator from Lubec, testified against 10% cut, asked Legislators to consider social policy and social needs. Cedars testified cut to them would be \$315,000. Cedars anticipates Medicare cut of \$469,000. Kim Baker, Kindred HealthCare, testified to loss of \$2.4million, requiring 64 layoffs (10% of full-time staff). Craig Nelson, Aging Services of Me and NH, and Leo Delicata, LSE, stated that Medicaid law forbids across the board cuts based on state budget shortfalls w/o program specific analyses and findings that cuts will not adversely affect access and quality of services, 42 US Code sec. 1396a(a)(30)(A) and 42 CFR 440.230(b) and (c). Rick Erb, MHCA, stated NF already are underpaid by MaineCare \$16.20/day/resident. This cuts will add \$16.80/day/resident. No place left to offset cut w/o staffing cuts and layoffs. NF average 70% MaineCare, 15% each Medicare or private pay. MHCA anticipates Medicare cut to NF in federal health care reform. Kerry Sirois, Mt St Joseph, NF will lose \$400,000 in 2010-11 due to cuts. Don Gross testified that 1	N	\$0	(\$6,647,068)
59	148	Nursing Facilities	F-A-7272	Reduces funding based on a 10% reduction to the rates paid to providers under all sections of MaineCare policy except hospital, physician, pharmacy and dental services.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	Elder Services	Federal Expenditures Fund		1 808		N	\$0	(\$16,491,888)

Line #	Prog. Code	Program	Initiative #	Initiative Text	Initiative Justification	Secondary Class	Fund	Unit	Line Number	HHS Notes	HHS Vote	FY 10 Total	FY 11 Total
60	148	Nursing Facilities	F-A-7272	Reduces funding based on a 10% reduction to the rates paid to providers under all sections of MaineCare policy except hospital, physician, pharmacy and dental services.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	Elder Services	Other Special Revenue Funds	2	809		N	\$0	(\$1,315,864)
61	148	Nursing Facilities	F-A-7272	Reduces funding based on a 10% reduction to the rates paid to providers under all sections of MaineCare policy except hospital, physician, pharmacy and dental services.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	Elder Services	Federal Expenditures Fund ARRA	1	810		N	\$0	(\$1,273,555)
62	957	FHM - Service Center	F-A-1595	Transfers 4 Community Care Worker positions and one Social Services Program Specialist II position from the FHM - Service Center program to the Division of Licensing and Regulatory Services program.	The DHHS Division of Licensing and Regulatory Services submitted an amendment to the DHHS public assistance cost allocation plan relating to their accounts in FY 2009. This initiative places these DLRS positions in the DLRS Other Special Revenue Funds account which expenditures will be allocated accordingly.	FHM	Fund for a Healthy Maine	1	902		Y	\$0	(\$412,346)
63	Z036	Division of Licensing and Regulatory Services	F-A-1595	Transfers 4 Community Care Worker positions and one Social Services Program Specialist II position from the FHM - Service Center program to the Division of Licensing and Regulatory Services program.	The DHHS Division of Licensing and Regulatory Services submitted an amendment to the DHHS public assistance cost allocation plan relating to their accounts in FY 2009. This initiative places these DLRS positions in the DLRS Other Special Revenue Funds account which expenditures will be allocated accordingly.	FHM	Other Special Revenue Funds	4			Y	\$0	\$422,189

Line #	Prog. Code	Program	Initiative #	Initiative Text	Initiative Justification	Secondary Class	Fund	Unit	Line Number	HHS Notes	HHS Vote	FY 10 Total	FY 11 Total
64	921	Fund for a Healthy Maine	F-A-2231	Provides funding to offset a deallocation made in Public Law 2009, chapter 213, Part UUUU, section 2. A pro rata adjustment to the individual Fund for a Healthy Maine accounts is not required since the balance in the fund on June 30, 2009 was sufficient to cover the deallocation.	Public Law 2009 c. 213, Part UUUU, section 2 deallocated (\$536,000) from the Fund for a Healthy Maine account in the Department of Administrative and Financial Services to cover a projected revenue shortfall in the Fund. The State Budget Officer was charged with prorating the deallocation to the individual subsidiary FHM accounts by Financial Order in fiscal year 2009-10. This pro-rata adjustment is not required because there was sufficient cash on hand at June 30, 2009 to cover the deallocation. This initiative provides an allocation of \$536,000 to offset the deallocation in fiscal year 2009-10.	FHM	Fund for a Healthy Maine	1	54	Corrects deallocation from FHM made in PL 2009, chapter 213 but never actually deallocated as funds were sufficient at end of fiscal year. Maine Coalition on Smoking or Health testified in favor of increasing tobacco tax by \$1 per pack from \$2 per pack to \$3 per pack.	Y	\$536,000	\$0
65	964	FHM - Fire Marshal	F-A-7221	Provides funding for inspections of facilities licensed by the Department of Health and Human Services.	These funds will be used to pay for an accrued balance and for the anticipated increase in fiscal year 2009-10 and fiscal year 2010-11 only for mandatory inspections of Department of Health and Human Services licensed facilities that provide services to children.	FHM	Fund for a Healthy Maine	1	1209	Pays for Fire Marshal inspections of DHHS licensed facilities for children, unpaid balance and for increased numbers of inspections. Friends testified neither for nor against.	Y	\$1,140,780	\$0
66	921	Fund for a Healthy Maine		Transfers Fund for a Healthy Maine balance to General Fund unappropriated surplus in fiscal years 2009-10 and 2010-11.		FHM	General Fund	1		See language Part M. Friends testified neither for nor against.	3-way split vote, see Attachment B. As result of streamlining bill, PL 462, account lacks sufficient funds for this allocation.	(\$3,925,515)	(\$222,282)
67	921	Fund for a Healthy Maine		Transfers Fund for a Healthy Maine balance to General Fund unappropriated surplus in fiscal years 2009-10 and 2010-11.		FHM	Fund for a Healthy Maine	1		See language Part M. Friends testified neither for nor against.	3-way split vote, see Attachment B. As result of streamlining bill, PL 462, account lacks sufficient funds for this allocation.	\$3,925,515	\$222,282
68	523	Disability Rights Center	F-A-7004	Reduces funding to maintain appropriations within available resources.	This initiative represents a one-time reduction of 5% to the program to maintain costs within available resources.	HHS Other	General Fund	1	333	GF appropriation is \$130,766/yr. Information requested on total budget.	N, 9-5	\$0	(\$6,538)
69	103	Ombudsman Program	F-A-7020	Reduces funding for contractual services from the Maine Children's Alliance to maintain costs within available resources.	This program provides ombudsman services to the children and families of the State regarding child welfare services provided by the Department of Health and Human Services.	HHS Other	General Fund	1	462	GF appropriation is \$122,524/yr. Cut is 3.9%. Ombudsman also receives \$57,150 in federal Medicaid matching funds. Appropriation is to Office of the Executive account, services are contracted to Mainie Children's Alliance.	Y	\$0	(\$4,827)
70	663	Maine Hospice Council	F-A-7452	Reduces funding to maintain appropriations within available resources.	This initiative represents a one-time reduction of 5% to the program to maintain costs within available resources.	HHS Other	General Fund	1	483	GF appropriation is \$65,884/yr. Information requested on total budget.	Y	\$0	(\$3,294)

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71	129	Bureau of Medical Services	F-A-1918	Adjusts funding for the decrease in the federal financial participation rate from 75% to 50% on the Maine Integrated Health Management Solution (MIHMS) system until fiscal year 2011-12 when the certification process will be completed.	This initiative recognizes that the certification process for the Maine Integrated Health Management Solution (MIHMS) system will not be completed until 2012. Until the certification process is complete, the federal government will not participate at 75%. After the certification process has been completed by the Centers for Medicare and Medicaid Services, the department will be retroactively reimbursed for the difference in federal participation rates. It is anticipated that the retroactive reimbursement will occur in fiscal year 2011-12.	MaineCare Admin	General Fund		1 530		Y	\$0	\$3,884,463
72	129	Bureau of Medical Services	F-A-1918	Adjusts funding for the decrease in the federal financial participation rate from 75% to 50% on the Maine Integrated Health Management Solution (MIHMS) system until fiscal year 2011-12 when the certification process will be completed.	This initiative recognizes that the certification process for the Maine Integrated Health Management Solution (MIHMS) system will not be completed until 2012. Until the certification process is complete, the federal government will not participate at 75%. After the certification process has been completed by the Centers for Medicare and Medicaid Services, the department will be retroactively reimbursed for the difference in federal participation rates. It is anticipated that the retroactive reimbursement will occur in fiscal year 2011-12.	MaineCare Admin	Federal Expenditures Fund		1 531		Y	\$0	(\$3,884,463)
73	129	Bureau of Medical Services	F-A-1929	Adjusts funding for the continued operation of the Maine Integrated Health Management Solution (MIHMS) system through a transfer from the Information Technology program to the Bureau of Medical Services program.	This adjustment is necessary to properly account for funding the Unisys contract. The nature of the contract will shift to a business model once the new system goes live necessitating the transfer from the Information Technology account to the OMS administrative account.	MaineCare Admin	General Fund		1 547		Y	\$0	\$3,545,210
74	Y16T	Information Technology	F-A-1929	Adjusts funding for the continued operation of the Maine Integrated Health Management Solution (MIHMS) system through a transfer from the Information Technology program to the Bureau of Medical Services program.	This adjustment is necessary to properly account for funding the Unisys contract. The nature of the contract will shift to a business model once the new system goes live necessitating the transfer from the Information Technology account to the OMS administrative account.	MaineCare Admin	General Fund		1 910		Y	\$0	(\$3,545,210)
75	139	State-Funded Foster Care/Adoption Assistance	F-A-7267	Reduces funding by paying the last MaineCare cycle payment of fiscal year 2010-11 in fiscal year 2011-12.	Based on an average cycle of \$44 million, the department estimates it can defer almost \$18 million of General Fund costs by paying the last cycle of fiscal year 2010-11 in fiscal year 2011-12.	MaineCare Cycle	General Fund		1 585		Y	\$0	(\$55,675)

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76	143	Health - Bureau of	F-A-7267	Reduces funding by paying the last MaineCare cycle payment of fiscal year 2010-11 in fiscal year 2011-12.	Based on an average cycle of \$44 million, the department estimates it can defer almost \$18 million of General Fund costs by paying the last cycle of fiscal year 2010-11 in fiscal year 2011-12.	MaineCare Cycle	Federal Expenditures Fund	3	674		Y	\$0	(\$19,076)
77	147	Medical Care - Payments to Providers	F-A-7267	Reduces funding by paying the last MaineCare cycle payment of fiscal year 2010-11 in fiscal year 2011-12.	Based on an average cycle of \$44 million, the department estimates it can defer almost \$18 million of General Fund costs by paying the last cycle of fiscal year 2010-11 in fiscal year 2011-12.	MaineCare Cycle	General Fund	1	772		Y	\$0	(\$9,669,773)
78	147	Medical Care - Payments to Providers	F-A-7267	Reduces funding by paying the last MaineCare cycle payment of fiscal year 2010-11 in fiscal year 2011-12.	Based on an average cycle of \$44 million, the department estimates it can defer almost \$18 million of General Fund costs by paying the last cycle of fiscal year 2010-11 in fiscal year 2011-12.	MaineCare Cycle	Federal Expenditures Fund	1	773		Y	\$0	(\$27,210,710)
79	147	Medical Care - Payments to Providers	F-A-7267	Reduces funding by paying the last MaineCare cycle payment of fiscal year 2010-11 in fiscal year 2011-12.	Based on an average cycle of \$44 million, the department estimates it can defer almost \$18 million of General Fund costs by paying the last cycle of fiscal year 2010-11 in fiscal year 2011-12.	MaineCare Cycle	Federal Block Grant Fund	1	774		Y	\$0	(\$488,331)
80	148	Nursing Facilities	F-A-7267	Reduces funding by paying the last MaineCare cycle payment of fiscal year 2010-11 in fiscal year 2011-12.	Based on an average cycle of \$44 million, the department estimates it can defer almost \$18 million of General Fund costs by paying the last cycle of fiscal year 2010-11 in fiscal year 2011-12.	MaineCare Cycle	General Fund	1	804		Y	\$0	(\$2,145,316)
81	148	Nursing Facilities	F-A-7267	Reduces funding by paying the last MaineCare cycle payment of fiscal year 2010-11 in fiscal year 2011-12.	Based on an average cycle of \$44 million, the department estimates it can defer almost \$18 million of General Fund costs by paying the last cycle of fiscal year 2010-11 in fiscal year 2011-12.	MaineCare Cycle	Federal Expenditures Fund	1	805		Y	\$0	(\$3,780,971)
82	202	Low-cost Drugs To Maine's Elderly	F-A-7267	Reduces funding by paying the last MaineCare cycle payment of fiscal year 2010-11 in fiscal year 2011-12.	Based on an average cycle of \$44 million, the department estimates it can defer almost \$18 million of General Fund costs by paying the last cycle of fiscal year 2010-11 in fiscal year 2011-12.	MaineCare Cycle	General Fund	1	831		Y	\$0	(\$112,842)
83	705	Medicaid Services - Mental Retardation	F-A-7267	Reduces funding by paying the last MaineCare cycle payment of fiscal year 2010-11 in fiscal year 2011-12.	Based on an average cycle of \$44 million, the department estimates it can defer almost \$18 million of General Fund costs by paying the last cycle of fiscal year 2010-11 in fiscal year 2011-12.	MaineCare Cycle	General Fund	12	176		Y	\$0	(\$673,572)
84	731	Mental Health Services - Child Medicaid	F-A-7267	Reduces funding by paying the last MaineCare cycle payment of fiscal year 2010-11 in fiscal year 2011-12.	Based on an average cycle of \$44 million, the department estimates it can defer almost \$18 million of General Fund costs by paying the last cycle of fiscal year 2010-11 in fiscal year 2011-12.	MaineCare Cycle	General Fund	17	184		Y	\$0	(\$1,152,899)
85	732	Mental Health Services - Community Medicaid	F-A-7267	Reduces funding by paying the last MaineCare cycle payment of fiscal year 2010-11 in fiscal year 2011-12.	Based on an average cycle of \$44 million, the department estimates it can defer almost \$18 million of General Fund costs by paying the last cycle of fiscal year 2010-11 in fiscal year 2011-12.	MaineCare Cycle	General Fund	14	189		Y	\$0	(\$991,884)
86	844	Office of Substance Abuse - Medicaid Seed	F-A-7267	Reduces funding by paying the last MaineCare cycle payment of fiscal year 2010-11 in fiscal year 2011-12.	Based on an average cycle of \$44 million, the department estimates it can defer almost \$18 million of General Fund costs by paying the last cycle of fiscal year 2010-11 in fiscal year 2011-12.	MaineCare Cycle	General Fund	1	202		Y	\$0	(\$71,258)

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87	948	FHM - Substance Abuse	F-A-7267	Reduces funding by paying the last MaineCare cycle payment of fiscal year 2010-11 in fiscal year 2011-12.	Based on an average cycle of \$44 million, the department estimates it can defer almost \$18 million of General Fund costs by paying the last cycle of fiscal year 2010-11 in fiscal year 2011-12.	MaineCare Cycle	Fund for a Healthy Maine	1	207		Y	\$0	(\$31,954)
88	987	Mental Retardation Waiver - MaineCare	F-A-7267	Reduces funding by paying the last MaineCare cycle payment of fiscal year 2010-11 in fiscal year 2011-12.	Based on an average cycle of \$44 million, the department estimates it can defer almost \$18 million of General Fund costs by paying the last cycle of fiscal year 2010-11 in fiscal year 2011-12.	MaineCare Cycle	General Fund	16	213		Y	\$0	(\$2,514,488)
89	Z008	Maternal and Child Health Block Grant Match	F-A-7267	Reduces funding by paying the last MaineCare cycle payment of fiscal year 2010-11 in fiscal year 2011-12.	Based on an average cycle of \$44 million, the department estimates it can defer almost \$18 million of General Fund costs by paying the last cycle of fiscal year 2010-11 in fiscal year 2011-12.	MaineCare Cycle	General Fund	1	918		Y	\$0	(\$5,488)
90	Z009	MR/Elderly PNMI Room and Board	F-A-7267	Reduces funding by paying the last MaineCare cycle payment of fiscal year 2010-11 in fiscal year 2011-12.	Based on an average cycle of \$44 million, the department estimates it can defer almost \$18 million of General Fund costs by paying the last cycle of fiscal year 2010-11 in fiscal year 2011-12.	MaineCare Cycle	General Fund	1	920		Y	\$0	(\$534,805)
91	Z015	FHM - Drugs for the Elderly and Disabled	F-A-7267	Reduces funding by paying the last MaineCare cycle payment of fiscal year 2010-11 in fiscal year 2011-12.	Based on an average cycle of \$44 million, the department estimates it can defer almost \$18 million of General Fund costs by paying the last cycle of fiscal year 2010-11 in fiscal year 2011-12.	MaineCare Cycle	Fund for a Healthy Maine	1	922		Y	\$0	(\$327)
92	147	Medical Care - Payments to Providers	F-A-7219	Reduces funding due to a retroactive increase in the federal medical assistance percentage rate for the 4th quarter of state fiscal year 2008-09.	This initiative recognizes the retroactive FMAP changed authorized by CMS. Based on Maine's unemployment rate, the State moved to Tier 3 of the enhanced rate calculation under the American Recovery and Reinvestment Act. The department had budgeted and paid claims for SFY09 Q4 at Tier 2 and recorded the adjustment on the federal reports and in the state accounting system after being notified by CMS of the rate change.	MaineCare FMAP	General Fund	1	744		Y	(\$6,782,239)	\$0
93	148	Nursing Facilities	F-A-7219	Reduces funding due to a retroactive increase in the federal medical assistance percentage rate for the 4th quarter of state fiscal year 2008-09.	This initiative recognizes the retroactive FMAP changed authorized by CMS. Based on Maine's unemployment rate, the State moved to Tier 3 of the enhanced rate calculation under the American Recovery and Reinvestment Act. The department had budgeted and paid claims for SFY09 Q4 at Tier 2 and recorded the adjustment on the federal reports and in the state accounting system after being notified by CMS of the rate change.	MaineCare FMAP	General Fund	1	803	See item 92.	Y	(\$682,231)	\$0

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94	147	Medical Care - Payments to Providers	F-A-7275	Provides funding for the Medical Care - Payments to Providers and Nursing Facilities programs.	In the curtailment order, \$7.5 million was reduced from MaineCare accounts to record the retroactive federal medical assistance percentage change. The state share decreased from 26.63% to 25.65% as the State was moving from Tier 2 enhanced to Tier 3 enhanced under the American Recovery and Reinvestment Act. This resulted in General Fund savings of &7.5 million. Following discussions with the Department of Administrative and Financial Services, the department began to count on this \$7.5 million towards the balance of the MaineCare budget for FY 2010. Without the use of these funds the department will experience a shortfall in the MaineCare budget.	MaineCare FMAP	General Fund		1 792	See item 92.	Y	\$6,782,239	\$0
95	148	Nursing Facilities	F-A-7275	Provides funding for the Medical Care - Payments to Providers and Nursing Facilities programs.	In the curtailment order, \$7.5 million was reduced from MaineCare accounts to record the retroactive federal medical assistance percentage change. The state share decreased from 26.63% to 25.65% as the State was moving from Tier 2 enhanced to Tier 3 enhanced under the American Recovery and Reinvestment Act. This resulted in General Fund savings of &7.5 million. Following discussions with the Department of Administrative and Financial Services, the department began to count on this \$7.5 million towards the balance of the MaineCare budget for FY 2010. Without the use of these funds the department will experience a shortfall in the MaineCare budget.	MaineCare FMAP	General Fund		1 814	See item 92.	Y.	\$682,231	\$0
96	147	Medical Care - Payments to Providers	F-A-7213	Reduces funding by changing the reimbursement to critical access hospitals for inpatient and outpatient services from 109% of the MaineCare allowable cost to 101% of the MaineCare allowable cost.	There are 15 critical access hospitals in the State. Currently, MaineCare reimburses these hospitals at a rate above their costs based on statute. This initiative would reduce MaineCare's reimbursement from 109% to 101% of cost.	MaineCare Hospitals	General Fund		1 729	See also notes on item 99 re: Mayo Hospital in Dover-Foxcroft. Depends on enactment of Part VV. Effective 4/1/10.	N, 10-4. See Language V V.	(\$403,678)	(\$1,614,712)
97	147	Medical Care - Payments to Providers	F-A-7213	Reduces funding by changing the reimbursement to critical access hospitals for inpatient and outpatient services from 109% of the MaineCare allowable cost to 101% of the MaineCare allowable cost.	There are 15 critical access hospitals in the State. Currently, MaineCare reimburses these hospitals at a rate above their costs based on statute. This initiative would reduce MaineCare's reimbursement from 109% to 101% of cost.	MaineCare Hospitals	Federal Expenditures Fund		1 730		N, 10-4. See Language V V.	(\$1,043,143)	(\$3,488,452)

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98	147	Medical Care - Payments to Providers	F-A-7213	Reduces funding by changing the reimbursement to critical access hospitals for inpatient and outpatient services from 109% of the MaineCare allowable cost to 101% of the MaineCare allowable cost.	There are 15 critical access hospitals in the State. Currently, MaineCare reimburses these hospitals at a rate above their costs based on statute. This initiative would reduce MaineCare's reimbursement from 109% to 101% of cost.	MaineCare Hospitals	Federal Expenditures Fund ARRA		1 731		N, 10-4. See Language V V.	(\$158,261)	(\$264,895)
99	147	Medical Care - Payments to Providers	F-A-7214	Reduces funding by reimbursing outpatient hospital services based on ambulatory patient classifications at 86% of Medicare rates.	The Office of MaineCare Services and the Maine Hospital Association have worked over the last eight months to develop a budget neutral plan to eliminate cost reimbursement in favor of prospective inpatient diagnostic related groups (DRGs) and outpatient ambulatory patient classifications (APCs). Acute care hospitals are currently paid for outpatient services based on their cost. Medicare APCs are flat, prospectively determined payments based on groups of procedures and tests. By moving to APC rates based on 86% of Medicare, hospital payments would be reduced by \$3,400,000 for fiscal year 2010-11 (state and federal).	MaineCare Hospitals	General Fund		1 745	Dr. McDermott, Mayo Hospital in Dover-Foxcroft-paying 86% of Medicare will bring reimbursement rate below cost. Info requested on # inpatient and outpatient visits, lab use, mental health visits. Mary Mayhew, MHA, suggests impact may amount to \$20million, not \$3million. Information needed - is this cut only APC outpatient ambulatory care services? Information needed on relationship to Item 105.	Y	\$0	(\$1,000,000)
100	147	Medical Care - Payments to Providers	F-A-7214	Reduces funding by reimbursing outpatient hospital services based on ambulatory patient classifications at 86% of Medicare rates.	The Office of MaineCare Services and the Maine Hospital Association have worked over the last eight months to develop a budget neutral plan to eliminate cost reimbursement in favor of prospective inpatient diagnostic related groups (DRGs) and outpatient ambulatory patient classifications (APCs). Acute care hospitals are currently paid for outpatient services based on their cost. Medicare APCs are flat, prospectively determined payments based on groups of procedures and tests. By moving to APC rates based on 86% of Medicare, hospital payments would be reduced by \$3,400,000 for fiscal year 2010-11 (state and federal).	MaineCare Hospitals	Federal Expenditures Fund		1 746		Y	\$0	(\$2,160,418)
101	147	Medical Care - Payments to Providers	F-A-7214	Reduces funding by reimbursing outpatient hospital services based on ambulatory patient classifications at 86% of Medicare rates.	The Office of MaineCare Services and the Maine Hospital Association have worked over the last eight months to develop a budget neutral plan to eliminate cost reimbursement in favor of prospective inpatient diagnostic related groups (DRGs) and outpatient ambulatory patient classifications (APCs). Acute care hospitals are currently paid for outpatient services based on their cost. Medicare APCs are flat, prospectively determined payments based on groups of procedures and tests. By moving to APC rates based on 86% of Medicare, hospital payments would be reduced by \$3,400,000 for fiscal year 2010-11 (state and federal).	MaineCare Hospitals	Federal Expenditures Fund ARRA		1 747		Y	\$0	(\$164,050)

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102	147	Medical Care - Payments to Providers	F-A-7215	Adjusts funding to reflect an update of the hospital tax base year from 2006 to 2008 and the exclusion of municipally funded hospitals from the tax beginning July 1, 2010.	The department proposes to change the base year on which hospitals pay tax, moving the base year from 2006 to 2008.	MaineCare Hospitals	Other Special Revenue Funds		4	752		Y, 8-6. See also language AAA.	\$0	\$10,770,945
103	147	Medical Care - Payments to Providers	F-A-7215	Adjusts funding to reflect an update of the hospital tax base year from 2006 to 2008 and the exclusion of municipally funded hospitals from the tax beginning July 1, 2010.	The department proposes to change the base year on which hospitals pay tax, moving the base year from 2006 to 2008.	MaineCare Hospitals	General Fund		1	751		Y, 8-6. See Language AAA.	\$0	(\$10,770,945)
104	147	Medical Care - Payments to Providers	F-A-7215	Net revenue impact from an update of the hospital tax base year from 2006 to 2008 and the exclusion of municipally funded hospitals from the tax beginning July 1, 2010.	The department proposes to change the base year on which hospitals pay tax, moving the base year from 2006 to 2008.	MaineCare Hospitals	Other Special Revenue Funds		4			Y, 8-6. See Language AAA.	\$0	(\$10,770,945)
105	147	Medical Care - Payments to Providers	F-A-7216	Reduces funding by lowering hospital reimbursement by using a diagnosis-related groups methodology.	The Office of MaineCare Services and the Maine Hospital Association have agreed upon a diagnosis related group (DRG) methodology. Currently each Maine hospital is paid a flat hospital-specific rate per discharge that is based on historical costs. The DRG plan will phase hospitals into a statewide rate. Each DRG is specific to the reason for the admission and weighted using Maine-specific data. The agreed upon DRG methodology is budget neutral to the rates set on July 1, 2009. This initiative reflects a reduction of approximately 4%.	MaineCare Hospitals	General Fund		1	734		Y	\$0	(\$1,237,200)
106	147	Medical Care - Payments to Providers	F-A-7216	Reduces funding by lowering hospital reimbursement by using a diagnosis-related groups methodology.	The Office of MaineCare Services and the Maine Hospital Association have agreed upon a diagnosis related group (DRG) methodology. Currently each Maine hospital is paid a flat hospital-specific rate per discharge that is based on historical costs. The DRG plan will phase hospitals into a statewide rate. Each DRG is specific to the reason for the admission and weighted using Maine-specific data. The agreed upon DRG methodology is budget neutral to the rates set on July 1, 2009. This initiative reflects a reduction of approximately 4%.	MaineCare Hospitals	Federal Expenditures Fund		1	735		Y	\$0	(\$2,672,868)

Line #	Prog. Code	Program	Initiative #	Initiative Text	Initiative Justification	Secondary Class	Fund	Unit	Line Number	HHS Notes	HHS Vote	FY 10 Total	FY 11 Total
107	147	Medical Care - Payments to Providers	F-A-7216	Reduces funding by lowering hospital reimbursement by using a diagnosis-related groups methodology.	The Office of MaineCare Services and the Maine Hospital Association have agreed upon a diagnosis related group (DRG) methodology. Currently each Maine hospital is paid a flat hospital-specific rate per discharge that is based on historical costs. The DRG plan will phase hospitals into a statewide rate. Each DRG is specific to the reason for the admission and weighted using Maine-specific data. The agreed upon DRG methodology is budget neutral to the rates set on July 1, 2009. This initiative reflects a reduction of approximately 4%.	MaineCare Hospitals	Federal Expenditures Fund ARRA		1 736		Y	\$0	(\$202,964)
108	147	Medical Care - Payments to Providers	F-A-7259	Reduces funding by reducing reimbursement to psychiatric hospitals by \$500 per discharge.	The department proposes to reduce the discharge rate for inpatient psychiatric services by \$500 per discharge. This reduction will save approximately \$1,250,000 annually (state and federal dollars).	MaineCare Hospitals	General Fund		1 755		Y	\$0	(\$386,875)
109	147	Medical Care - Payments to Providers	F-A-7259	Reduces funding by reducing reimbursement to psychiatric hospitals by \$500 per discharge.	The department proposes to reduce the discharge rate for inpatient psychiatric services by \$500 per discharge. This reduction will save approximately \$1,250,000 annually (state and federal dollars).	MaineCare Hospitals	Federal Expenditures Fund		1 756		Y	\$0	(\$863,125)
110	147	Medical Care - Payments to Providers	F-A-7261	Reduces funding by limiting reimbursement for outpatient hospital services to 15 per year except for HIV, cancer treatment, prenatal care, kidney failure and transplant services.	The department proposes to eliminate reimbursement for hospital visits/tests/procedures when a member has received over 15 services per year, except for HIV, neoplasms (cancer treatment), prenatal care, kidney failure and transplants. This initiative will produce General Fund savings of \$1,480,214 in fiscal year 2010-11.	MaineCare Hospitals	General Fund		1 761	Dr. McDermott, Mayo Hospital, Dover-Foxcroft, Dr. Gagne, MMC, Portland, MaineCare Advisory Council, MEJP testified against service limits. Information requested on utilization management in commercial insurance. DHHS indicates they are talking with Mayo Hospital, which will see a 15% MaineCare funding cut, about initiative and affect on the hospital.	N	\$0	(\$1,480,214)
111	147	Medical Care - Payments to Providers	F-A-7261	Reduces funding by limiting reimbursement for outpatient hospital services to 15 per year except for HIV, cancer treatment, prenatal care, kidney failure and transplant services.	The department proposes to eliminate reimbursement for hospital visits/tests/procedures when a member has received over 15 services per year, except for HIV, neoplasms (cancer treatment), prenatal care, kidney failure and transplants. This initiative will produce General Fund savings of \$1,480,214 in fiscal year 2010-11.	MaineCare Hospitals	Federal Expenditures Fund		1 762		N	\$0	(\$3,302,384)
112	147	Medical Care - Payments to Providers	F-A-7264	Reduces funding by limiting reimbursement to 5 inpatient hospital admissions per year.	In 2008, 26,297 MaineCare members had hospital admissions ranging from 1 admission to 44 admissions. The department proposes to limit reimbursement to 5 hospital admissions. This limit would save the State approximately \$641,000 per year (General Fund). These members would be the focus of our care management efforts to avoid hospitalizations.	MaineCare Hospitals	General Fund		1 765	Protection and Advocacy for Persons with Mental Illness (PAMI) (in Disability Rights Center) opposed limit on inpatient admissions.	N	\$0	(\$641,018)

Line #	Prog. Code	Program	Initiative #	Initiative Text	Initiative Justification	Secondary Class	Fund	Unit	Line Number	HHS Notes	HHS Vote	FY 10 Total	FY 11 Total
113	147	Medical Care - Payments to Providers	F-A-7264	Reduces funding by limiting reimbursement to 5 inpatient hospital admissions per year.	In 2008, 26,297 MaineCare members had hospital admissions ranging from 1 admission to 44 admissions. The department proposes to limit reimbursement to 5 hospital admissions. This limit would save the State approximately \$641,000 per year (General Fund). These members would be the focus of our care management efforts to avoid hospitalizations.	MaineCare Hospitals	Federal Expenditures Fund		1 766		N	\$0	(\$1,430,123)
114 A (6)	147	Medical Care - Payments to Providers	F-A-7270	Reduces funding by reimbursing mental health and substance abuse outpatient hospital services consistent with MaineCare nonhospital policy. The corresponding state funding decreases are in the Mental Health Services - Community Medicaid and Office of Substance Abuse - Medicaid Seed programs.	This initiative will clarify the definition of hospital outpatient services to exclude services covered by Section 65 of the MaineCare Benefits Manual. Hospitals providing such services would submit claims on a HCFA 1500 and would be reimbursed according to the Section 65 fee schedule, the same as non-hospital providers of these services.	MaineCare Hospitals	Federal Expenditures Fund		1 781		Y, 12-2	\$0	(\$2,264,342)
114	732	Mental Health Services - Community Medicaid	F-A-7270	Reduces funding by reimbursing mental health and substance abuse outpatient hospital services consistent with MaineCare nonhospital policy. The corresponding federal funding decrease is in the Medical Care - Payments to Providers program.	This initiative will clarify the definition of hospital outpatient services to exclude services covered by Section 65 of the MaineCare Benefits Manual. Hospitals providing such services would submit claims on a HCFA 1500 and would be reimbursed according to the Section 65 fee schedule, the same as non-hospital providers of these services.	MaineCare Hospitals	General Fund	14	191		Y, 12-2	\$0	(\$780,360)
115	844	Office of Substance Abuse - Medicaid Seed	F-A-7270	Reduces funding by reimbursing mental health and substance abuse outpatient hospital services consistent with MaineCare nonhospital policy. The corresponding federal funding decrease is in the Medical Care - Payments to Providers program.	This initiative will clarify the definition of hospital outpatient services to exclude services covered by Section 65 of the MaineCare Benefits Manual. Hospitals providing such services would submit claims on a HCFA 1500 and would be reimbursed according to the Section 65 fee schedule, the same as non-hospital providers of these services.	MaineCare Hospitals	General Fund	1	203		Y, 12-2	\$0	(\$234,577)
116	147	Medical Care - Payments to Providers	F-A-1309	Reduces funding in the Medical Care - Payments to Providers program to correct an over-allocation from State Fiscal Stabilization Funds.	This initiative reduces funding to correct an overallocation that was included in PL 2009, c. 213.	MaineCare Other	Federal Expenditures Fund ARRA	2	701		Y	(\$450,000)	\$0

Line #	Prog. Code	Program	Initiative #	Initiative Text	Initiative Justification	Secondary Class	Fund	Unit	Line Number	HHS Notes	HHS Vote	FY 10 Total	FY 11 Total
117	147	Medical Care - Payments to Providers	F-A-1914	Provides funding to support changes in the eligibility criteria for the Children's Health Insurance Program.	Under eligibility guidelines the Parents Expansion population is given a \$90 work related expense disregard from their countable income. Prior to the Children's Health Insurance Program eligibility rule change, this same disregard was not in place. As a result approximately 80 children were not covered by Medicaid when their parents were deemed eligible. This rule change was put in place to provide consistency between the eligibility requirements.	MaineCare Other	General Fund		1 702		Y	\$71,384	\$71,384
118	147	Medical Care - Payments to Providers	F-A-1914	Provides funding to support changes in the eligibility criteria for the Children's Health Insurance Program.	Under eligibility guidelines the Parents Expansion population is given a \$90 work related expense disregard from their countable income. Prior to the Children's Health Insurance Program eligibility rule change, this same disregard was not in place. As a result approximately 80 children were not covered by Medicaid when their parents were deemed eligible. This rule change was put in place to provide consistency between the eligibility requirements.	MaineCare Other	Federal Block Grant Fund		1 703		Y	\$218,678	\$218,678
119	147	Medical Care - Payments to Providers	F-A-1916	Provides funding for the increase in Medicare Part B premium payments.	The State is required to pay Medicare Part B premiums for individuals enrolled in Qualified Medicare Beneficiary (QMB) or Specified Low-income Medicare Beneficiary (SLMB) Medicare Savings Plans. The Medicare Part B premium is increasing as of January 1, 2010 from \$96.40 per month to \$110.50 per month.	MaineCare Other	General Fund		1 710		Y	\$1,741,141	\$4,165,856
120	147	Medical Care - Payments to Providers	F-A-1916	Provides funding for the increase in Medicare Part B premium payments.	The State is required to pay Medicare Part B premiums for individuals enrolled in Qualified Medicare Beneficiary (QMB) or Specified Low-income Medicare Beneficiary (SLMB) Medicare Savings Plans. The Medicare Part B premium is increasing as of January 1, 2010 from \$96.40 per month to \$110.50 per month.	MaineCare Other	Federal Expenditures Fund		1 711		Y	\$4,491,021	\$9,002,128
121	147	Medical Care - Payments to Providers	F-A-1916	Provides funding for the increase in Medicare Part B premium payments.	The State is required to pay Medicare Part B premiums for individuals enrolled in Qualified Medicare Beneficiary (QMB) or Specified Low-income Medicare Beneficiary (SLMB) Medicare Savings Plans. The Medicare Part B premium is increasing as of January 1, 2010 from \$96.40 per month to \$110.50 per month.	MaineCare Other	Federal Expenditures Fund ARRA		1 712		Y	\$693,617	\$683,574

Line #	Prog. Code	Program	Initiative #	Initiative Text	Initiative Justification	Secondary Class	Fund	Unit	Line Number	HHS Notes	HHS Vote	FY 10 Total	FY 11 Total
122	147	Medical Care - Payments to Providers	F-A-1917	Adjusts funding between fiscal years to enable the accelerated claims run-out process for the Maine Claims Management System (MeCMS).	The department contracted with actuaries to estimate the potential impact of accelerated claim submission rates during the run-out period on state fiscal budgets. One of the key components to the run-out strategy is to incent providers to submit claims promptly since the plan is to maintain MeCMS operations for only six months. This means that future fiscal year expenditures will be accelerated to earlier time periods.	MaineCare Other	General Fund		1 715		Y	\$6,622,154	(\$6,622,154)
123	147	Medical Care - Payments to Providers	F-A-1917	Adjusts funding between fiscal years to enable the accelerated claims run-out process for the Maine Claims Management System (MeCMS).	The department contracted with actuaries to estimate the potential impact of accelerated claim submission rates during the run-out period on state fiscal budgets. One of the key components to the run-out strategy is to incent providers to submit claims promptly since the plan is to maintain MeCMS operations for only six months. This means that future fiscal year expenditures will be accelerated to earlier time periods.	MaineCare Other	Federal Expenditures Fund		1 716		Y	\$17,119,084	(\$17,119,084)
124	147	Medical Care - Payments to Providers	F-A-1917	Adjusts funding between fiscal years to enable the accelerated claims run-out process for the Maine Claims Management System (MeCMS).	The department contracted with actuaries to estimate the potential impact of accelerated claim submission rates during the run-out period on state fiscal budgets. One of the key components to the run-out strategy is to incent providers to submit claims promptly since the plan is to maintain MeCMS operations for only six months. This means that future fiscal year expenditures will be accelerated to earlier time periods.	MaineCare Other	Federal Expenditures Fund ARRA		1 717		Y	\$2,599,867	(\$2,599,867)
125	147	Medical Care - Payments to Providers	F-A-1919	Provides funding for the increased cost of Medicare Part D payments.	The State of Maine participates in the Medicare Part D program with the federal government and contributes a phased-down percentage. Based on projections by the federal Centers for Medicare and Medicaid Services (CMS) and the growth of participation the department projects an increased need to fully fund the payments to CMS.	MaineCare Other	General Fund		1 720		Y	\$195,264	\$390,528
126	147	Medical Care - Payments to Providers	F-A-7220	Reduces funding by changing the disability determination cutoff from 45 days to 90 days.	A court decision in the '70s required that a disability determination be made in 45 days. After 45 days, the person becomes eligible for temporary coverage which is 100% state-funded. In the '80s, the federal law required the decision in 90 days and then required temporary coverage. We would petition the court to change the decision to mirror the federal law. There were 3,800 individuals who received temporary coverage who did not become eligible for a federally-funded coverage group.	MaineCare Other	General Fund		1 750	MEJP-need to change court order in Polk case. Sean Yardley-municipalities pay Rx costs during waiting period, via GA, suggests funding eligibility workers to assist people applying for disability, speeding recovery of federal repayment of benefits. MEJP opposed. Kate Knox, American PT Assoc, testified against, citing need for timely services, particularly for children with injuries. Several consumers testified to need for care while application was pending.	N. See items #159 and 160 and Attachment D.	\$0	(\$1,000,000)

Line #	Prog. Code	Program	Initiative #	Initiative Text	Initiative Justification	Secondary Class	Fund	Unit	Line Number	HHS Notes	HHS Vote	FY 10 Total	FY 11 Total
127	147	Medical Care - Payments to Providers	F-A-7269	Reduces funding by instituting several policy changes aimed at limiting the ability of individuals to shelter assets and then receive long-term care services.	The department proposes several policy changes aimed at limiting the ability for individuals to "shelter" assets and then receive long term care services. Through rule change we will clarify and strengthen the definition and application of "income producing property," redefine the equity exclusion on primary residences and require verification of the cash value of irrevocable, non-assignable and actuarially sound annuities. These changes are anticipated to save approximately \$2,150,000 annually in General Fund dollars.	MaineCare Other	General Fund		1 778	Leo Delicata, LSE- opposes, raises issues of ARRA prohibition on limiting eligibility. Inforamtion needed on proposal. Note: is amending language needed to provide statutory or rulemaking authority to DHHS?	T. Defer to Judiciary	\$0	(\$2,150,000)
128	147	Medical Care - Payments to Providers	F-A-7269	Reduces funding by instituting several policy changes aimed at limiting the ability of individuals to shelter assets and then receive long-term care services.	The department proposes several policy changes aimed at limiting the ability for individuals to "shelter" assets and then receive long term care services. Through rule change we will clarify and strengthen the definition and application of "income producing property," redefine the equity exclusion on primary residences and require verification of the cash value of irrevocable, non-assignable and actuarially sound annuities. These changes are anticipated to save approximately \$2,150,000 annually in General Fund dollars.	MaineCare Other	Federal Expenditures Fund		1 779		T. Defer to Judiciary	\$0	(\$4,796,688)
129	129	Bureau of Medical Services	F-A-7276	Establishes 2 Auditor II positions in the Office of Management and Budget program to continue the department's focus on identifying fraud, waste and abuse. Position costs are allocated 50% General Fund in the Office of Management and Budget program and 50% Federal Expenditures Fund in the Bureau of Medical Services program. The work of the new staff will increase collections and allow for a reduction in the Medical Care - Payments to Providers program.	The two additional staff members will work with the Federal Government's Medicaid Integrity contractors and utilize the SURS component of MIHMS. This will allow the department to recover additional funding of approximately \$600,000 per auditor per year.	MaineCare Other	Federal Expenditures Fund		1 558		Y	\$0	\$76,900

Line #	Prog. Code	Program	Initiative #	Initiative Text	Initiative Justification	Secondary Class	Fund	Unit	Line Number	HHS Notes	HHS Vote	FY 10 Total	FY 11 Total
130	142	Office of Management and Budget	F-A-7276	Establishes 2 Auditor II positions in the Office of Management and Budget program to continue the department's focus on identifying fraud, waste and abuse. Position costs are allocated 50% General Fund in the Office of Management and Budget program and 50% Federal Expenditures Fund in the Bureau of Medical Services program. The work of the new staff will increase collections and allow for a reduction in the Medical Care - Payments to Providers program.	The two additional staff members will work with the Federal Government's Medicaid Integrity contractors and utilize the SURS component of MIHMS. This will allow the department to recover additional funding of approximately \$600,000 per auditor per year.	MaineCare Other	General Fund	1	616		Y	\$0	\$72,992
131	147	Medical Care - Payments to Providers	F-A-7276	Establishes 2 Auditor II positions in the Office of Management and Budget program to continue the department's focus on identifying fraud, waste and abuse. Position costs are allocated 50% General Fund in the Office of Management and Budget program and 50% Federal Expenditures Fund in the Bureau of Medical Services program. The work of the new staff will increase collections and allow for a reduction in the Medical Care - Payments to Providers program.	The two additional staff members will work with the Federal Government's Medicaid Integrity contractors and utilize the SURS component of MIHMS. This will allow the department to recover additional funding of approximately \$600,000 per auditor per year.	MaineCare Other	General Fund	1	793	See item 130.	Y	\$0	(\$1,200,000)

Line #	Prog. Code	Program	Initiative #	Initiative Text	Initiative Justification	Secondary Class	Fund	Unit	Line Number	HHS Notes	HHS Vote	FY 10 Total	FY 11 Total
132	147	Medical Care - Payments to Providers	F-A-7276	Establishes 2 Auditor II positions in the Office of Management and Budget program to continue the department's focus on identifying fraud, waste and abuse. Position costs are allocated 50% General Fund in the Office of Management and Budget program and 50% Federal Expenditures Fund in the Bureau of Medical Services program. The work of the new staff will increase collections and allow for a reduction in the Medical Care - Payments to Providers program.	The two additional staff members will work with the Federal Government's Medicaid Integrity contractors and utilize the SURS component of MIHMS. This will allow the department to recover additional funding of approximately \$600,000 per auditor per year.	MaineCare Other	Federal Expenditures Fund		1 794	See item 130.	Y	\$0	(\$2,677,221)
133	Y16T	Information Technology	F-A-7276	Establishes 2 Auditor II positions in the Office of Management and Budget program to continue the department's focus on identifying fraud, waste and abuse. Position costs are allocated 50% General Fund in the Office of Management and Budget program and 50% Federal Expenditures Fund in the Bureau of Medical Services program. The work of the new staff will increase collections and allow for a reduction in the Medical Care - Payments to Providers program.	The two additional staff members will work with the Federal Government's Medicaid Integrity contractors and utilize the SURS component of MIHMS. This will allow the department to recover additional funding of approximately \$600,000 per auditor per year.	MaineCare Other	General Fund		1 912	See item 130.	Y	\$0	\$2,117

Line #	Prog. Code	Program	Initiative #	Initiative Text	Initiative Justification	Secondary Class	Fund	Unit	Line Number	HHS Notes	HHS Vote	FY 10 Total	FY 11 Total
134	147	Medical Care - Payments to Providers	F-A-7285	Reduces funding by amending state estate recovery law as it relates to elective share and joint tenancy.	The department proposes to amend Maine estate recovery law as it relates to elective share and joint tenancy. These changes are anticipated to save up to \$2,925,200 annually in General Fund dollars. This initiative would change the current statute so that it will not permit a denial of a spouse's rights to elective share merely because they are being support by public benefits. This change could potentially impact 6 cases and generate General Fund savings of approximately \$175,200 per year. This initiative also proposes changing the estate recovery statute to include joint tenancy in real property so long as the joint tenant is someone other then the surviving spouse. This change could impact 100 cases per year and generate General Fund savings of approximately \$2,750,000 per year.	MaineCare Other	General Fund		1 799	See Language Part UU. Leo Delicata, LSE - opposes, characterizes proposal as limit on eligibility, potentially violating ARRA prohibition on new limitations in MaineCare. Depends on enactment of Part UU. Judiciary Committee rejected concept of UU in LD 365, enacting it as PL chapter 150 without provisions of UU. Leo Delicata, LSE- opposes, raises issues of ARRA prohibition on limiting eligibility.	T. Defer to Judiciary	\$0	(\$2,925,200)
135	147	Medical Care - Payments to Providers	F-A-7285	Reduces funding by amending state estate recovery law as it relates to elective share and joint tenancy.	The department proposes to amend Maine estate recovery law as it relates to elective share and joint tenancy. These changes are anticipated to save up to \$2,925,200 annually in General Fund dollars. This initiative would change the current statute so that it will not permit a denial of a spouse's rights to elective share merely because they are being support by public benefits. This change could potentially impact 6 cases and generate General Fund savings of approximately \$175,200 per year. This initiative also proposes changing the estate recovery statute to include joint tenancy in real property so long as the joint tenant is someone other then the surviving spouse. This change could impact 100 cases per year and generate General Fund savings of approximately \$2,750,000 per year.	MaineCare Other	Federal Expenditures Fund		1 800		T. Defer to Judiciary	\$0	(\$6,526,173)
136	147	Medical Care - Payments to Providers	F-A-1915	Provides funding on a one-time basis to reimburse ambulatory care clinics for the administration of the H1N1 vaccine.	Approximately 70,000 children will receive the H1N1 vaccine through their school systems. Changes have been made to the MaineCare benefits manual to allow schools to bill as ambulatory care clinics for the purpose of providing and billing for the administration of the vaccine. Vaccination requires 3 courses at an administration cost of \$5 per course. Approximately 53,000 Medicaid-eligible adults will receive the H1N1 vaccine through ambulatory care clinics. Adults require one course of the vaccine with an administration cost of \$5.	MaineCare Providers	General Fund		1 705		Y	\$330,591	\$0

Line #	Prog. Code	Program	Initiative #	Initiative Text	Initiative Justification	Secondary Class	Fund	Unit	Line Number	HHS Notes	HHS Vote	FY 10 Total	FY 11 Total
137	147	Medical Care - Payments to Providers	F-A-1915	Provides funding on a one-time basis to reimburse ambulatory care clinics for the administration of the H1N1 vaccine.	Approximately 70,000 children will receive the H1N1 vaccine through their school systems. Changes have been made to the MaineCare benefits manual to allow schools to bill as ambulatory care clinics for the purpose of providing and billing for the administration of the vaccine. Vaccination requires 3 courses at an administration cost of \$5 per course. Approximately 53,000 Medicaid-eligible adults will receive the H1N1 vaccine through ambulatory care clinics. Adults require one course of the vaccine with an administration cost of \$5.	MaineCare Providers	Federal Expenditures Fund		1 706		Y	\$854,619	\$0
138	147	Medical Care - Payments to Providers	F-A-1915	Provides funding on a one-time basis to reimburse ambulatory care clinics for the administration of the H1N1 vaccine.	Approximately 70,000 children will receive the H1N1 vaccine through their school systems. Changes have been made to the MaineCare benefits manual to allow schools to bill as ambulatory care clinics for the purpose of providing and billing for the administration of the vaccine. Vaccination requires 3 courses at an administration cost of \$5 per course. Approximately 53,000 Medicaid-eligible adults will receive the H1N1 vaccine through ambulatory care clinics. Adults require one course of the vaccine with an administration cost of \$5.	MaineCare Providers	Federal Expenditures Fund ARRA		1 707		Y	\$129,790	\$0
139	147	Medical Care - Payments to Providers	F-A-7217	Reduces funding for the pharmacy incentive payment.	MaineCare pays a supplemental dispensing fee for prescriptions provided to members residing in rural areas in an attempt to assure continuing access to prescription services. The Pharmacy Incentive Payment dispensing fee ranges from \$0.55 to \$0.65 per prescription and changes on a quarterly basis to reflect the number of prescriptions filled in the prior quarter. This initiative will reduce the pharmacy incentive payment from an annual amount of \$2 million to \$1.57 million.	MaineCare Providers	General Fund		1 739	Pharmacy reps cited no raise in dispensing fee in 10 years and effect of FirstData Bank and Medi-Span, which will cause 4% cut this year and save MaineCare \$1.4million. Also consider LD 1615 which would raise pharmacy reimbursement and retain dispensing fee at \$3.35. See item 55. Information needed on proposal for incentive payments paid in addition to normal pharmacy \$3.35 per script dispensing fee.	N	\$0	(\$114,510)
140	147	Medical Care - Payments to Providers	F-A-7217	Reduces funding for the pharmacy incentive payment.	MaineCare pays a supplemental dispensing fee for prescriptions provided to members residing in rural areas in an attempt to assure continuing access to prescription services. The Pharmacy Incentive Payment dispensing fee ranges from \$0.55 to \$0.65 per prescription and changes on a quarterly basis to reflect the number of prescriptions filled in the prior quarter. This initiative will reduce the pharmacy incentive payment from an annual amount of \$2 million to \$1.57 million.	MaineCare Providers	Federal Expenditures Fund		1 740		N	\$0	(\$247,389)

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141	147	Medical Care - Payments to Providers	F-A-7217	Reduces funding for the pharmacy incentive payment.	MaineCare pays a supplemental dispensing fee for prescriptions provided to members residing in rural areas in an attempt to assure continuing access to prescription services. The Pharmacy Incentive Payment dispensing fee ranges from \$0.55 to \$0.65 per prescription and changes on a quarterly basis to reflect the number of prescriptions filled in the prior quarter. This initiative will reduce the pharmacy incentive payment from an annual amount of \$2 million to \$1.57 million.	MaineCare Providers	Federal Expenditures Fund ARRA		1 741		N	\$0	(\$18,786)
142	147	Medical Care - Payments to Providers	F-A-7260	Reduces funding by modifying the methodology used to reimburse nonhospital-based physicians.	The department proposes to revise the reimbursement methodology for physicians to save a total of \$5 million (state and federal) in fiscal year 2010-11. This will be consistent with the methodology used between Medicare facility/non-facility differential. For example, a radiologist reading an x-ray on hospital-owned equipment will be paid less than for the same reading on equipment the radiologist owns. The American Recovery and Reinvestment Act hold harmless provision prevents any cuts from current rates. This initiative will produce General Fund savings of \$1,547,000 in fiscal year 2010-11.	MaineCare Providers	General Fund		1 758		Y	\$0	(\$1,547,500)
143	147	Medical Care - Payments to Providers	F-A-7260	Reduces funding by modifying the methodology used to reimburse nonhospital-based physicians.	The department proposes to revise the reimbursement methodology for physicians to save a total of \$5 million (state and federal) in fiscal year 2010-11. This will be consistent with the methodology used between Medicare facility/non-facility differential. For example, a radiologist reading an x-ray on hospital-owned equipment will be paid less than for the same reading on equipment the radiologist owns. The American Recovery and Reinvestment Act hold harmless provision prevents any cuts from current rates. This initiative will produce General Fund savings of \$1,547,000 in fiscal year 2010-11.	MaineCare Providers	Federal Expenditures Fund		1 759		Y	\$0	(\$3,452,500)
144	147	Medical Care - Payments to Providers	F-A-7266	Reduces funding by limiting reimbursement for laboratory and x-ray services to 15 per year.	The department proposes to eliminate reimbursement for lab and x-ray visits/tests/procedures when a member has received over 15 services per year, except for HIV, neoplasms (cancer treatment), prenatal care, kidney failure and transplants. This initiative will produce General Fund savings of \$169,000 in fiscal year 2010-11.	MaineCare Providers	General Fund		1 769	Questions raised about implementation, tracking visits, commercial insurance utilization controls. See opposition to benefits limits, item 5.	N. 8-2. 1 abstain.	\$0	(\$169,000)

Line #	Prog. Code	Program	Initiative #	Initiative Text	Initiative Justification	Secondary Class	Fund	Unit	Line Number	HHS Notes	HHS Vote	FY 10 Total	FY 11 Total
145	147	Medical Care - Payments to Providers	F-A-7266	Reduces funding by limiting reimbursement for laboratory and x-ray services to 15 per year.	The department proposes to eliminate reimbursement for lab and x-ray visits/tests/procedures when a member has received over 15 services per year, except for HIV, neoplasms (cancer treatment), prenatal care, kidney failure and transplants. This initiative will produce General Fund savings of \$169,000 in fiscal year 2010-11.	MaineCare Providers	Federal Expenditures Fund		1 770		N, 8-2. 1 abstain.	\$0	(\$377,042)
146	147	Medical Care - Payments to Providers	F-A-7272	Reduces funding based on a 10% reduction to the rates paid to providers under all sections of MaineCare policy except hospital, physician, pharmacy and dental services.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	MaineCare Providers	General Fund		1 782	Questions raised about effect of 10% across the board cut. Mention of family planning 1:9 federal match rate. MSEA testified against for child care and Alpha One workers. Kate Knox, American PT Assoc, cited current rates paying 30% of cost and waiting lists for services. Kait Roe, MaineCare Advisory Council, cited requirement that MaineCare members get medically necessary care and risk that providers will discontinue participation in MaineCare. Andrew Bossie, Maine AIDS Alliance, opposed 10% cut in case management, as did patients and advocates and home care providers and alternative response child welfare services providers, transportation and child care providers. PNMI providers suggested rate standardization. Info needed on 2008 and 2009 work done by DHHS and PNMI providers. Request made on positions of Plaintiffs and Court Master in AMHI consent decree case on this cut and others. Some consumer-directed services are MaineCare (sec 12 and 22), these will get 10% rate reduction.	N, 10-0. 1 abstain.	\$0	(\$14,519,175)
147	147	Medical Care - Payments to Providers	F-A-7272	Reduces funding based on a 10% reduction to the rates paid to providers under all sections of MaineCare policy except hospital, physician, pharmacy and dental services.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	MaineCare Providers	Federal Expenditures Fund		1 783		N, 10-0. 1 abstain.	\$0	(\$58,611,037)

Line #	Prog. Code	Program	Initiative #	Initiative Text	Initiative Justification	Secondary Class	Fund	Unit	Line Number	HHS Notes	HHS Vote	FY 10 Total	FY 11 Total
148	147	Medical Care - Payments to Providers	F-A-7272	Reduces funding based on a 10% reduction to the rates paid to providers under all sections of MaineCare policy except hospital, physician, pharmacy and dental services.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	MaineCare Providers	Other Special Revenue Funds	1	784		N, 10-0. 1 abstain.	\$0	(\$1,280,745)
149	147	Medical Care - Payments to Providers	F-A-7272	Reduces funding based on a 10% reduction to the rates paid to providers under all sections of MaineCare policy except hospital, physician, pharmacy and dental services.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	MaineCare Providers	Federal Expenditures Fund ARRA	1	785		N, 10-0. 1 abstain.	\$0	(\$4,526,125)
150	147	Medical Care - Payments to Providers	F-A-7283	Adjusts funding in the various MaineCare accounts to reflect modifications to projections of MaineCare-dedicated tax revenues, to comport with Revenue Forecasting Committee rejections.	The Revenue Forecasting Committee reprojected the revenue of the nursing facilities tax, hospital tax and several of the service provider taxes at its May 2009 and November 2009 meetings. This initiative adjusts the applicable Other Special Revenue Funds accounts as necessary.	MaineCare Taxes	Other Special Revenue Funds	1	796		Y	(\$761,888)	(\$1,147,107)
151	147	Medical Care - Payments to Providers	F-A-7283	Adjusts funding in the various MaineCare accounts to reflect modifications to projections of MaineCare-dedicated tax revenues, to comport with Revenue Forecasting Committee rejections.	The Revenue Forecasting Committee reprojected the revenue of the nursing facilities tax, hospital tax and several of the service provider taxes at its May 2009 and November 2009 meetings. This initiative adjusts the applicable Other Special Revenue Funds accounts as necessary.	MaineCare Taxes	Other Special Revenue Funds	4	797		Y	(\$1,779,442)	(\$1,779,442)
152	148	Nursing Facilities	F-A-7283	Adjusts funding in the various MaineCare accounts to reflect modifications to projections of MaineCare-dedicated tax revenues, to comport with Revenue Forecasting Committee rejections.	The Revenue Forecasting Committee reprojected the revenue of the nursing facilities tax, hospital tax and several of the service provider taxes at its May 2009 and November 2009 meetings. This initiative adjusts the applicable Other Special Revenue Funds accounts as necessary.	MaineCare Taxes	Other Special Revenue Funds	2	815		Y	\$413,910	(\$330,071)

Line #	Prog. Code	Program	Initiative #	Initiative Text	Initiative Justification	Secondary Class	Fund	Unit	Line Number	HHS Notes	HHS Vote	FY 10 Total	FY 11 Total
153	705	Medicaid Services - Mental Retardation	F-A-7283	Adjusts funding in the various MaineCare accounts to reflect modifications to projections of MaineCare-dedicated tax revenues, to comport with Revenue Forecasting Committee rejections.	The Revenue Forecasting Committee reprojected the revenue of the nursing facilities tax, hospital tax and several of the service provider taxes at its May 2009 and November 2009 meetings. This initiative adjusts the applicable Other Special Revenue Funds accounts as necessary.	MaineCare Taxes	Other Special Revenue Funds	42	180		Y	(\$15,333)	(\$15,716)
154	705	Medicaid Services - Mental Retardation	F-A-7283	Adjusts funding in the various MaineCare accounts to reflect modifications to projections of MaineCare-dedicated tax revenues, to comport with Revenue Forecasting Committee rejections.	The Revenue Forecasting Committee reprojected the revenue of the nursing facilities tax, hospital tax and several of the service provider taxes at its May 2009 and November 2009 meetings. This initiative adjusts the applicable Other Special Revenue Funds accounts as necessary.	MaineCare Taxes	Other Special Revenue Funds	52	181		Y	(\$19,102)	(\$432,956)
155	732	Mental Health Services - Community Medicaid	F-A-7283	Adjusts funding in the various MaineCare accounts to reflect modifications to projections of MaineCare-dedicated tax revenues, to comport with Revenue Forecasting Committee rejections.	The Revenue Forecasting Committee reprojected the revenue of the nursing facilities tax, hospital tax and several of the service provider taxes at its May 2009 and November 2009 meetings. This initiative adjusts the applicable Other Special Revenue Funds accounts as necessary.	MaineCare Taxes	Other Special Revenue Funds	44	193		Y	(\$68,414)	(\$70,124)
156	732	Mental Health Services - Community Medicaid	F-A-7283	Adjusts funding in the various MaineCare accounts to reflect modifications to projections of MaineCare-dedicated tax revenues, to comport with Revenue Forecasting Committee rejections.	The Revenue Forecasting Committee reprojected the revenue of the nursing facilities tax, hospital tax and several of the service provider taxes at its May 2009 and November 2009 meetings. This initiative adjusts the applicable Other Special Revenue Funds accounts as necessary.	MaineCare Taxes	Other Special Revenue Funds	46	194		Y	(\$566,110)	(\$657,369)
157	844	Office of Substance Abuse - Medicaid Seed	F-A-7283	Adjusts funding in the various MaineCare accounts to reflect modifications to projections of MaineCare-dedicated tax revenues, to comport with Revenue Forecasting Committee rejections.	The Revenue Forecasting Committee reprojected the revenue of the nursing facilities tax, hospital tax and several of the service provider taxes at its May 2009 and November 2009 meetings. This initiative adjusts the applicable Other Special Revenue Funds accounts as necessary.	MaineCare Taxes	Other Special Revenue Funds	1	205		Y	(\$17,360)	(\$17,793)
158	978	Residential Treatment Facilities Assessment	F-A-7283	Adjusts funding in the various MaineCare accounts to reflect modifications to projections of MaineCare-dedicated tax revenues, to comport with Revenue Forecasting Committee rejections.	The Revenue Forecasting Committee reprojected the revenue of the nursing facilities tax, hospital tax and several of the service provider taxes at its May 2009 and November 2009 meetings. This initiative adjusts the applicable Other Special Revenue Funds accounts as necessary.	MaineCare Taxes	Other Special Revenue Funds	1	209		Y	(\$111,187)	(\$152,808)

Line #	Prog. Code	Program	Initiative #	Initiative Text	Initiative Justification	Secondary Class	Fund	Unit	Line Number	HHS Notes	HHS Vote	FY 10 Total	FY 11 Total
159	130	General Assistance - Reimbursement to Cities and Towns	F-A-1923	Provides funding in the General Assistance - Reimbursement to Cities and Towns program for increased costs in benefits and offsets the appropriation with a reduction in the appropriation for the State Supplement to Federal Supplemental Security Income program.	The General Assistance program reimburses municipalities on an eligibility basis. When municipalities expend funds to clients, the state is required to reimburse them for the state's portion.	Public Assistance	General Fund	1	565	Questions raised about disproportionate impact on select communities, shifting of burden to municipal level. Sean Yardley suggested funding eligibility workers to assist people applying for Soc Sec disability to qualify, speeding recovery of federal repayment of paid out benefits. JO-read together with Part YY on GA reimbursement rate when municipal costs exceed .003% of state tax valuation. Governor Richard Phillips-Doyle, Passamaquoddy Pleasant Point Reservation impact equals 4 months of benefits costs. Maximum benefit is \$300/mo. Impact on Portland \$1.15-1.3million, on Bangor \$550,000. History of GA benefits and cuts requested. Rep Stuckey awaiting GA report from LD 1303 and 1375 from DHHS, due 2/15/10. Chris Hastedt, MEJP, suggested applying for ARRA TANF Emergency Funds for added assistance costs for families with children. Rep Millett requested proposal to equalize burden among municipalities.	Y, amend to appropriate \$380,000 in FY11, transferring funds from State Supplement to Federal Supplemental Security Income, Item #160, and to appropriate \$1,074,696 in FY11 from initiative described in Attachment D.	\$880,000	\$0
160	131	State Supplement to Federal Supplemental Security Income	F-A-1923	Provides funding in the General Assistance - Reimbursement to Cities and Towns program for increased costs in benefits and offsets the appropriation with a reduction in the appropriation for the State Supplement to Federal Supplemental Security Income program.	The General Assistance program reimburses municipalities on an eligibility basis. When municipalities expend funds to clients, the state is required to reimburse them for the state's portion.	Public Assistance	General Fund	1	567	See item 159.	Y. As result of streamlining bill, PL 462, account lacks sufficient funds for the proposed deappropriation. Amend to include deappropriation of \$380,000 in FY11, transferring funds to GA account, item #159. See Attachment D for new proposal and funding for GA account.	(\$880,000)	\$0
161	Z020	Office of Integrated Access and Support - Central Office	F-A-7212	Reduces funding from savings achieved through the administrative consolidation of the Low-income Home Energy Assistance program.	This initiative will coordinate administration of the federally funded Low Income Home Energy Assistance Program (LIHEAP) with the Maine State Housing Authority. Savings will be achieved by integrating administration of this program with other financial assistance programs already administered by DHHS, utilizing income information already on file at DHHS to establish eligibility.	Public Assistance	General Fund	1	938	Info needed on transfer of eligibility to DHHS, savings in MSHA, how these savings are generated for DHHS.	Y, amend to transfer to OIAS \$500,000 in OSR from Maine State Housing Authority in FY11. See Attachment C.	\$0	(\$500,000)

Line #	Prog. Code	Program	Initiative #	Initiative Text	Initiative Justification	Secondary Class	Fund	Unit	Line Number	HHS Notes	HHS Vote	FY 10 Total	FY 11 Total
162	143	Health - Bureau of	F-A-7223	Reduces funding not required for matching purposes.	This initiative will reduce funding in General Fund accounts administered by the Maine Center for Disease Control and Prevention. This includes a reduction in fiscal year 2009-10 of \$400,000 that is available from amounts that carried into the account from fiscal year 2008-09 and fiscal year 2010-11 reductions in the Office of the Maine CDC Director, Division of Environmental Health, Infectious Disease, Chronic Disease and Public Health Systems, including the Health, Environmental Testing Lab and the Maternal and Child Health Unit of the Division of Family Health.	Public Health	General Fund		1 673		Y	\$0	(\$500,000)
163	143	Health - Bureau of	F-A-7286	Provides funding on a one-time basis for program operating costs for the Health - Bureau of program and the Division of Data, Research and Vital Statistics program.	This initiative provides one-time funding for operating costs for several programs administered by the Center for Disease Control. These programs include those for health inspections, radiation, vital records, subsurface waste and for the laboratory.	Public Health	General Fund		1 675	Info needed on whether programs will require additional funding in FY11.	Y. DHHS submitted LD 1592 to authorize fee increases to support these programs in FY11.	\$1,660,000	\$0
164	Z037	Division of Data, Research and Vital Statistics	F-A-7286	Provides funding on a one-time basis for program operating costs for the Health - Bureau of program and the Division of Data, Research and Vital Statistics program.	This initiative provides one-time funding for operating costs for several programs administered by the Center for Disease Control. These programs include those for health inspections, radiation, vital records, subsurface waste and for the laboratory.	Public Health	General Fund		1 1011	See item 163.	Y. DHHS submitted LD 1592 to authorize fee increases to support these programs in FY11.	\$340,000	\$0
165	228	Purchased Social Services	F-A-7206	Reduces funding for contracted services for a variety of community supports.	Under this proposal certain contracts funded with General Fund appropriations would be reduced. These include substance abuse services and Maine Children's Trust.	Social Services	General Fund		1 851	Cuts - In FY10 cut totals \$150,000: Crossroads for Women \$7,474, Maine Children's Trust \$41,795 (MCT also receives OSR from tax checkoff of \$48,300/yr), Family Planning \$89,879, homeless youth at Shaw House (Bangor) \$10,892. In FY11 cuts total \$550,000 (for those marked E, no more funding in this account): Crossroads for Women (E) \$23,416, Maine Children's Trust (E) \$130,949 (MCT also receives OSR from tax checkoff of \$48,300/yr), Family Planning \$281,599, victim witness advocacy \$37,097 (E), domestic violence prevention \$42,129 (\$1.2million remains), homeless youth at Shaw House (E) (Bangor) \$34,000. Coalition against Sexual Assault, Maine Children's Trust and Family Planning testified against cut.	N	(\$150,000)	(\$550,000)
166	700	Driver Education and Evaluation Program - Substance Abuse	F-A-1930	Reduces funding from the Driver Education and Evaluation Programs.	This initiative reduces the appropriation for DEEP. The DEEP account has been over appropriated. This reduction will not negatively impact the program.	Substance Abuse	General Fund		1 171	Info needed on history of balances and lapsing amounts.	N. As result of streamlining bill, PL 462, account lacks sufficient funds for deappropriation.	(\$250,000)	(\$250,000)

Line #	Prog. Code	Program	Initiative #	Initiative Text	Initiative Justification	Secondary Class	Fund	Unit	Line Number	HHS Notes	HHS Vote	FY 10 Total	FY 11 Total
167	844	Office of Substance Abuse - Medicaid Seed	F-A-7272	Reduces funding based on a 10% reduction to the rates paid to providers under all sections of MaineCare policy except hospital, physician, pharmacy and dental services.	Analysis of paid claims for services in fiscal year 2007-08 showed that a 10% reduction to rates, adjusted for tax implications, would result in General Fund savings of approximately \$34,000,000. This analysis does not include payments to or for hospitals, physicians, dental services and pharmacy. The savings have been adjusted for current savings initiatives. The 10% rates does take into account current budget initiatives. Mental retardation waiver providers would have an additional 4% reduction as their budgets have already been reduced by 4%.	Substance Abuse	General Fund		1 204	Eric Haram, LADC, Mid Coast Hospital opposed, citing FFP, failure to look for program efficiencies, sustainability and access to services. Info requested on causes and incidence of addiction and cost to addict and society. Bob Long, KV Behavioral Health, says strict limits adversely affect delivery of evidence-based care. Must balance benefits and costs to achieve effective outcomes. Tom Allan, MASAP and Milestone Foundation, says will cause elimination of 5 positions (and loss of 13 beds for men and women and slower access to detox services, or loss of 20 beds), lost 7 positions in 2009 due to limits on enrollment of noncats. Milestone suggests raising alcohol tax.	N	\$0	(\$192,100)
				Part UU	Surviving spouse election and joint tenancy property real property considered an asset of the deceased. See items 127, 128, 134, 135.						T. Defer to Judiciary		
168				Part VV	Critical access hospital reimbursement reduced from 107% of cost to 101% of cost beginning 4/1/10. See items 96, 97, 98.						N, 10-4.		
169				Part WW	Repeals requirement that DHHS set maximum child care rates beginning 7/1/11.						N, 8-2		
170				Part XX	Protects balances in TANF and ASPIRE from lapsing to GF, carry forward for same purposes.						Y		
171				Part YY	Reduces from 90 to 50% the GA reimbursement rate that applies to municipalities after they have spent .03% of state valuation on GS benefits. Repeals law allowing municipalities choice of how to report. Requires quarterly or semiannual reporting to DHHS. See copy of GA law. 22 section 4307, subsection 4 prohibits municipality from moving or transporting an applicant or recipient in order to avoid responsibility. If applicant or recipient requests relocation municipality may assist (providing financial assistance to relocate or making arrangements to locate) but is liable for first 30 days of benefits. See items 159, 160. Need information on savings from reducing reimbursement to high-paying municipalities.						N. See Attachment D for different proposal voted by the HHS Committee. See items #159, 160.		
172													

Line #	Prog. Code	Program	Initiative #	Initiative Text	Initiative Justification	Secondary Class	Fund	Unit	Line Number	HHS Notes	HHS Vote	FY 10 Total	FY 11 Total
173				Part ZZ	Renames MR-Community program to Developmental Services - Community program. Renames Medicaid Services - Mental Retardation program to Medicaid Services - Developmental Services program. Renames Mental Retardation Waiver - MaineCare program to Developmental Services Waiver - MaineCare program. Renames Mental Retardation Waiver - Supports program to Developmental Services Waiver - Supports program.						Y, amended. See Attachment E.		
174				Part AAA	Rebases hospital based year for purposes of hospital tax beginning 7/1/10 to hospital fiscal year that ended during calendar year 2008. (net gain to OSR estimated at \$10.7million per year beginning 7/1/11. See tiems 102, 103, 104.						Y, 8-6		
175				Part BBB	Transfers from GF for cost allocation settlement purposes by 6/30/10 the following amounts: to OIAS \$3,804, 824, to Family Independence Regional account \$1,569,406 and to Administrative Hearings account \$439,694. See items 44 to 49.						Y		
176				Part M	Transfers by 6/30/10 \$3,925,515 (\$3,403,873 unexpended funds and \$521,642 projected revenue increase) from FHM to GF and by 6/30/10 \$222,282 (all projected revenue increase) . See Items 66 and 67.						3-way split vote, see Attachment B. As result of streamlining bill, PL 462, account lacks sufficient funds for this transfer.		

Attachment A – Votes as of February 2, 2010
HHS Item 2, Mental Health Services – Community, Initiative F-A-7200,
All items are General Fund funds, in adult mental health services, non-MaineCare

	Service	FY10	FY11	Description	HHS Vote
1	Involuntary Hospitalization	(\$350,000)	(\$670,000)	Supports payment at the MaineCare rate to hospitals for involuntarily hospitalized persons without a payor source	Y, 11-3
2	Assertive Community Treatment (ACT)	(\$146,000)	(\$585,000)	Supports payments to agencies for ACT services at the MaineCare rate for persons who are not MaineCare members	N, 13-1
3	Daily Living Supports Services (DLSS)	(\$38,000)	(\$152,000)	Supports payments to agencies for DLS services at the MaineCare rate for persons who are not MaineCare members	N, 10-4
4	Community Integration	(\$273,000)	(\$200,000)	Provides financial assistance to agencies for services to those persons whose MaineCare coverage is repeatedly interrupted	Y, 9-5
5	Specialized Direct Services	(\$70,000)	(\$270,000)	Provides additional revenue support to agencies for the overall provision of mental health outpatient services to persons in their homes	N, 13-1
6	NAMI	(\$55,000)	(\$220,000)	Provides NAMI with support for public education, family support and respite services.	N, 9. Y, 5 amended, FY10 (\$55,000) and FY11 (\$97,986), restoring \$122,014 in FY11 for family supports.
7	Advocacy	(\$34,430)	(\$137,723)	Maine Center on Deafness FY10 (\$10,646), FY11 (\$42,585) Maine Coalition Against Sexual Assault FY10 (\$23,784), FY11 (\$95,138)	Y, 5 amended, FY10 (\$34,430) and FY11 (\$105,138), restoring \$32,585 to Maine Center on Deafness in FY11. Y, 1. N, 4.
8	Outreach	(\$18,000)	(\$79,000)	Funds outreach to persons not currently engaged in services through 2 community mental health agencies	Y, 12-2
9	Court Master	(\$125,000)		Reimburses the Court Master under the Bates Consent Decree for services	Y
10	Warm Line	(\$18,000)	(\$72,000)	Supports 2 localized warm lines operating in the Bangor area and Aroostook County	Y
11	QIC		(\$5,000)	Funds support of the Riverview Quality Improvement Council	Y
12	Professional Services	(\$55,684)	(\$108,246)	This is a one time contract to develop training for Emergency Departments as well as additional resources for other professional services	Y
13	Portland Identification and Early Referral (PIER)	(\$8,750)	(\$35,000)	Outpatient, Professional Education and Public Education Services - Provides for a half time professional social worker and associated costs focused on young adults at risk	N, 8-6
14	MCD-CSSP		(\$113,000)	A yearly program at UMA for 12 consumers to receive their MHRT professional certification.	Y
15	Center for Learning/Muskie	(\$150,000)	(\$300,000)	Funds a variety of projects including workforce certification, csu support, tuition and workshop reimbursement, fidelity reviews and research.	Y
16	Mobile Crisis Services		(\$1,350,000)	In part supports 8 district mobile crisis programs. (See Item #17 also)	N
17	Transportation		(\$282,500)	Provides subsidy for transportation providers to transport persons with severe and persistent mental illness to non medical destinations and for non-MaineCare members to medical destinations	N, 9-5

Attachment B
Health and Human Services Committee Report on LD 1671

Items 66, 67 and Language Part M

The Health and Human Services Committee voted a 3-way split vote on Items 66 and 67 and Language Part M regarding the Fund for a Healthy Maine (FHM). Item 66 and 67 and Part M transfer \$3,925,515 in FY10 and \$222,282 in FY11 from the FHM to General Fund unappropriated surplus.

FHM Status

The HHS Committee learned from the Office of Fiscal and Program Review that revenue forecasting rejections, the streamlining bill, PL 462, and the provisions of LD 1671 combine to leave the FHM in a deficit position at the end of FY11 in the amount of \$1,330,702. See Fund for a Healthy Maine Status report dated January 5, 2010.

Split voting

Following are the votes on Items 66 and 67 and Language Part M:

- 10 members supported the transfers from the FHM provided the amounts were decreased to amounts that avoid placing the FHM in a deficit position.
- 2 members supported the transfers as proposed in LD 1671.
- 2 members opposed the transfers.

FUND FOR A HEALTHY MAINE (FHM) STATUS
Governor's Proposed 2010-2011 Supplemental Budget (LD 1671)¹

	<u>FY 10</u>	<u>FY 11</u>
<u>FHM RESOURCES:</u>		
<u>Revenue</u>		
December 2008 Base Revenue Estimate	\$63,760,785	\$64,478,815
May 2009 Revenue Forecast	(\$4,106,734)	(\$7,384,811)
December 2009 Revenue Forecast	\$521,643	\$222,282
PL 2009, c. 462, Pt. H, Streamlining Initiative	(\$776,923)	(\$882,971)
Subtotal - Revenue	\$59,398,771	\$56,433,315
Total FHM Resources	\$59,398,771	\$56,433,315
<u>FHM ALLOCATIONS AND OTHER USES:²</u>		
<u>Transfers</u>		
Governor's Proposed Supplemental (LD 1671), Part M	\$3,925,515	\$222,282
Subtotal - Transfers	\$3,925,515	\$222,282
<u>Allocations</u>		
Governor's Proposed Baseline Budget	\$69,006,136	\$69,014,916
2010-2011 Biennial Budget (LD 353, PL 2009, c. 213) - Adjustments	(\$6,267,094)	(\$8,235,646)
PL 2009, c. 462, Pt. A, Streamlining Initiative	\$0	\$110,092
Governor's Proposed Supplemental (LD 1671), Part A	\$1,676,780	(\$444,627)
Subtotal - Allocations	\$64,415,822	\$60,444,735
Total Allocations and Other Uses	\$68,341,337	\$60,667,017
Net Change (Resources minus Allocations and Other Uses)	(\$8,942,566)	(\$4,233,702)
BEGINNING BALANCE	\$11,845,686	\$2,903,120
NET CHANGE (FROM ABOVE)	(\$8,942,566)	(\$4,233,702)
ENDING BALANCE	\$2,903,120	(\$1,330,582)

Major Changes Proposed in Governor's 2010-2011 Supplemental Budget:

	<u>FY 10</u>	<u>FY 11</u>
> Transfers Fund for a Healthy Maine balance to General Fund unappropriated surplus in FY 10 and FY 11.	\$3,925,515	\$222,282
> Provides funding to the Fire Marshall for inspections of facilities licensed by the Department of Health and Human Services.	\$1,140,780	\$0
> Provides funding to offset the deallocation made in PL 2009, c. 213, Part UUUU.	\$536,000	\$0
> Transfers 4 Community Care Worker positions and one Social Services Program Specialist II position from the FHM - Service Center program to the Division of Licensing and Regulatory Services program.	\$0	(\$412,346)
> Reduces funding by paying the last MaineCare cycle payment of FY 11 in FY 12.	\$0	(\$32,281)

NOTES:

¹ Reflects all budgeted revenue and allocations through the close of the 1st Regular Session of the 124th Legislature, revenue variances and accounting adjustments at the close of FY 09, December 2009 RFC adjustments, PL 2009, c. 462 Streamlining Initiatives (LD 1668), and proposals included in the Governor's Proposed 2010-2011 Supplemental Budget (LD 1671).

² For the purposes of this summary, transfers out are treated as an expenditure/use and are positive amounts, while transfers in are negative amounts. There were no transfers authorized through the 124th Legislature, 1st Regular Session.

FUND FOR A HEALTHY MAINE (FHM) STATUS
 Reflects All Actions through the December 2009 Revenue Forecast ¹

	FY 10	FY 11
<u>FHM RESOURCES:</u>		
<u>Revenue</u>		
December 2008 Base Revenue Estimate	\$63,760,785	\$64,478,815
May 2009 Revenue Forecast	(\$4,106,734)	(\$7,384,811)
December 2009 Revenue Forecast	\$521,643	\$222,282
Subtotal - Revenue	\$60,175,694	\$57,316,286
Total FHM Resources	\$60,175,694	\$57,316,286
<u>FHM ALLOCATIONS AND OTHER USES:</u> ²		
<u>Allocations</u>		
Governor's Proposed Baseline Budget	\$69,006,136	\$69,014,916
2010-2011 Biennial Budget (LD 353, PL 2009, c. 213) - Adjustments	(\$6,267,094)	(\$8,235,646)
Subtotal - Allocations	\$62,739,042	\$60,779,270
Total Allocations and Other Uses	\$62,739,042	\$60,779,270
Net Change (Resources minus Allocations and Other Uses)	(\$2,563,348)	(\$3,462,984)
BEGINNING BALANCE	\$11,845,686	\$9,282,338
NET CHANGE (FROM ABOVE)	(\$2,563,348)	(\$3,462,984)
ENDING BALANCE	\$9,282,338	\$5,819,354

NOTES:

¹ Reflects all budgeted revenue and allocations through the close of the 1st Regular Session of the 124th Legislature, revenue variances and accounting adjustments at the close of FY 09, and December 2009 RFC adjustments.

² For the purposes of this summary, transfers out are treated as an expenditure/use and are positive amounts, while transfers in are negative amounts. There were no transfers authorized through the 124th Legislature, 1st Regular Session.

FUND FOR A HEALTHY MAINE (FHM) STATUS

Reflects All Actions through the December 2009 Revenue Forecast with proposed Streamlining Initiatives (LD 1668)

	FY 10	FY 11
<u>FHM RESOURCES:</u>		
<u>Revenue</u>		
December 2008 Base Revenue Estimate	\$63,760,785	\$64,478,815
May 2009 Revenue Forecast	(\$4,106,734)	(\$7,384,811)
December 2009 Revenue Forecast	\$521,643	\$222,282
Proposed Streamlining Initiatives (LD 1668), Part H	(\$776,923)	(\$882,971)
Subtotal - Revenue	\$59,398,771	\$56,433,315
Total FHM Resources	\$59,398,771	\$56,433,315
<u>FHM ALLOCATIONS AND OTHER USES: ²</u>		
<u>Allocations</u>		
Governor's Proposed Baseline Budget	\$69,006,136	\$69,014,916
2010-2011 Biennial Budget (LD 353, PL 2009, c. 213) - Adjustments	(\$6,267,094)	(\$8,235,646)
Proposed Streamlining Initiatives (LD 1668), Part A	\$0	\$110,092
Subtotal - Allocations	\$62,739,042	\$60,889,362
Total Allocations and Other Uses	\$62,739,042	\$60,889,362
Net Change (Resources minus Allocations and Other Uses)	(\$3,340,271)	(\$4,456,047)
BEGINNING BALANCE	\$11,845,686	\$8,505,415
NET CHANGE (FROM ABOVE)	(\$3,340,271)	(\$4,456,047)
ENDING BALANCE	\$8,505,415	\$4,049,368

NOTES:

¹ Reflects all budgeted revenue and allocations through the close of the 1st Regular Session of the 124th Legislature, revenue variances and accounting adjustments at the close of FY 09, December 2009 RFC adjustments, and proposed Streamlining Initiatives (LD 1668), Part H.

² For the purposes of this summary, transfers out are treated as an expenditure/use and are positive amounts, while transfers in are negative amounts. There were no transfers authorized through the 124th Legislature, 1st Regular Session.

FUND FOR A HEALTHY MAINE (FHM) STATUS
 Governor's Proposed 2010-2011 Supplemental Budget (LD 1671) ¹

	FY 10	FY 11
<u>FHM RESOURCES:</u>		
<u>Revenue</u>		
December 2008 Base Revenue Estimate	\$63,760,785	\$64,478,815
May 2009 Revenue Forecast	(\$4,106,734)	(\$7,384,811)
December 2009 Revenue Forecast	\$521,643	\$222,282
Subtotal - Revenue	\$60,175,694	\$57,316,286
Total FHM Resources	\$60,175,694	\$57,316,286
<u>FHM ALLOCATIONS AND OTHER USES:</u> ²		
<u>Transfers</u>		
Governor's Proposed Supplemental (LD 1671), Part M	\$3,925,515	\$222,282
Subtotal - Transfers	\$3,925,515	\$222,282
<u>Allocations</u>		
Governor's Proposed Baseline Budget	\$69,006,136	\$69,014,916
2010-2011 Biennial Budget (LD 353, PL 2009, c. 213) - Adjustments	(\$6,267,094)	(\$8,235,646)
Governor's Proposed Supplemental (LD 1671), Part A	\$1,676,780	(\$444,627)
Subtotal - Allocations	\$64,415,822	\$60,334,643
Total Allocations and Other Uses	\$68,341,337	\$60,556,925
Net Change (Resources minus Allocations and Other Uses)	(\$8,165,643)	(\$3,240,639)
BEGINNING BALANCE	\$11,845,686	\$3,680,043
NET CHANGE (FROM ABOVE)	(\$8,165,643)	(\$3,240,639)
ENDING BALANCE	\$3,680,043	\$439,404

NOTES:

¹ Reflects all budgeted revenue and allocations through the close of the 1st Regular Session of the 124th Legislature, revenue variances and accounting adjustments at the close of FY 09, December 2009 RFC adjustments, and proposals included in the Governor's Proposed 2010-2011 Supplemental Budget (LD 1671).

² For the purposes of this summary, transfers out are treated as an expenditure/use and are positive amounts, while transfers in are negative amounts. There were no transfers authorized through the 124th Legislature, 1st Regular Session.

FUND FOR A HEALTHY MAINE (FHM) STATUS

Governor's Proposed 2010-2011 Supplemental Budget (LD 1671) with Streamlining Initiatives (LD 1668) ¹

	FY 10	FY 11
<u>FHM RESOURCES:</u>		
<u>Revenue</u>		
December 2008 Base Revenue Estimate	\$63,760,785	\$64,478,815
May 2009 Revenue Forecast	(\$4,106,734)	(\$7,384,811)
December 2009 Revenue Forecast	\$521,643	\$222,282
Proposed Streamlining Initiatives (LD 1668), Part H	(\$776,923)	(\$882,971)
Subtotal - Revenue	\$59,398,771	\$56,433,315
Total FHM Resources	\$59,398,771	\$56,433,315
<u>FHM ALLOCATIONS AND OTHER USES:</u> ²		
<u>Transfers</u>		
Governor's Proposed Supplemental (LD 1671), Part M	\$3,925,515	\$222,282
Subtotal - Transfers	\$3,925,515	\$222,282
<u>Allocations</u>		
Governor's Proposed Baseline Budget	\$69,006,136	\$69,014,916
2010-2011 Biennial Budget (LD 353, PL 2009, c. 213) - Adjustments	(\$6,267,094)	(\$8,235,646)
Governor's Proposed Supplemental (LD 1671), Part A	\$1,676,780	(\$444,627)
Proposed Streamlining Initiatives (LD 1668), Part A	\$0	\$110,092
Subtotal - Allocations	\$64,415,822	\$60,444,735
Total Allocations and Other Uses	\$68,341,337	\$60,667,017
Net Change (Resources minus Allocations and Other Uses)	(\$8,942,566)	(\$4,233,702)
BEGINNING BALANCE	\$11,845,686	\$2,903,120
NET CHANGE (FROM ABOVE)	(\$8,942,566)	(\$4,233,702)
ENDING BALANCE	\$2,903,120	(\$1,330,582)

NOTES:

¹ Reflects all budgeted revenue and allocations through the close of the 1st Regular Session of the 124th Legislature, revenue variances and accounting adjustments at the close of FY 09, December 2009 RFC adjustments, and proposals included in the Governor's Proposed 2010-2011 Supplemental Budget (LD 1671) with Streamlining Initiatives (LD 1668), Part H.

² For the purposes of this summary, transfers out are treated as an expenditure/use and are positive amounts, while transfers in are negative amounts. There were no transfers authorized through the 124th Legislature, 1st Regular Session.

Attachment C
Health and Human Services Committee Report on LD 1671

Item 161

Regarding Item #161, savings through the administrative consolidation of the LIHEAP program, the HHS Committee voted in favor of this initiative and the GF savings of \$500,000 in FY11. The HHS Committee recommends an amendment to complete this initiative.

Amendment needed

To achieve the \$500,000 in savings for DHHS an amendment is needed to transfer to the DHHS, Office of Integrated Access and Support-Central Office from the Maine State Housing Authority \$500,000 in Other Special Revenue funds in FY11.

Attachment D
Health and Human Services Committee Report on LD 1671

Item 159, 160 and Language Part YY

The HHS Committee voted to support Items 159 and 160 as amended, to oppose Language Part YY and to support a new initiative that provides funding required for the General Assistance program for FY11.

General Assistance account need

The HHS Committee has learned that the General Assistance account is in need of the \$880,000 in funds proposed in LD 1671 in Item #159 and an additional \$1,454,696 in FY11 that is not included in LD 1671.

State Supplement to Federal Supplemental Security Income account

When PL 462 and LD 1671 are combined there are not sufficient funds to accomplish the FY10 transfer from the State Supplement to Federal Supplemental Security Income account to the General Assistance account, as proposed in LD 1671. There are sufficient funds in the account in FY11 to allow the deappropriation of \$380,000 to be used for General Assistance purposes. The HHS Committee recommends an amendment to accomplish this fund transfer.

New initiative on disability determination

The HHS Committee recommends an initiative that adds 6 limited-time positions, expedites determinations of disability and avoids costs to DHHS from delays beyond the period allowed by law. This initiative avoids the need for a decrease in General Assistance funding to the municipalities and provides funding for the General Assistance account for FY11. The HHS Committee recommends an amendment to add 6 limited-period staff in DHHS. With the work of this new staff, DHHS will be able to reduce the time period for determination of disability by an average of 15 days and decrease payments for benefits with State funds.

New initiative financial impact

- DHHS calculates the annual amount saved to the General Fund from more closely complying with the time period required by law to be \$5,400,000.
- The cost of the staff, calculated at 50% General Fund funds and 50% federal funds, will be \$277,200 GF in FY11.
- Decreasing the savings to account for some delays in hiring and starting up, DHHS estimates the net GF savings in FY11 at \$2,550,000.
- From the net savings of \$2,550,000 the HHS Committee recommends appropriating \$277,200 for 6 new limited-period staff and \$1,074,696 to the General Assistance account.

Attachment E
Health and Human Services Committee Report on LD 1671

Language Part ZZ

The HHS Committee voted in favor of Language Part ZZ provided it is amended to clarify the intent and operation of Part ZZ. Part ZZ renames 4 programs in DHHS, changing the terms “Mental Retardation” and “Mental Retardation Services” to the term “Developmental Services.” On the advice of Attorney General Janet Mills, the HHS Committee voted to add to Part ZZ a new section to read:

Sec. ZZ-5. Intent; effect. The substitution of the words “Developmental Services” for the words “Mental Retardation” and “Mental Retardation Services” under the provisions of this Part is not intended to and does not change the eligibility requirements for services or benefits or result in an expansion of services or benefits provided by the Department of Health and Human Services.

SUMMARY

This amendment makes clear that the substitution of the words “Developmental Services” for the words “Mental Retardation” and “Mental Retardation Services” is not intended to and does not change the eligibility requirements for services or benefits or result in an expansion of services or benefits provided by the Department of Health and Human Services. The new wording does not change the persons for whom services or benefits will be offered or the services or benefits themselves.

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
1	143	Health - Bureau of	F-A-1101	Transfers one Planning and Research Assistant position and related All Other funds from the Federal Expenditures Fund to Other Special Revenue Funds within the Health - Bureau of program and transfers one Management Analyst II position from the Maternal and Child Health program to the Health - Bureau of program and reallocates 50% of the cost of the position from the Federal Expenditures Fund to Other Special Revenue Funds within the Health - Bureau of program to correctly account for the cost allocation plan.	This initiative places positions within the Bureau of Health's Cost Allocation account so that their costs can be properly allocated.	DHHS Management	Other Special Revenue Funds	13	623		\$0	\$96,001	\$0	\$546,463	0.000	2.000
2	143	Health - Bureau of	F-A-1101	Transfers one Planning and Research Assistant position and related All Other funds from the Federal Expenditures Fund to Other Special Revenue Funds within the Health - Bureau of program and transfers one Management Analyst II position from the Maternal and Child Health program to the Health - Bureau of program and reallocates 50% of the cost of the position from the Federal Expenditures Fund to Other Special Revenue Funds within the Health - Bureau of program to correctly account for the cost allocation plan.	This initiative places positions within the Bureau of Health's Cost Allocation account so that their costs can be properly allocated.	DHHS Management	Federal Expenditures Fund	8	622		\$0	(\$96,000)	\$0	(\$546,463)	0.000	-1.000
3	191	Maternal and Child Health	F-A-1101	Transfers one Planning and Research Assistant position and related All Other funds from the Federal Expenditures Fund to the Other Special Revenue Funds within the Health - Bureau of program and transfers one Management Analyst II position from the Maternal and Child Health program to the Health - Bureau of program and reallocates 50% of the cost of the position from the Federal Expenditures Fund to Other Special Revenue Funds within the Health - Bureau of program to correctly account for the cost allocation plan.		DHHS Management	Federal Block Grant Fund	1	817		\$0	\$0	\$0	\$0	0.000	-1.000

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
4	142	Office of Management and Budget	F-A-1102	Provides funding for the Office of Management and Budget program, Other Special Revenue Funds to establish baseline allocations in several accounts.	This initiative establishes baseline allocations in the Olmstead and Deaf Services Other Special Revenue Funds accounts within the Office of Management and Budget program.	DHHS Management	Other Special Revenue Funds	6	604		\$0	\$0	\$512	\$512	0.000	0.000
5	142	Office of Management and Budget	F-A-1102	Provides funding for the Office of Management and Budget program, Other Special Revenue Funds to establish baseline allocations in several accounts.	This initiative establishes baseline allocations in the Olmstead and Deaf Services Other Special Revenue Funds accounts within the Office of Management and Budget program.	DHHS Management	Other Special Revenue Funds	7	605		\$0	\$0	\$512	\$512	0.000	0.000
6	129	Bureau of Medical Services	F-A-1103	Continues 2 limited-period Medical Support Associate positions and 2 limited-period Office Associate II positions from June 30, 2010 to August 30, 2010 and one limited-period Office Associate II position from January 30, 2010 to August 30, 2010.	The extension of these positions is necessary as the MeCMS system (current MaineCare Claims processing system), which was originally scheduled to terminate when the new claims processing system (MIHMS "Maine Integrated Health Management Solution") goes live on April 1, 2009, has been extended for an additional six months. Given the complexity of converting files from MeCMS to the new claims management system (MIHMS), it has been determined to run MeCMS an additional six months (referred to as the run-out strategy). These positions are necessary to continue work on the MeCMS claims for the additional six months.	DHHS Management	General Fund	1	549	See Document, from DHHS 1/11, Initiative 000206, pg 1	\$0	\$18,490	\$0	(\$18,490)	0.000	0.000

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
7	129	Bureau of Medical Services	F-A-1103	Continues 2 limited-period Medical Support Associate positions and 2 limited-period Office Associate II positions from June 30, 2010 to August 30, 2010 and one limited-period Office Associate II position from January 30, 2010 to August 30, 2010.	The extension of these positions is necessary as the MeCMS system (current MaineCare Claims processing system), which was originally scheduled to terminate when the new claims processing system (MIHMS "Maine Integrated Health Management Solution") goes live on April 1, 2009, has been extended for an additional six months. Given the complexity of converting files from MeCMS to the new claims management system (MIHMS), it has been determined to run MeCMS an additional six months (referred to as the run-out strategy). These positions are necessary to continue work on the MeCMS claims for the additional six months.	DHHS Management	Federal Expenditures Fund		1 550		\$0	\$18,495	\$0	\$0	0.000	0.000
8	202	Low-cost Drugs To Maine's Elderly	F-A-1103	Continues 2 limited-period Medical Support Associate positions and 2 limited-period Office Associate II positions from June 30, 2010 to August 30, 2010 and one limited-period Office Associate II position from January 30, 2010 to August 30, 2010.	The extension of these positions is necessary as the MeCMS system (current MaineCare Claims processing system), which was originally scheduled to terminate when the new claims processing system (MIHMS "Maine Integrated Health Management Solution") goes live on April 1, 2009, has been extended for an additional six months. Given the complexity of converting files from MeCMS to the new claims management system (MIHMS), it has been determined to run MeCMS an additional six months (referred to as the run-out strategy). These positions are necessary to continue work on the MeCMS claims for the additional six months.	DHHS Management	General Fund		1 828	Initiative 000206, pg 1	\$0	\$9,704	\$0	(\$9,704)	0.000	0.000
9	143	Health - Bureau of	F-A-1105	Reorganizes one Public Service Executive III position to a salary that is comparable to other medical personnel and offsets the additional Personal Services cost with a reduction in the All Other line category.	This initiative brings the salary of this position in line with other physicians within the organization.	DHHS Management	General Fund		1 661	Initiative 000092, pg 12	\$0	\$33,427	\$0	(\$33,427)	0.000	0.000

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
10	146	Additional Support for People in Retraining and Employment	F-A-1106	Transfers one Customer Representative Associate II - Human Services position from the Bureau of Family Independence - Regional program to the Additional Support for People in Retraining and Employment program.	This position is being transferred from an Office of Integrated Access and Support account to the ASPIRE account to more appropriately account for the position.	DHHS Management	Federal Block Grant Fund	1	695		\$0	\$48,463	\$0	\$0	0.000	1.000
11	453	Bureau of Family Independence - Regional	F-A-1106	Transfers one Customer Representative Associate II - Human Services position from the Bureau of Family Independence - Regional program to the Additional Support for People in Retraining and Employment program.	This position is being transferred from an Office of Integrated Access and Support account to the ASPIRE account to more appropriately account for the position.	DHHS Management	General Fund	1	870	Initiative 000170, pg 17	\$0	(\$48,463)	\$0	\$0	0.000	-1.000
12	143	Health - Bureau of	F-A-1301	Reallocates 25% of the cost of one Chemist II position from Other Special Revenue Funds to the Federal Expenditures Fund within the Health - Bureau of program.	This position is currently funded 100% through Health and Environmental Testing Lab dedicated revenue but should only be funded 75% through the Health Lab and 25% through a federal grant managed by the Center for Disease Control. This initiative will move 25% of the position's cost to the appropriate funding source, eliminating the need for journal corrections.	DHHS Management	Federal Expenditures Fund	3	625		\$0	\$21,322	\$0	\$1,834	0.000	0.000
13	143	Health - Bureau of	F-A-1301	Reallocates 25% of the cost of one Chemist II position from Other Special Revenue Funds to the Federal Expenditures Fund within the Health - Bureau of program.	This position is currently funded 100% through Health and Environmental Testing Lab dedicated revenue but should only be funded 75% through the Health Lab and 25% through a federal grant managed by the Center for Disease Control. This initiative will move 25% of the position's cost to the appropriate funding source, eliminating the need for journal corrections.	DHHS Management	Other Special Revenue Funds	4	626		\$0	(\$21,322)	\$0	\$0	0.000	0.000
14	142	Office of Management and Budget	F-A-1302	Provides funding in the Office of Management and Budget for the Maine Health Access Foundation systems transformation.	This initiative provides funding for participation in a cross-state analysis of Medicaid data that examines emergency department utilization by persons with mental illness and/or substance abuse.	DHHS Management	Other Special Revenue Funds	5	607		\$0	\$0	\$153,163	\$153,163	0.000	0.000

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
15	Z036	Division of Licensing and Regulatory Services	F-A-1303	Transfers and reallocates the cost of 55 positions and related All Other within the Division of Licensing and Regulatory Services program. Position detail is on file in the Bureau of the Budget.	The DHHS Division of Licensing and Regulatory Services submitted an amendment to the DHHS public assistance cost allocation plan relating to their accounts in FY 2009. This initiative places DLRS positions in DLRS accounts whose expenditures will be allocated accordingly.	DHHS Management	Other Special Revenue Funds		4 955		\$0	\$2,828,271	\$0	\$314,282	0.000	53.000
16	Z036	Division of Licensing and Regulatory Services	F-A-1303	Transfers and reallocates the cost of 55 positions and related All Other within the Division of Licensing and Regulatory Services program. Position detail is on file in the Bureau of the Budget.	The DHHS Division of Licensing and Regulatory Services submitted an amendment to the DHHS public assistance cost allocation plan relating to their accounts in FY 2009. This initiative places DLRS positions in DLRS accounts whose expenditures will be allocated accordingly.	DHHS Management	General Fund		1 952		\$0	(\$26,315)	\$0	\$0	0.000	-1.000
17	Z036	Division of Licensing and Regulatory Services	F-A-1303	Transfers and reallocates the cost of 55 positions and related All Other within the Division of Licensing and Regulatory Services program. Position detail is on file in the Bureau of the Budget.	The DHHS Division of Licensing and Regulatory Services submitted an amendment to the DHHS public assistance cost allocation plan relating to their accounts in FY 2009. This initiative places DLRS positions in DLRS accounts whose expenditures will be allocated accordingly.	DHHS Management	Federal Expenditures Fund		1 953		\$0	(\$2,777,409)	\$0	(\$314,282)	0.000	-51.000
18	Z036	Division of Licensing and Regulatory Services	F-A-1303	Transfers and reallocates the cost of 55 positions and related All Other within the Division of Licensing and Regulatory Services program. Position detail is on file in the Bureau of the Budget.	The DHHS Division of Licensing and Regulatory Services submitted an amendment to the DHHS public assistance cost allocation plan relating to their accounts in FY 2009. This initiative places DLRS positions in DLRS accounts whose expenditures will be allocated accordingly.	DHHS Management	Other Special Revenue Funds		1 954		\$0	(\$24,547)	\$0	\$0	0.000	-1.000

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
19	Z040	Office of Elder Services Adult Protective Services	F-A-1304	Transfers funding for operating costs from the Office of Elder Services Central Office program to the Office of Elder Services Adult Protective Services program.	This request transfers funding from the Office of Elder Services Central Office (OES) to Adult Protective Services (APS) in order to pay Adult Protective Services expenditures in the correct account. When the Adult Protective Services account was created insufficient funds were moved from OES Central Office and some APS expenditures had to continue to be paid out of OES.	DHHS Management	General Fund		1 1013		\$0	\$0	\$188,679	\$188,679	0.000	0.000
20	140	Office of Elder Services Central Office	F-A-1304	Transfers funding for operating costs from the Office of Elder Services Central Office program to the Office of Elder Services Adult Protective Services program.	This request transfers funding from the Office of Elder Services Central Office (OES) to Adult Protective Services (APS) in order to pay Adult Protective Services expenditures in the correct account. When the Adult Protective Services account was created insufficient funds were moved from OES Central Office and some APS expenditures had to continue to be paid out of OES.	DHHS Management	General Fund		1 588		\$0	\$0	#####	(\$188,679)	0.000	0.000
21	142	Office of Management and Budget	F-A-1305	Provides funding in the Office of Management and Budget program for the data infrastructure grant.	The grant funding will be used to establish a core data collection and reporting capacity for mental health services information.	DHHS Management	Federal Expenditures Fund		5 608		\$0	\$0	\$172,841	\$172,841	0.000	0.000
22	142	Office of Management and Budget	F-A-1305	Provides funding in the Office of Management and Budget program for the data infrastructure grant.	The grant funding will be used to establish a core data collection and reporting capacity for mental health services information.	DHHS Management	Other Special Revenue Funds		5 609		\$0	\$0	\$172,841	\$172,841	0.000	0.000
23	142	Office of Management and Budget	F-A-1307	Reduces funding to align allocations with existing resources.	Federal Block Grant funding is no longer available for this account.	DHHS Management	Federal Block Grant Fund		2 611		\$0	\$0	(\$80,280)	(\$80,280)	0.000	0.000
24	196	OMB Division of Regional Business Operations	F-A-1308	Reduces funding to align allocations with current resources.	Federal Block Grant funding is no longer available for this account.	DHHS Management	Federal Block Grant Fund		2 822		\$0	\$0	(\$15,339)	(\$15,339)	0.000	0.000

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
25	143	Health - Bureau of	F-A-1313	Reorganizes one Public Health Physician position from part-time to full-time.	The Departments of Health and Human Services and Labor have signed a joint memorandum of understanding to rebuild the Occupational Disease Reporting System established by 22 MRSA Å§1491-1495. Under this MOU, the Department of Labor will provide funding through their Special Purpose Fund, Maine Safety and Education Training Fund, into a Special Purposes Fund at DHHS to support a toxicologist position and a public health position that will operate an Occupational Disease Reporting System.	DHHS Management	Federal Expenditures Fund	3	631		\$0	\$117,475	\$0	\$8,104	0.000	1.000
26	121	Mental Health Services - Community	F-A-1314	Transfers one Mental Health Program Coordinator position from the Mental Health Services - Community program to the Mental Retardation Services - Community program and reorganizes it to a Social Services Program Specialist I position.	This initiative transfers one Mental Health Program Coordinator position from the OAMH to OACPD and reorganizes it to a Social Services Program Specialist I. The APS Unit that this position will work for is closely monitored by the Court Master in the Community Consent Decree. Despite the best efforts to manage the workload, staffing of this unit continues to be a concern for the Plaintiffs as well as the Court Master. The APS report is available for data on the volume of the work and assigned investigations.	DHHS Management	General Fund	2	149	Initiative 000099, pg 19	\$0	(\$66,737)	\$0	(\$3,060)	0.000	-1.000

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
27	122	Mental Retardation Services - Community	F-A-1314	Transfers one Mental Health Program Coordinator position from the Mental Health Services - Community program to the Mental Retardation Services - Community program and reorganizes it to a Social Services Program Specialist I position.	This initiative transfers one Mental Health Program Coordinator position from the OAMH to OACPD and reorganizes it to a Social Services Program Specialist I. The APS Unit that this position will work for is closely monitored by the Court Master in the Community Consent Decree. Despite the best efforts to manage the workload, staffing of this unit continues to be a concern for the Plaintiffs as well as the Court Master. The APS report is available for data on the volume of the work and assigned investigations.	DHHS Management	General Fund	60	155	Ditto	\$0	\$64,007	\$0	\$3,060	0.000	1.000
28	146	Additional Support for People in Retraining and Employment	F-A-1315	Transfers one part-time Office Assistant II position from the Additional Support for People in Retraining and Employment program to the Office of Child and Family Services - Regional program.	This initiative corrects one Office Assistant position which was moved to ASPIRE in error.	DHHS Management	General Fund	1	678	Initiative 000098, pg 18	\$0	(\$21,805)	\$0	(\$3,060)	0.000	-0.500
29	452	Bureau of Child and Family Services - Regional	F-A-1315	Transfers one part-time Office Assistant II position from the Additional Support for People in Retraining and Employment program to the Bureau of Child and Family Services - Regional program.	This initiative corrects one Office Assistant position which was moved to ASPIRE in error.	DHHS Management	General Fund	1	862	Ditto	\$0	\$21,805	\$0	\$3,060	0.000	0.500
30	129	Bureau of Medical Services	F-A-1317	Transfers one Social Services Program Specialist II position funded 50% General Fund and 50% Other Special Revenue Funds in the Office of Management and Budget program to 50% General Fund and 50% Federal Expenditures Fund in the Bureau of Medical Services program.	This initiative will correct the allocation of one Social Services Program Specialist II position. This position worked in the Division of Staff Education and Training for a very short period of time but has since moved back to the Office of MaineCare Services.	DHHS Management	General Fund	1	540	Initiative 000027, pg 20	\$0	\$46,715	\$0	\$3,060	0.000	1.000
31	129	Bureau of Medical Services	F-A-1317	Transfers one Social Services Program Specialist II position funded 50% General Fund and 50% Other Special Revenue Funds in the Office of Management and Budget program to 50% General Fund and 50% Federal Expenditures Fund in the Bureau of Medical Services program.	This initiative will correct the allocation of one Social Services Program Specialist II position. This position worked in the Division of Staff Education and Training for a very short period of time but has since moved back to the Office of MaineCare Services.	DHHS Management	Federal Expenditures Fund	1	541		\$0	\$46,713	\$0	\$0	0.000	0.000

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
32	Y16T	Information Technology	F-A-1317	Transfers one Social Services Program Specialist II position funded 50% General Fund and 50% Other Special Revenue Funds in the Office of Management and Budget program to 50% General Fund and 50% Federal Expenditures Fund in the Bureau of Medical Services program.	This initiative will correct the allocation of one Social Services Program Specialist II position. This position worked in the Division of Staff Education and Training for a very short period of time but has since moved back to the Office of MaineCare Services.	DHHS Management	General Fund	1	909	Initiative 000027, pg 20	\$0	\$0	\$0	\$1,058	0.000	0.000
33	142	Office of Management and Budget	F-A-1317	Transfers one Social Services Program Specialist II position funded 50% General Fund and 50% Other Special Revenue Funds in the Office of Management and Budget program to 50% General Fund and 50% Federal Expenditures Fund in the Bureau of Medical Services program.	This initiative will correct the allocation of one Social Services Program Specialist II position. This position worked in the Division of Staff Education and Training for a very short period of time but has since moved back to the Office of MaineCare Services.	DHHS Management	General Fund	1	612	Ditto	\$0	(\$46,715)	\$0	(\$1,530)	0.000	-1.000
34	142	Office of Management and Budget	F-A-1317	Transfers one Social Services Program Specialist II position funded 50% General Fund and 50% Other Special Revenue Funds in the Office of Management and Budget program to 50% General Fund and 50% Federal Expenditures Fund in the Bureau of Medical Services program.	This initiative will correct the allocation of one Social Services Program Specialist II position. This position worked in the Division of Staff Education and Training for a very short period of time but has since moved back to the Office of MaineCare Services.	DHHS Management	Other Special Revenue Funds	1	613		\$0	(\$46,713)	\$0	(\$2,588)	0.000	0.000
35	452	Bureau of Child and Family Services - Regional	F-A-1319	Transfers one Human Services Caseworker position from the State-funded Foster Care/Adoption Assistance program to the Bureau of Child and Family Services - Regional program.	This transfer will place the position in the proper functional location.	DHHS Management	General Fund	1	864	Initiative 000152, pg 18	\$0	\$64,257	\$0	\$0	0.000	1.000
36	139	State-Funded Foster Care/Adoption Assistance	F-A-1319	Transfers one Human Services Caseworker position from the State-funded Foster Care/Adoption Assistance program to the Bureau of Child and Family Services - Regional program.	This transfer will place the position in the proper functional location.	DHHS Management	General Fund	1	583	Ditto	\$0	(\$64,257)	\$0	\$0	0.000	-1.000
37	129	Bureau of Medical Services	F-A-1320	Establishes one Office Associate II position and one Office Specialist I position funded 50% General Fund in the Long Term Care - Human Services program and 50% Federal Expenditures Fund in the Bureau of Medical Services program to provide essential administrative support functions.	This initiative replaces the staffing personnel provided through an agreement with Public Consultant Group, with state positions. The work is essential data entry and other operational functions mainly in support of MaineCare-funded programs. Savings resulting from the elimination of the contract will offset the cost of the state positions.	DHHS Management	Federal Expenditures Fund	1	546		\$0	\$59,862	\$0	(\$59,862)	0.000	2.000

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
38	420	Long Term Care - Human Services	F-A-1320	Establishes one Office Associate II position and one Office Specialist I position funded 50% General Fund in the Long Term Care - Human Services program and 50% Federal Expenditures Fund in the Bureau of Medical Services program to provide essential administrative support functions.	This initiative replaces the staffing personnel provided through an agreement with Public Consultant Group, with state positions. The work is essential data entry and other operational functions mainly in support of MaineCare-funded programs. Savings resulting from the elimination of the contract will offset the cost of the state positions.	DHHS Management	General Fund		1 858	Initiative 000173, pg 3	\$0	\$59,856	\$0	(\$59,856)	0.000	0.000
39	129	Bureau of Medical Services	F-A-1591	Transfers one Housing Research Developer position from 50% General Fund and 50% Other Special Revenue Funds in the Division of Licensing and Regulatory Services program to 50% General Fund in the Office of Elder Services Central Office program and 50% Federal Expenditures Fund in the Bureau of Medical Services program.	This initiative will correct the allocation of the 1 Housing Research Developer position. This position has in the past done work specific to the Office of Licensing and Regulatory Services however this position was reassigned to Office of Elder Services.	DHHS Management	Federal Expenditures Fund		1 512		\$0	\$39,659	\$0	\$3,596	0.000	0.000
40	Z036	Division of Licensing and Regulatory Services	F-A-1591	Transfers one Housing Research Developer position from 50% General Fund and 50% Other Special Revenue Funds in the Division of Licensing and Regulatory Services program to 50% General Fund in the Office of Elder Services Central Office program and 50% Federal Expenditures Fund in the Bureau of Medical Services program.	This initiative will correct the allocation of the 1 Housing Research Developer position. This position has in the past done work specific to the Office of Licensing and Regulatory Services however this position was reassigned to Office of Elder Services.	DHHS Management	General Fund		1 959	Initiative 000026, pg 13	\$0	(\$39,662)	\$0	(\$2,588)	0.000	-1.000
41	Z036	Division of Licensing and Regulatory Services	F-A-1591	Transfers one Housing Research Developer position from 50% General Fund and 50% Other Special Revenue Funds in the Division of Licensing and Regulatory Services program to 50% General Fund in the Office of Elder Services Central Office program and 50% Federal Expenditures Fund in the Bureau of Medical Services program.	This initiative will correct the allocation of the 1 Housing Research Developer position. This position has in the past done work specific to the Office of Licensing and Regulatory Services however this position was reassigned to Office of Elder Services.	DHHS Management	Other Special Revenue Funds		1 960		\$0	(\$39,659)	\$0	(\$2,588)	0.000	0.000
42	140	Office of Elder Services Central Office	F-A-1591	Transfers one Housing Research Developer position from 50% General Fund and 50% Other Special Revenue Funds in the Division of Licensing and Regulatory Services program to 50% General Fund in the Office of Elder Services Central Office program and 50% Federal Expenditures Fund in the Bureau of Medical Services program.	This initiative will correct the allocation of the 1 Housing Research Developer position. This position has in the past done work specific to the Office of Licensing and Regulatory Services however this position was reassigned to Office of Elder Services.	DHHS Management	General Fund		1 589	Initiative 000026, pg 13	\$0	\$39,662	\$0	\$3,446	0.000	1.000

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
43	716	Community Services Block Grant	F-A-1592	Establishes one Social Services Program Specialist I position in the Community Services Block Grant program to provide adequate oversight and management of the Community Services Block Grant.	This initiative establishes one Social Services Program Specialist I position within OCFS to provide adequate oversight and management of the Community Services Block Grant (CSBG). This initiative will demonstrate progress towards adequate staffing in preparation for Maine's first CSBG federal review and bring Maine's current oversight more in line with other states' CSBG management. This will move Maine beyond minimal grant compliance and reduce the risk of jeopardizing future CSBG grant awards to Maine. There is no cost to the General Fund, as it will be funded 100% by CSBG.	DHHS Management	Federal Block Grant Fund	1	889		\$0	\$69,848	\$0	\$6,577	0.000	1.000
44	Z036	Division of Licensing and Regulatory Services	F-A-1593	Transfers 9 Community Care Worker positions, one Social Services Program Specialist II position and one Office Associate II position from the Federal Block Grant Fund to Other Special Revenue Funds within the Division of Licensing and Regulatory Services program.	The DHHS Division of Licensing and Regulatory Services submitted an amendment to the DHHS public assistance cost allocation plan relating to their accounts in FY 2009. This initiative places these DLRS positions in DLRS Other Special Revenue Funds account which expenditures will be allocated accordingly.	DHHS Management	Other Special Revenue Funds	4	964		\$0	\$785,542	\$0	\$73,719	0.000	11.000
45	Z036	Division of Licensing and Regulatory Services	F-A-1593	Transfers 9 Community Care Worker positions, one Social Services Program Specialist II position and one Office Associate II position from the Federal Block Grant Fund to Other Special Revenue Funds within the Division of Licensing and Regulatory Services program.	The DHHS Division of Licensing and Regulatory Services submitted an amendment to the DHHS public assistance cost allocation plan relating to their accounts in FY 2009. This initiative places these DLRS positions in DLRS Other Special Revenue Funds account which expenditures will be allocated accordingly.	DHHS Management	Federal Block Grant Fund	1	965		\$0	(\$785,542)	\$0	(\$73,719)	0.000	-11.000

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
46	129	Bureau of Medical Services	F-A-1594	Transfers one Paralegal position, 3 Office Associate II positions and one Nursing Education Consultant position from 25% General Fund and 25% Federal Expenditures Fund in the Office of MaineCare Services program and 50% Federal Expenditures Fund in the Division of Licensing and Regulatory Services program to 100% Other Special Revenue Funds in the Division of Licensing and Regulatory Services program.	The DHHS Division of Licensing and Regulatory Services submitted an amendment to the DHHS public assistance cost allocation plan relating to their accounts in FY 2009. This initiative transfers positions to the DLRS Other Special Revenue Funds account which expenditures will be allocated accordingly.	DHHS Management	General Fund		1 514	Initiative 87, pg 19	\$0	(\$75,392)	\$0	(\$3,825)	0.000	0.000
47	129	Bureau of Medical Services	F-A-1594	Transfers one Paralegal position, 3 Office Associate II positions and one Nursing Education Consultant position from 25% General Fund and 25% Federal Expenditures Fund in the Office of MaineCare Services program and 50% Federal Expenditures Fund in the Division of Licensing and Regulatory Services program to 100% Other Special Revenue Funds in the Division of Licensing and Regulatory Services program.	The DHHS Division of Licensing and Regulatory Services submitted an amendment to the DHHS public assistance cost allocation plan relating to their accounts in FY 2009. This initiative transfers positions to the DLRS Other Special Revenue Funds account which expenditures will be allocated accordingly.	DHHS Management	Federal Expenditures Fund		1 515		\$0	(\$75,368)	\$0	(\$8,399)	0.000	0.000
48	Z036	Division of Licensing and Regulatory Services	F-A-1594	Transfers one Paralegal position, 3 Office Associate II positions and one Nursing Education Consultant position from 25% General Fund and 25% Federal Expenditures Fund in the Office of MaineCare Services program and 50% Federal Expenditures Fund in the Division of Licensing and Regulatory Services program to 100% Other Special Revenue Funds in the Division of Licensing and Regulatory Services program.	The DHHS Division of Licensing and Regulatory Services submitted an amendment to the DHHS public assistance cost allocation plan relating to their accounts in FY 2009. This initiative transfers positions to the DLRS Other Special Revenue Funds account which expenditures will be allocated accordingly.	DHHS Management	Other Special Revenue Funds		4 971		\$0	\$301,538	\$0	\$33,699	0.000	5.000
49	Z036	Division of Licensing and Regulatory Services	F-A-1594	Transfers one Paralegal position, 3 Office Associate II positions and one Nursing Education Consultant position from 25% General Fund and 25% Federal Expenditures Fund in the Office of MaineCare Services program and 50% Federal Expenditures Fund in the Division of Licensing and Regulatory Services program to 100% Other Special Revenue Funds in the Division of Licensing and Regulatory Services program.	The DHHS Division of Licensing and Regulatory Services submitted an amendment to the DHHS public assistance cost allocation plan relating to their accounts in FY 2009. This initiative transfers positions to the DLRS Other Special Revenue Funds account which expenditures will be allocated accordingly.	DHHS Management	Federal Expenditures Fund		1 969		\$0	(\$150,778)	\$0	(\$16,851)	0.000	-5.000

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
50	Y16T	Information Technology	F-A-1594	Transfers one Paralegal position, 3 Office Associate II positions and one Nursing Education Consultant position from 25% General Fund and 25% Federal Expenditures Fund in the Office of MaineCare Services program and 50% Federal Expenditures Fund in the Division of Licensing and Regulatory Services program to 100% Other Special Revenue Funds in the Division of Licensing and Regulatory Services program.	The DHHS Division of Licensing and Regulatory Services submitted an amendment to the DHHS public assistance cost allocation plan relating to their accounts in FY 2009. This initiative transfers positions to the DLRS Other Special Revenue Funds account which expenditures will be allocated accordingly.	DHHS Management	General Fund		1 904	Initiative 000087, pg 19	\$0	\$0	\$0	(\$2,646)	0.000	0.000
51	129	Bureau of Medical Services	F-A-1596	Reallocates 50% of the cost of one Social Services Program Specialist I position and related All Other from the Bureau of Medical Services program to the Division of Licensing and Regulatory Services program.	The DHHS Division of Licensing and Regulatory Services submitted an amendment to the DHHS public assistance cost allocation plan relating to their accounts in FY 2009. This initiative places all DLRS positions in DLRS accounts whose expenditures will be allocated accordingly.	DHHS Management	Federal Expenditures Fund		1 518		\$0	(\$39,994)	\$0	(\$5,177)	0.000	0.000
52	Z036	Division of Licensing and Regulatory Services	F-A-1596	Reallocates 50% of the cost of one Social Services Program Specialist I position and related All Other from the Bureau of Medical Services program to the Division of Licensing and Regulatory Services program.	The DHHS Division of Licensing and Regulatory Services submitted an amendment to the DHHS public assistance cost allocation plan relating to their accounts in FY 2009. This initiative places all DLRS positions in DLRS accounts whose expenditures will be allocated accordingly.	DHHS Management	Other Special Revenue Funds		4 981		\$0	\$39,994	\$0	\$6,255	0.000	0.000
53	143	Health - Bureau of	F-A-1596	Reallocates 50% of the cost of one Social Services Program Specialist I position and related All Other from the Bureau of Medical Services program to the Division of Licensing and Regulatory Services program.	The DHHS Division of Licensing and Regulatory Services submitted an amendment to the DHHS public assistance cost allocation plan relating to their accounts in FY 2009. This initiative places all DLRS positions in DLRS accounts whose expenditures will be allocated accordingly.	DHHS Management	Federal Expenditures Fund		3 628		\$0	\$0	\$0	\$1,772	0.000	0.000

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
54	728	Drinking Water Enforcement	F-A-1598	Reallocates 50% of the cost of 4 Environmental Specialist III positions, one Environmental Specialist IV position, one Environmental Engineer position and one Office Assistant II position from the Federal Expenditures Fund in the Health - Bureau of program to Other Special Revenue Funds in the Drinking Water Enforcement program.	Because the majority of the Drinking Water Program positions have been funded 100 percent by federal funds, the program lacks the ability to use these staff for purposes unrelated to the federal funding requirements. These changes will allow certain positions to be funded by the correct source. This will provide the necessary flexibility to meet our operational needs as well as our federal mandates.	DHHS Management	Other Special Revenue Funds	1	892		\$0	\$266,316	\$0	\$20,673	0.000	0.000
55	143	Health - Bureau of	F-A-1598	Reallocates 50% of the cost of 4 Environmental Specialist III positions, one Environmental Specialist IV position and one Office Assistant II position from the Federal Expenditures Fund in the Health - Bureau of program to Other Special Revenue Funds in the Drinking Water Enforcement program.	Because the majority of the Drinking Water Program positions have been funded 100 percent by federal funds, the program lacks the ability to use these staff for purposes unrelated to the federal funding requirements. These changes will allow certain positions to be funded by the correct source. This will provide the necessary flexibility to meet our operational needs as well as our federal mandates.	DHHS Management	Federal Expenditures Fund	3	629		\$0	(\$266,316)	\$0	(\$18,118)	0.000	0.000
56	728	Drinking Water Enforcement	F-A-1599	Reallocates 50% of the cost of 2 Environmental Specialist III positions and one Office Specialist I position from Other Special Revenue Funds in the Drinking Water Enforcement program to the Federal Expenditures Fund in the Health - Bureau of program.	Because the majority of the Drinking Water Program positions have been funded 100 percent by federal funds, the program lacks the ability to use these staff for purposes unrelated to the federal funding requirements. These changes will allow certain positions to be funded by federal funds. This will provide the necessary flexibility to meet our operational needs as well as our federal mandates.	DHHS Management	Other Special Revenue Funds	1	893		\$0	(\$108,825)	\$0	(\$8,825)	0.000	0.000
57	143	Health - Bureau of	F-A-1599	Reallocates 50% of the cost of 2 Environmental Specialist III positions and one Office Specialist I position from Other Special Revenue Funds in the Drinking Water Enforcement program to the Federal Expenditures Fund in the Health - Bureau of program.	Because the majority of the Drinking Water Program positions have been funded 100 percent by federal funds, the program lacks the ability to use these staff for purposes unrelated to the federal funding requirements. These changes will allow certain positions to be funded by federal funds. This will provide the necessary flexibility to meet our operational needs as well as our federal mandates.	DHHS Management	Federal Expenditures Fund	3	630		\$0	\$108,825	\$0	\$10,548	0.000	0.000

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
58	143	Health - Bureau of	F-A-1751	Reorganizes one Laboratory Technician II position to a Chemist I position.	A vacant Chemist I position that had been selected for an upgrade was erroneously filled. Upgrading this vacant Laboratory Technician II position will allow us to transfer the individual from the existing Chemist I position to this Chemist I position so that we can upgrade that position to a Management Analyst II position as originally intended.	DHHS Management	Other Special Revenue Funds	4	657		\$0	\$14,852	\$0	\$355	0.000	0.000
59	Z020	Office of Integrated Access and Support - Central Office	F-A-1752	Transfers 2 Field Examiner II positions, one Family Independence Program Manager position and one Accounting Associate I position and related All Other between Other Special Revenue Funds accounts within the Office of Integrated Access and Support - Central Office program.	This initiative creates an individual account for General Assistance recipients who become eligible for Social Security income.	DHHS Management	Other Special Revenue Funds	3	934		\$0	\$279,139	\$0	\$627,864	0.000	4.000
60	Z020	Office of Integrated Access and Support - Central Office	F-A-1752	Transfers 2 Field Examiner II positions, one Family Independence Program Manager position and one Accounting Associate I position and related All Other between Other Special Revenue Funds accounts within the Office of Integrated Access and Support - Central Office program.	This initiative creates an individual account for General Assistance recipients who become eligible for Social Security income.	DHHS Management	Other Special Revenue Funds	1	933		\$0	(\$279,139)	\$0	(\$620,707)	0.000	-4.000
61	129	Bureau of Medical Services	F-A-1753	Reallocates 50% of the cost of 6 Social Services Program Specialist I positions, one Social Services Program Specialist II position, one Health Services Consultant position, one Office Associate II position, one Public Service Manager II position, 2 Health Facility Specialist positions and one Clerk IV position and related All Other from the Bureau of Medical Services program, Federal Expenditures Fund to the Division of Licensing and Regulatory Services program, Other Special Revenue Funds.	The DHHS Division of Licensing and Regulatory Services submitted an amendment to the DHHS Public Assistance Cost Allocation Plan relating to their accounts in FY 2009. This initiative places DLRS positions in DLRS accounts where expenditures will be allocated accordingly.	DHHS Management	Federal Expenditures Fund	1	522		\$0	(\$485,401)	\$0	(\$47,897)	0.000	0.000

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
62	Z036	Division of Licensing and Regulatory Services	F-A-1753	Reallocates 50% of the cost of 6 Social Services Program Specialist I positions, one Social Services Program Specialist II position, one Health Services Consultant position, one Office Associate II position, one Public Service Manager II position, 2 Health Facility Specialist positions and one Clerk IV position and related All Other from the Bureau of Medical Services program, Federal Expenditures Fund to the Division of Licensing and Regulatory Services program, Other Special Revenue Funds.	The DHHS Division of Licensing and Regulatory Services submitted an amendment to the DHHS Public Assistance Cost Allocation Plan relating to their accounts in FY 2009. This initiative places DLRS positions in DLRS accounts where expenditures will be allocated accordingly.	DHHS Management	Other Special Revenue Funds		4 986		\$0	\$485,401	\$0	\$47,897	0.000	0.000
63	Z034	Multicultural Services	F-A-1754	Provides funding for grants and overhead costs in the Multicultural Services program.	This initiative provides allocation for the grants being moved into the Office of Multicultural Affairs. The grants that are being grouped together in the Office of Multicultural Affairs are: Refugee Cash and Medical, Refugee Social Services, Refugee School Impact, Services to Older Refugees, Ethnic Community Self Help and the Individual Development Account.	DHHS Management	Federal Expenditures Fund		1 941		\$0	\$0	\$0	\$454,309	0.000	0.000
64	146	Additional Support for People in Retraining and Employment	F-A-1755	Transfers one Family Independence Specialist position from the Bureau of Family Independence - Regional program, Other Special Revenue Funds to the Additional Support for People in Retraining and Employment program, Federal Block Grant Fund.	This position is currently under the incorrect account based on the program in which the position works and where the position is located. This correction will ensure proper cost allocation for the position.	DHHS Management	Federal Block Grant Fund		1 683		\$0	\$63,179	\$0	\$1,508	0.000	1.000
65	453	Bureau of Family Independence - Regional	F-A-1755	Transfers one Family Independence Specialist position from the Bureau of Family Independence - Regional program, Other Special Revenue Funds to the Additional Support for People in Retraining and Employment program, Federal Block Grant Fund.	This position is currently under the incorrect account based on the program in which the position works and where the position is located. This correction will ensure proper cost allocation for the position.	DHHS Management	Other Special Revenue Funds		1 867		\$0	(\$63,179)	\$0	\$0	0.000	-1.000

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
66	453	Bureau of Family Independence - Regional	F-A-1756	Transfers one Family Independence Unit Supervisor position and one Family Independence Specialist position from Other Special Revenue Funds in the Bureau of Family Independence - Regional program to Other Special Revenue Funds in the Office of Integrated Access and Support - Central Office program and transfers one Office Assistant II position from the Office of Integrated Access and Support - Central Office program to the Bureau of Family Independence - Regional program.	These positions are currently under the incorrect appropriation based on the programs on which the positions work and where the positions are located. This correction will ensure proper cost allocation to federal and state funds.	DHHS Management	Other Special Revenue Funds	1	868		\$0	(\$92,155)	\$0	\$0	0.000	-1.000
67	Z020	Office of Integrated Access and Support - Central Office	F-A-1756	Transfers one Family Independence Unit Supervisor position and one Family Independence Specialist position from Other Special Revenue Funds in the Bureau of Family Independence - Regional program to Other Special Revenue Funds in the Office of Integrated Access and Support - Central Office program and transfers one Office Assistant II position from the Office of Integrated Access and Support Central Office program to the Bureau of Family Independence - Regional program.	These positions are currently under the incorrect appropriation based on the programs on which the positions work and where the positions are located. This correction will ensure proper cost allocation to federal and state funds.	DHHS Management	Other Special Revenue Funds	1	936		\$0	\$92,155	\$0	\$12,800	0.000	1.000
68	129	Bureau of Medical Services	F-A-1757	Reallocates funding for one Management Analyst II position from 75% Federal Expenditures Fund and 25% General Fund to 50% Federal Expenditures Fund and 50% General Fund within the Bureau of Medical Services program.	Reallocates one Management Analyst II position from 75% federal funding to 50% federal funding to align budgeted costs with allowable federal reimbursement.	DHHS Management	General Fund	1	534	Initiative 000041, pg 10	\$0	\$20,254	\$0	\$9,180	0.000	0.000
69	129	Bureau of Medical Services	F-A-1757	Reallocates funding for one Management Analyst II position from 75% Federal Expenditures Fund and 25% General Fund to 50% Federal Expenditures Fund and 50% General Fund within the Bureau of Medical Services program.	Reallocates one Management Analyst II position from 75% federal funding to 50% federal funding to align budgeted costs with allowable federal reimbursement.	DHHS Management	Federal Expenditures Fund	1	535		\$0	(\$20,254)	\$0	(\$15,530)	0.000	0.000
70	Y16T	Information Technology	F-A-1757	Reallocates funding for one Management Analyst II position from 75% Federal Expenditures Fund and 25% General Fund to 50% Federal Expenditures Fund and 50% General Fund within the Bureau of Medical Services program.	Reallocates one Management Analyst II position from 75% federal funding to 50% federal funding to align budgeted costs with allowable federal reimbursement.	DHHS Management	General Fund	1	905	Ditto	\$0	\$0	\$0	\$6,350	0.000	0.000

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
71	493	Training Programs and Employee Assistance	F-A-1850	Reduces funding to align allocations with current resources.	This initiative reduces funding due to cutbacks in Federal Block Grant funding.	DHHS Management	Federal Block Grant Fund		1 876		\$0	\$0	(\$30,000)	(\$30,000)	0.000	0.000
72	Z040	Office of Elder Services Adult Protective Services	F-A-1851	Transfers funding from the Office of Elder Services Central Office program to the Office of Elder Services Adult Protective Services program and to the OMB Division of Regional Business Operations program for rent.	This request transfers funds from Office of Elder Services Central Office account to Adult Protective Services Central and Regional offices in order to pay rent expense from the correct account. The OES Central Office was moved from a location where rent was charged to one where rent was not charged. Also as part of this move, the Adult Protective Services program within OES moved from a space not charged for rent to a space charged for rent.	DHHS Management	General Fund		1 1014		\$0	\$0	\$59,833	\$59,833	0.000	0.000
73	140	Office of Elder Services Central Office	F-A-1851	Transfers funding from the Office of Elder Services Central Office program to the Office of Elder Services Adult Protective Services program and to the OMB Division of Regional Business Operations program for rent.	This request transfers funds from Office of Elder Services Central Office account to Adult Protective Services Central and Regional offices in order to pay rent expense from the correct account. The OES Central Office was moved from a location where rent was charged to one where rent was not charged. Also as part of this move, the Adult Protective Services program within OES moved from a space not charged for rent to a space charged for rent.	DHHS Management	General Fund		1 594		\$0	\$0	#####	(\$143,041)	0.000	0.000
74	196	OMB Division of Regional Business Operations	F-A-1851	Transfers funding from the Office of Elder Services Central Office program to the Office of Elder Services Adult Protective Services program and to the OMB Division of Regional Business Operations program for rent.	This request transfers funds from Office of Elder Services Central Office account to Adult Protective Services Central and Regional offices in order to pay rent expense from the correct account. The OES Central Office was moved from a location where rent was charged to one where rent was not charged. Also as part of this move, the Adult Protective Services program within OES moved from a space not charged for rent to a space charged for rent.	DHHS Management	General Fund		1 823		\$0	\$0	\$83,208	\$83,208	0.000	0.000

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
75	129	Bureau of Medical Services	F-A-1854	Reallocates 50% of the cost of one Public Service Coordinator I position from the Bureau of Medical Services program to the State-funded Foster Care/Adoption Assistance program.	This transfer will place the position in the proper functional location.	DHHS Management	General Fund	1	533	Initiative 000084, pg 9	\$0	(\$48,963)	\$0	(\$1,530)	0.000	0.000
76	139	State-Funded Foster Care/Adoption Assistance	F-A-1854	Reallocates 50% of the cost of one Public Service Coordinator I position from the Bureau of Medical Services program to the State-funded Foster Care/Adoption Assistance program.	This transfer will place the position in the proper functional location.	DHHS Management	General Fund	1	582	Ditto	\$0	\$48,963	\$0	\$1,530	0.000	0.000
77	452	Bureau of Child and Family Services - Regional	F-A-1855	Transfers one Clinical Social Worker position from the IV-E Foster Care/Adoption Assistance program and 2 Clinical Social Worker positions from the Bureau of Child and Family Services - Regional program to the Mental Health Services - Children program.	These positions were Human Services Caseworker lines that were reclassified to Clinical Social Workers, prompting the need to correct the functional locations. Currently staff is being claimed to MaineCare and IV-E; however, they are no longer engaging in activities which are eligible for IV-E claiming. If this is not corrected, this could result in adverse audit findings and potential financial penalties.	DHHS Management	General Fund	1	863	Initiative 000083, pg 12	\$0	(\$131,534)	\$0	(\$6,120)	0.000	-2.000
78	Y03T	Information Technology	F-A-1855	Transfers one Clinical Social Worker position from the IV-E Foster Care/Adoption Assistance program and 2 Clinical Social Worker positions from the Bureau of Child and Family Services - Regional program to the Mental Health Services - Children program.	These positions were Human Services Caseworker lines that were reclassified to Clinical Social Workers, prompting the need to correct the functional locations. Currently staff are being claimed to MaineCare and IV-E; however, they are no longer engaging in activities which are eligible for IV-E claiming. If this is not corrected, this could result in adverse audit findings and potential financial penalties.	DHHS Management	General Fund	1	216	Ditto	\$0	\$0	\$0	\$6,350	0.000	0.000
79	Y16T	Information Technology	F-A-1855	Transfers one Clinical Social Worker position from the IV-E Foster Care/Adoption Assistance program and 2 Clinical Social Worker positions from the Bureau of Child and Family Services - Regional program to the Mental Health Services - Children program.	These positions were Human Services Caseworker lines that were reclassified to Clinical Social Workers, prompting the need to correct the functional locations. Currently staff is being claimed to MaineCare and IV-E; however, they are no longer engaging in activities which are eligible for IV-E claiming. If this is not corrected, this could result in adverse audit findings and potential financial penalties.	DHHS Management	General Fund	1	906	Ditto	\$0	\$0	\$0	(\$4,233)	0.000	0.000

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
80	137	IV-E Foster Care/Adoption Assistance	F-A-1855	Transfers one Clinical Social Worker position from the IV-E Foster Care/Adoption Assistance program and 2 Clinical Social Worker positions from the Bureau of Child and Family Services - Regional program to the Mental Health Services - Children program.	These positions were Human Services Caseworker lines that were reclassified to Clinical Social Workers, prompting the need to correct the functional locations. Currently staff is being claimed to MaineCare and IV-E; however, they are no longer engaging in activities which are eligible for IV-E claiming. If this is not corrected, this could result in adverse audit findings and potential financial penalties.	DHHS Management	Federal Expenditures Fund	1	569		\$0	(\$86,181)	\$0	(\$5,177)	0.000	-1.000
81	136	Mental Health Services - Children	F-A-1855	Transfers one Clinical Social Worker position from the IV-E Foster Care/Adoption Assistance program and 2 Clinical Social Worker positions from the Bureau of Child and Family Services - Regional program to the Mental Health Services - Children program.	These positions were Human Services Caseworker lines that were reclassified to Clinical Social Workers, prompting the need to correct the functional locations. Currently staff are being claimed to MaineCare and IV-E; however, they are no longer engaging in activities which are eligible for IV-E claiming. If this is not corrected, this could result in adverse audit findings and potential financial penalties.	DHHS Management	General Fund	7	163	Initiative 000083, pg 13	\$0	\$217,715	\$0	\$9,180	0.000	3.000
82	307	Bureau of Child and Family Services - Central	F-A-1856	Transfers one Human Services Caseworker Supervisor position from the IV-E Foster Care/Adoption Assistance program to the Child and Family Services - Central program.	This transfer will place the position in the proper functional location.	DHHS Management	General Fund	1	854	Initiative 000176, pg 18	\$0	\$92,168	\$0	\$3,060	0.000	1.000
83	Y16T	Information Technology	F-A-1856	Transfers one Human Services Caseworker Supervisor position from the IV-E Foster Care/Adoption Assistance program to the Child and Family Services - Central program.	This transfer will place the position in the proper functional location.	DHHS Management	General Fund	1	907	Ditto	\$0	\$0	\$0	\$2,117	0.000	0.000
84	137	IV-E Foster Care/Adoption Assistance	F-A-1856	Transfers one Human Services Caseworker Supervisor position from the IV-E Foster Care/Adoption Assistance program to the Child and Family Services - Central program.	This transfer will place the position in the proper functional location.	DHHS Management	Federal Expenditures Fund	1	570		\$0	(\$92,168)	\$0	(\$5,177)	0.000	-1.000

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
85	100	Child Support	F-A-1859	Reallocates 33.3% of the cost of 4 Office Associate II positions, 2 Office Assistant II positions, 2 Social Services Program Specialist II positions, one Public Service Manager I position, one Counsel position, 3 Support Enforcement District Supervisor positions, 3 Social Services Program Specialist I positions and 10 Human Services Enforcement Agent positions from Other Special Revenue Funds to the General Fund within the Child Support program and partially offsets the General Fund cost through a reduction in the All Other line category of the Child Support and Information Technology programs.	This initiative transfers position costs to the appropriate funding source.	DHHS Management	General Fund	1	500	Initiative 000036, pg 8	\$0	\$624,240	\$0	(\$26,494)	0.000	0.000
86	100	Child Support	F-A-1859	Reallocates 33.3% of the cost of 4 Office Associate II positions, 2 Office Assistant II positions, 2 Social Services Program Specialist II positions, one Public Service Manager I position, one Counsel position, 3 Support Enforcement District Supervisor positions, 3 Social Services Program Specialist I positions and 10 Human Services Enforcement Agent positions from Other Special Revenue Funds to the General Fund within the Child Support program and partially offsets the General Fund cost through a reduction in the All Other line category of the Child Support and Information Technology programs.	This initiative transfers position costs to the appropriate funding source.	DHHS Management	Other Special Revenue Funds	1	501		\$0	(\$624,240)	\$0	\$624,240	0.000	0.000

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
87	Y16T	Information Technology	F-A-1859	Reallocates 33.3% of the cost of 4 Office Associate II positions, 2 Office Assistant II positions, 2 Social Services Program Specialist II positions, one Public Service Manager I position, one Counsel position, 3 Support Enforcement District Supervisor positions, 3 Social Services Program Specialist I positions and 10 Human Services Enforcement Agent positions from Other Special Revenue Funds to the General Fund within the Child Support program and partially offsets the General Fund cost through a reduction in the All Other line category of the Child Support and Information Technology programs.	This initiative transfers position costs to the appropriate funding source.	DHHS Management	General Fund	1	908	Initiative 000036, pg 8	\$0	\$0	\$0	(\$572,687)	0.000	0.000
88	733	Disproportionate Share - Riverview Psychiatric Center	F-A-1860	Reorganizes one Physician III position to 2 part-time Physician III positions and transfers one of the part-time Physician III positions from the Riverview Psychiatric Center program to the Mental Health Services - Children program.	This initiative reorganizes a Physician III position to 2 20-hour positions and transfers one of them to Children's Behavioral HS. The position was originally transferred to Riverview in error in the FY2009 Supplemental Budget. This portion of the position cannot be paid from the Riverview account as it is not Riverview patient-related and cannot be paid from the Other Special Revenue Funds account fund by regulation.	DHHS Management	General Fund	10	197	Initiative 000029, pg 11	\$0	(\$40,972)	\$0	\$0	0.000	0.000
89	136	Mental Health Services - Children	F-A-1860	Reorganizes one Physician III position to 2 part-time Physician III positions and transfers one of the part-time Physician III positions from the Riverview Psychiatric Center program to the Mental Health Services - Children program.	This initiative reorganizes a Physician III position to 2 20-hour positions and transfers one of them to Children's Behavioral HS. The position was originally transferred to Riverview in error in the FY2009 Supplemental Budget. This portion of the position cannot be paid from the Riverview account as it is not Riverview patient-related and cannot be paid from the Other Special Revenue Funds account fund by regulation.	DHHS Management	General Fund	7	164	Ditto	\$0	\$120,254	\$0	(\$79,282)	0.000	0.500

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
90	105	Riverview Psychiatric Center	F-A-1860	Reorganizes one Physician III position to 2 part-time Physician III positions and transfers one of the part time Physician III positions from the Riverview Psychiatric Center program to the Mental Health Services - Children program.	This initiative reorganizes a Physician III position to 2 20-hour positions and transfers one of them to Children's Behavioral HS. The position was originally transferred to Riverview in error in the FY2009 Supplemental Budget. This portion of the position cannot be paid from the Riverview account as it is not Riverview patient-related and can not be paid from the Other Special Revenue Funds account fund by regulation.	DHHS Management	Other Special Revenue Funds	20	140		\$0	(\$79,282)	\$0	\$0	0.000	-0.500
91	143	Health - Bureau of	F-A-1901	Reorganizes one Toxicologist position from part-time to full-time.	The Department of Health and Human Services receives federal funding for the development and operation of a National Environmental Public Health Tracking Network. A full-time toxicologist is needed to help develop and pilot new measures to track possible public health impacts of climate change, new measures to track private well water quality and new measures to track contaminants in blood of children.	DHHS Management	Federal Expenditures Fund	3	632		\$0	\$38,419	\$0	\$6,217	0.000	0.500
92	143	Health - Bureau of	F-A-1902	Transfers one Office Assistant II position from the Federal Expenditures Fund to Other Special Revenue Funds and reallocates 50% of the cost of one Public Health Educator III position from the Federal Expenditures Fund to Other Special Revenue Funds within the Health - Bureau of program.	Half of the cost of a Public Health Educator III position and an Office Assistant II position are to be funded from the Maine Center for Disease Control's Other Special Revenue Funds cost allocated account.	DHHS Management	Other Special Revenue Funds	13	637		\$0	\$88,755	\$0	\$10,069	0.000	1.000
93	143	Health - Bureau of	F-A-1902	Transfers one Office Assistant II position from the Federal Expenditures Fund to Other Special Revenue Funds and reallocates 50% of the cost of one Public Health Educator III position from the Federal Expenditures Fund to Other Special Revenue Funds within the Health - Bureau of program.	Half of the cost of a Public Health Educator III position and an Office Assistant II position are to be funded from the Maine Center for Disease Control's Other Special Revenue Funds cost allocated account.	DHHS Management	Federal Expenditures Fund	3	633		\$0	(\$88,755)	\$0	(\$7,765)	0.000	-1.000

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
94	143	Health - Bureau of	F-A-1904	Reorganizes one Public Health Educator III position to a Comprehensive Health Planner II position.	In June 2009, Maine Center for Disease Control received a new grant for the establishment of colorectal screening programs and public education. With this new additional funding and responsibilities, the Comprehensive Cancer Program (with 2 staff: a Program Manager and a Public Health Educator III) has redistributed work tasks among the existing program staff. This redistribution requires a higher level staff person to oversee: developing and carrying out Requests for Proposals and the subsequent management and monitoring of contracts and deliverables to carry out the work plan.	DHHS Management	Federal Expenditures Fund	3	644		\$0	\$7,517	\$0	\$179	0.000	0.000
95	143	Health - Bureau of	F-A-1905	Provides funding for the reorganization of one Public Health Physician position funded 90% General Fund and 10% Federal Expenditures Fund to a Public Service Coordinator III position funded 61% General Fund and 39% Federal Expenditures Fund.	This is an essential position due to the urgent and critical nature of work assuring statewide response to infectious disease outbreaks and potential incidents of bioterrorism. Changes in job responsibilities for this position include leadership of statewide disease surveillance activities and a strong role in development of public policy. This position will also provide oversight of special studies, including those with the US CDC. The salary range for this position is currently one third lower than for a similar position that we are currently hiring. This reclassification will place this position at a comparable salary level to other similar positions in the Maine CDC.	DHHS Management	Federal Expenditures Fund	3	646		\$0	\$77,430	\$0	\$1,772	0.000	0.000

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
96	143	Health - Bureau of	F-A-1905	Provides funding for the reorganization of one Public Health Physician position funded 90% General Fund and 10% Federal Expenditures Fund to a Public Service Coordinator III position funded 61% General Fund and 39% Federal Expenditures Fund.	This is an essential position due to the urgent and critical nature of work assuring statewide response to infectious disease outbreaks and potential incidents of bioterrorism. Changes in job responsibilities for this position include leadership of statewide disease surveillance activities and a strong role in development of public policy. This position will also provide oversight of special studies, including those with the US CDC. The salary range for this position is currently one third lower than for a similar position that we are currently hiring. This reclassification will place this position at a comparable salary level to other similar positions in the Maine CDC.	DHHS Management	General Fund		1 645	Initiative 000106, pg 5	\$0	(\$456)	\$0	\$0	0.000	0.000
97	143	Health - Bureau of	F-A-1906	Reallocates 50% of the cost of one Microbiologist II position from Other Special Revenue Funds to the Federal Expenditures Fund within the Health - Bureau of program.	This position is no longer supported entirely by the Health and Environmental Testing Laboratory and is now supported in part by a Public Health Emergency Preparedness federal grant.	DHHS Management	Federal Expenditures Fund		3 648		\$0	\$39,106	\$0	\$3,583	0.000	0.000
98	143	Health - Bureau of	F-A-1906	Reallocates 50% of the cost of one Microbiologist II position from Other Special Revenue Funds to the Federal Expenditures Fund within the Health - Bureau of program.	This position is no longer supported entirely by the Health and Environmental Testing Laboratory and is now supported in part by a Public Health Emergency Preparedness federal grant.	DHHS Management	Other Special Revenue Funds		4 649		\$0	(\$39,106)	\$0	\$0	0.000	0.000
99	Z037	Division of Data, Research and Vital Statistics	F-A-1907	Transfers one Office Assistant II position and 2 Comprehensive Health Planner II positions from Other Special Revenue Funds to the Federal Expenditures Fund within the Division of Data, Research and Vital Statistics program.	These positions are funded through a federal grant and this initiative will switch their payroll to the proper federal account.	DHHS Management	Federal Expenditures Fund		1 1003		\$0	\$223,622	\$0	\$21,239	0.000	3.000
100	Z037	Division of Data, Research and Vital Statistics	F-A-1907	Transfers one Office Assistant II position and 2 Comprehensive Health Planner II positions from Other Special Revenue Funds to the Federal Expenditures Fund within the Division of Data, Research and Vital Statistics program.	These positions are funded through a federal grant and this initiative will switch their payroll to the proper federal account.	DHHS Management	Other Special Revenue Funds		1 1004		\$0	(\$223,622)	\$0	(\$21,239)	0.000	-3.000

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
101	143	Health - Bureau of	F-A-1908	Reallocates 20% of the cost of one Quality Assurance Officer position from Other Special Revenue Funds to the the Federal Expenditures Fund within the same program.	The Laboratory Certification account does not have sufficient revenue to cover all costs for the Certification Officer. Laboratory certification is an eligible use of our federal grant funds.	DHHS Management	Federal Expenditures Fund	3	651		\$0	\$16,709	\$0	\$399	0.000	0.000
102	143	Health - Bureau of	F-A-1908	Reallocates 20% of the cost of one Quality Assurance Officer position from Other Special Revenue Funds to the the Federal Expenditures Fund within the same program.	The Laboratory Certification account does not have sufficient revenue to cover all costs for the Certification Officer. Laboratory certification is an eligible use of our federal grant funds.	DHHS Management	Other Special Revenue Funds	4	652		\$0	(\$16,709)	\$0	\$0	0.000	0.000
103	143	Health - Bureau of	F-A-1909	Transfers one Toxicologist position from the Federal Expenditures Fund to Other Special Revenue Funds within the Health - Bureau of program.	This position is currently funded through a Memorandum of Understanding with the Department of Labor and not funded through a federal grant managed by the Center for Disease Control. This initiative will move the position to the appropriate funding source.	DHHS Management	Other Special Revenue Funds	3	655		\$0	\$83,310	\$0	\$7,289	0.000	1.000
104	143	Health - Bureau of	F-A-1909	Transfers one Toxicologist position from the Federal Expenditures Fund to Other Special Revenue Funds within the Health - Bureau of program.	This position is currently funded through a Memorandum of Understanding with the Department of Labor and not funded through a federal grant managed by the Center for Disease Control. This initiative will move the position to the appropriate funding source.	DHHS Management	Federal Expenditures Fund	3	654		\$0	(\$83,310)	\$0	\$0	0.000	-1.000
105	129	Bureau of Medical Services	F-A-1910	Reallocates the General Fund portion of one Social Services Program Manager position, one Comprehensive Health Planner II position, 2 Medical Care Coordinator positions and one Senior Medical Claims Adjuster position from the Maine Rx Plus program to the Bureau of Medical Services program.	These positions are currently funded 50% with General Fund through the MaineRx program. The MaineRx program is a state only program and is not reimbursable by the federal government. The General Fund portion of these positions will be moved to the Office of MaineCare Services General Fund account. These positions are already included in the OMS headcount as they are part of the headcount in the Office of MaineCare Services federal account.	DHHS Management	General Fund	1	529	Initiative 000143, pg 11	\$0	\$163,485	\$0	\$0	0.000	0.000

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
106	927	Maine Rx Plus Program	F-A-1910	Reallocates the General Fund portion of one Social Services Program Manager position, one Comprehensive Health Planner II position, 2 Medical Care Coordinator positions and one Senior Medical Claims Adjuster position from the Maine Rx Plus program to the Bureau of Medical Services program.	These positions are currently funded 50% with General Fund through the MaineRx program. The MaineRx program is a state only program and is not reimbursable by the federal government. The General Fund portion of these positions will be moved to the Office of MaineCare Services General Fund account. These positions are already included in the OMS headcount as they are part of the headcount in the Office of MaineCare Services federal account.	DHHS Management	General Fund	1	897	Initiative 000143, pg 11	\$0	(\$163,485)	\$0	\$0	0.000	0.000
107	Z020	Office of Integrated Access and Support - Central Office	F-A-1922	Establishes one limited-period Medical Care Coordinator position in the Office of Integrated Access and Support - Central Office program. This position will end on June 18, 2011.	Establishes one Medical Care Coordinator in the Office of Integrated Access and Support to run the Health Insurance Premium Option (HIPO) program in fiscal year 2010-11.	DHHS Management	Other Special Revenue Funds	1	937		\$0	\$58,264	\$0	\$6,691	0.000	0.000
108	307	Bureau of Child and Family Services - Central	F-A-1926	Transfers one Customer Representative Associate II - Human Services position from the Bureau of Family Independence - Regional program to the Bureau of Child and Family Services - Central program. The General Fund position cost is offset by a reduction in the All Other line category.	This initiative moves the position to the appropriate program and fund. The position is administrative in nature and works with the Child Welfare Program.	DHHS Management	General Fund	1	856	Initiative 00030, pg 17	\$0	\$58,889	\$0	(\$58,889)	0.000	1.000
109	453	Bureau of Family Independence - Regional	F-A-1926	Transfers one Customer Representative Associate II - Human Services position from the Bureau of Family Independence - Regional program to the Bureau of Child and Family Services - Central program. The General Fund position cost is offset by a reduction in the All Other line category.	This initiative moves the position to the appropriate program and fund. The position is administrative in nature and works with the Child Welfare Program.	DHHS Management	Other Special Revenue Funds	1	869		\$0	(\$58,889)	\$0	\$0	0.000	-1.000

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
110	953	FHM - Bureau of Health	F-A-1928	Continues 5 Public Service Coordinator II positions originally established by financial order. The General Fund portion of the new position costs is offset by a reduction in the All Other line category. The new legislative headcount is offset by the elimination of one Epidemiologist position, one Environmental Specialist II position, one State Veterinarian position and 2 Office Assistant II positions from various department programs. Position detail is on file in the Bureau of the Budget.	This request continues the Maine CDCs work in response to Resolves 2007 Chapter 114 entitled "Resolve, Regarding the Role of Local Regions in Maine's Emerging Public Health Infrastructure," which states that DHHS will develop a statewide public health infrastructure within existing resources. The 5 Public Service Coordinator II positions, which were originally established or continued by Financial Orders 005126 F0, 005227 F0 and 005432 F0, will provide a public health leadership role by coordinating state public health functions at the district level, including preparedness activities.	DHHS Management	Fund for a Healthy Maine	7	900	Initiative 00039, pg 2	\$0	\$96,270	\$0	(\$96,270)	0.000	0.000
111	143	Health - Bureau of	F-A-1928	Continues 5 Public Service Coordinator II positions originally established by financial order. The General Fund portion of the new position costs is offset by a reduction in the All Other line category. The new legislative headcount is offset by the elimination of one Epidemiologist position, one Environmental Specialist II position, one State Veterinarian position and 2 Office Assistant II positions from various department programs. Position detail is on file in the Bureau of the Budget.	This request continues the Maine CDCs work in response to Resolves 2007 Chapter 114 entitled "Resolve, Regarding the Role of Local Regions in Maine's Emerging Public Health Infrastructure," which states that DHHS will develop a statewide public health infrastructure within existing resources. The 5 Public Service Coordinator II positions, which were originally established or continued by Financial Orders 005126 F0, 005227 F0 and 005432 F0, will provide a public health leadership role by coordinating state public health functions at the district level, including preparedness activities.	DHHS Management	Federal Expenditures Fund	3	662		\$0	(\$32,248)	\$0	\$4,531	0.000	2.000

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
112	143	Health - Bureau of	F-A-1928	Continues 5 Public Service Coordinator II positions originally established by financial order. The General Fund portion of the new position costs is offset by a reduction in the All Other line category. The new legislative headcount is offset by the elimination of one Epidemiologist position, one Environmental Specialist II position, one State Veterinarian position and 2 Office Assistant II positions from various department programs. Position detail is on file in the Bureau of the Budget.	This request continues the Maine CDCs work in response to Resolves 2007 Chapter 114 entitled "Resolve, Regarding the Role of Local Regions in Maine's Emerging Public Health Infrastructure," which states that DHHS will develop a statewide public health infrastructure within existing resources. The 5 Public Service Coordinator II positions, which were originally established or continued by Financial Orders 005126 F0, 005227 F0 and 005432 F0, will provide a public health leadership role by coordinating state public health functions at the district level, including preparedness activities.	DHHS Management	Other Special Revenue Funds	13	666		\$0	\$19,451	\$0	\$1,524	0.000	0.000
113	Z008	Maternal and Child Health Block Grant Match	F-A-1928	Continues 5 Public Service Coordinator II positions originally established by financial order. The General Fund portion of the new position costs is offset by a reduction in the All Other line category. The new legislative headcount is offset by the elimination of one Epidemiologist position, one Environmental Specialist II position, one State Veterinarian position and 2 Office Assistant II positions from various department programs. Position detail is on file in the Bureau of the Budget.	This request continues the Maine CDCs work in response to Resolves 2007 Chapter 114 entitled "Resolve, Regarding the Role of Local Regions in Maine's Emerging Public Health Infrastructure," which states that DHHS will develop a statewide public health infrastructure within existing resources. The 5 Public Service Coordinator II positions, which were originally established or continued by Financial Orders 005126 F0, 005227 F0 and 005432 F0, will provide a public health leadership role by coordinating state public health functions at the district level, including preparedness activities.	DHHS Management	General Fund	1	916	Initiative 00039, pg 2	\$0	\$193,528	\$0	(\$193,528)	0.000	1.000

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
114	205	Plumbing - Control Over	F-A-1928	Continues 5 Public Service Coordinator II positions originally established by financial order. The General Fund portion of the new position costs is offset by a reduction in the All Other line category. The new legislative headcount is offset by the elimination of one Epidemiologist position, one Environmental Specialist II position, one State Veterinarian position and 2 Office Assistant II positions from various department programs. Position detail is on file in the Bureau of the Budget.	This request continues the Maine CDCs work in response to Resolves 2007 Chapter 114 entitled "Resolve, Regarding the Role of Local Regions in Maine's Emerging Public Health Infrastructure," which states that DHHS will develop a statewide public health infrastructure within existing resources. The 5 Public Service Coordinator II positions, which were originally established or continued by Financial Orders 005126 F0, 005227 F0 and 005432 F0, will provide a public health leadership role by coordinating state public health functions at the district level, including preparedness activities.	DHHS Management	Other Special Revenue Funds		1 837		\$0	(\$67,323)	\$0	(\$1,035)	0.000	-1.000
115	489	Risk Reduction	F-A-1928	Continues 5 Public Service Coordinator II positions originally established by financial order. The General Fund portion of the new position costs is offset by a reduction in the All Other line category. The new legislative headcount is offset by the elimination of one Epidemiologist position, one Environmental Specialist II position, one State Veterinarian position and 2 Office Assistant II positions from various department programs. Position detail is on file in the Bureau of the Budget.	This request continues the Maine CDCs work in response to Resolves 2007 Chapter 114 entitled "Resolve, Regarding the Role of Local Regions in Maine's Emerging Public Health Infrastructure," which states that DHHS will develop a statewide public health infrastructure within existing resources. The 5 Public Service Coordinator II positions, which were originally established or continued by Financial Orders 005126 F0, 005227 F0 and 005432 F0, will provide a public health leadership role by coordinating state public health functions at the district level, including preparedness activities.	DHHS Management	Federal Block Grant Fund		1 874		\$0	\$29,172	\$0	\$2,286	0.000	0.000

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
116	204	Special Children's Services	F-A-1928	Continues 5 Public Service Coordinator II positions originally established by financial order. The General Fund portion of the new position costs is offset by a reduction in the All Other line category. The new legislative headcount is offset by the elimination of one Epidemiologist position, one Environmental Specialist II position, one State Veterinarian position and 2 Office Assistant II positions from various department programs. Position detail is on file in the Bureau of the Budget.	This request continues the Maine CDCs work in response to Resolves 2007 Chapter 114 entitled "Resolve, Regarding the Role of Local Regions in Maine's Emerging Public Health Infrastructure," which states that DHHS will develop a statewide public health infrastructure within existing resources. The 5 Public Service Coordinator II positions, which were originally established or continued by Financial Orders 005126 F0, 005227 F0 and 005432 F0, will provide a public health leadership role by coordinating state public health functions at the district level, including preparedness activities.	DHHS Management	Federal Block Grant Fund		1 834		\$0	(\$105,112)	\$0	\$0	0.000	-2.000
117	Z035	Division of Purchased Services	F-A-1932	Transfers 4 Public Service Coordinator I positions from the General Fund to Other Special Revenue Funds; 2 Management Analyst II positions and one Comprehensive Health Planner II position from the Federal Block Grant Fund to Other Special Revenue Funds; and one Planning and Research Associate I position funded 36.29% Federal Block Grant Fund and 63.71% General Fund to Other Special Revenue Funds within the Division of Purchased Services program.	The Division of Purchased Services submitted an amendment to the DHHS public assistance cost allocation plan relating to their accounts in FY 2009. This initiative places all of the division's positions in an Other Special Revenue Funds account so that those expenditures can be allocated accordingly.	DHHS Management	Other Special Revenue Funds		1 947		\$695,308	\$692,041	\$81,401	\$81,323	8.000	8.000
118	Z035	Division of Purchased Services	F-A-1932	Transfers 4 Public Service Coordinator I positions from the General Fund to Other Special Revenue Funds; 2 Management Analyst II positions and one Comprehensive Health Planner II position from the Federal Block Grant Fund to Other Special Revenue Funds; and one Planning and Research Associate I position funded 36.29% Federal Block Grant Fund and 63.71% General Fund to Other Special Revenue Funds within the Division of Purchased Services program.	The Division of Purchased Services submitted an amendment to the DHHS public assistance cost allocation plan relating to their accounts in FY 2009. This initiative places all of the division's positions in an Other Special Revenue Funds account so that those expenditures can be allocated accordingly.	DHHS Management	General Fund		1 946	Initiative 000178, pg 15	(\$427,758)	(\$423,706)	(\$15,300)	(\$15,300)	-4.000	-4.000

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
119	Z035	Division of Purchased Services	F-A-1932	Transfers 4 Public Service Coordinator I positions from the General Fund to Other Special Revenue Funds; 2 Management Analyst II positions and one Comprehensive Health Planner II position from the Federal Block Grant Fund to Other Special Revenue Funds; and one Planning and Research Associate I position funded 36.29% Federal Block Grant Fund and 63.71% General Fund to Other Special Revenue Funds within the Division of Purchased Services program.	The Division of Purchased Services submitted an amendment to the DHHS public assistance cost allocation plan relating to their accounts in FY 2009. This initiative places all of the division's positions in an Other Special Revenue Funds account so that those expenditures can be allocated accordingly.	DHHS Management	Federal Block Grant Fund		1 948		(\$267,550)	(\$268,335)	(\$75,964)	(\$74,949)	-4.000	-4.000
120	Y16T	Information Technology	F-A-1932	Transfers 4 Public Service Coordinator I positions from the General Fund to Other Special Revenue Funds; 2 Management Analyst II positions and one Comprehensive Health Planner II position from the Federal Block Grant Fund to Other Special Revenue Funds; and one Planning and Research Associate I position funded 36.29% Federal Block Grant Fund and 63.71% General Fund to Other Special Revenue Funds within the Division of Purchased Services program.	The Division of Purchased Services submitted an amendment to the DHHS public assistance cost allocation plan relating to their accounts in FY 2009. This initiative places all of the division's positions in an Other Special Revenue Funds account so that those expenditures can be allocated accordingly.	DHHS Management	General Fund		1 911	Initiative 000178, pg 15	\$0	\$0	\$0	(\$10,583)	0.000	0.000
121	452	Bureau of Child and Family Services - Regional	F-A-7222	Eliminates 2 Social Services Manager I positions in the State-funded Foster Care/Adoption Assistance program, one Social Services Manager I position in the Bureau of Child and Family Services - Regional program and one Physician III position in the Multicultural Services program that is funded 85% General Fund in that program and 15% Federal Expenditures Fund in the Bureau of Medical Services program.	This initiative eliminates 4 General Fund positions from various department accounts in order to keep expenditures in line with available funding.	DHHS Management	General Fund		1 865	Initiative 000200, pg 72	\$0	(\$91,960)	\$0	\$0	0.000	-1.000
122	129	Bureau of Medical Services	F-A-7222	Eliminates 2 Social Services Manager I positions in the State-funded Foster Care/Adoption Assistance program, one Social Services Manager I position in the Bureau of Child and Family Services - Regional program and one Physician III position in the Multicultural Services program that is funded 85% General Fund in that program and 15% Federal Expenditures Fund in the Bureau of Medical Services program.	This initiative eliminates 4 General Fund positions from various department accounts in order to keep expenditures in line with available funding.	DHHS Management	Federal Expenditures Fund		1 552		\$0	(\$34,689)	\$0	\$0	0.000	0.000

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
123	Z034	Multicultural Services	F-A-7222	Eliminates 2 Social Services Manager I positions in the State-funded Foster Care/Adoption Assistance program, one Social Services Manager I position in the Bureau of Child and Family Services - Regional program and one Physician III position in the Multicultural Services program that is funded 85% General Fund in that program and 15% Federal Expenditures Fund in the Bureau of Medical Services program.	This initiative eliminates 4 General Fund positions from various department accounts in order to keep expenditures in line with available funding.	DHHS Management	General Fund	1	943	Initiative 000200, pg 3	\$0	(\$196,580)	\$0	\$0	0.000	-1.000
124	139	State-Funded Foster Care/Adoption Assistance	F-A-7222	Eliminates 2 Social Services Manager I positions in the State-funded Foster Care/Adoption Assistance program, one Social Services Manager I position in the Bureau of Child and Family Services - Regional program and one Physician III position in the Multicultural Services program that is funded 85% General Fund in that program and 15% Federal Expenditures Fund in the Bureau of Medical Services program.	This initiative eliminates 4 General Fund positions from various department accounts in order to keep expenditures in line with available funding.	DHHS Management	General Fund	1	584	Ditto	\$0	(\$188,590)	\$0	\$0	0.000	-2.000
125	208	Disability Determination - Division of	F-A-7250	Continues 4 limited-period Disability Claims Examiner positions and provides funding for All Other costs. These positions, which were originally established by financial order, will end on December 14, 2013.	This initiative continues 4 limited-period Disability Claims Examiner positions to provide services to disabled residents. Total case receipts in Maine Disability Determination Services in fiscal year 2009-10 to date have increased 40.2%, exceeding both the national and regional rates, and workload increases are expected through 2013. These positions were originally established by Financial Order 005511 F0.	DHHS Management	Federal Expenditures Fund	1	845		\$0	\$252,716	\$0	\$27,234	0.000	0.000
126	Z036	Division of Licensing and Regulatory Services	F-A-7251	Adjusts funding to correct an initiative included in Public Law 2009, chapter 213, Part A.	PL 2009, c. 213 included the transfer of a position between accounts but the amount appropriated was incorrectly reflected as All Other rather than Personal Services. This initiative places the funding for that position transfer in the correct line category.	DHHS Management	Other Special Revenue Funds	1	989		\$48,572	\$47,620	(\$48,572)	(\$47,620)	0.000	0.000

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
127	Z020	Office of Integrated Access and Support - Central Office	F-A-7252	Establishes one limited-period Social Services Program Manager position and one limited-period Management Analyst I position and provides related All Other funding for outreach, enrollment and retention in targeted geographic areas with high rates of eligible but uninsured children, particularly those with racial and ethnic minority groups who are uninsured at higher-than-average rates. These positions will end on June 15, 2013.	Recognizing that millions of children are eligible for Medicaid or CHIP, but are not yet enrolled in those programs, the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) set aside funding for fiscal years 2009-2013 expressly to help find and enroll eligible children.	DHHS Management	Federal Expenditures Fund	4	939		\$0	\$150,817	\$0	\$378,986	0.000	0.000
128	129	Bureau of Medical Services	F-A-7255	Reallocates 50% of the cost of one Social Services Program Manager position and one Comprehensive Health Planner II position from the Federal Block Grant Fund to the Federal Expenditures Fund within the Bureau of Medical Services program.	Effective with fiscal year 2010-11, these 2 positions will no longer be working on State Children's Health Insurance Program issues requiring this change in the funding source.	DHHS Management	Federal Expenditures Fund	1	554		\$0	\$94,436	\$0	\$2,254	0.000	0.000
129	129	Bureau of Medical Services	F-A-7255	Reallocates 50% of the cost of one Social Services Program Manager position and one Comprehensive Health Planner II position from the Federal Block Grant Fund to the Federal Expenditures Fund within the Bureau of Medical Services program.	Effective with fiscal year 2010-11, these 2 positions will no longer be working on State Children's Health Insurance Program issues requiring this change in the funding source.	DHHS Management	Federal Block Grant Fund	1	555		\$0	(\$94,436)	\$0	(\$2,254)	0.000	0.000

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
130	129	Bureau of Medical Services	F-A-7256	Reallocates 12.5% of the cost of one Public Service Manager II position and related All Other costs from the Office of Elder Services Central Office program to the Bureau of Medical Services program.	This Public Service Manager II position is responsible for policy, planning and resource development for the Office of Elder Services. The position oversees the long-term care needs assessment which is developing a projection model for all MaineCare and state-funded long-term and community-based services, develops the state plan on aging for approval by the Administration on Aging, reports to the Administration on Aging on services provided by contracted area agencies on aging, participates in the development of long-term care policies related to assisted living and residential care, supervises the Alzheimer's Disease Demonstration Grant and other training activities, collects data and works closely with other offices within the department and with external stakeholders.	DHHS Management	Federal Expenditures Fund	1	557		\$0	\$13,137	\$0	\$977	0.000	0.000
131	140	Office of Elder Services Central Office	F-A-7256	Reallocates 12.5% of the cost of one Public Service Manager II position and related All Other costs from the Office of Elder Services Central Office program to the Bureau of Medical Services program.	This Public Service Manager II position is responsible for policy, planning and resource development for the Office of Elder Services. The position oversees the long-term care needs assessment which is developing a projection model for all MaineCare and state-funded long-term and community-based services, develops the state plan on aging for approval by the Administration on Aging, reports to the Administration on Aging on services provided by contracted area agencies on aging, participates in the development of long-term care policies related to assisted living and residential care, supervises the Alzheimer's Disease Demonstration Grant and other training activities, collects data and works closely with other offices within the department and with external stakeholders.	DHHS Management	Federal Expenditures Fund	1	599		\$0	(\$13,137)	\$0	(\$793)	0.000	0.000

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
132	140	Office of Elder Services Central Office	F-A-7257	Reallocates 20% of the cost of one Public Service Coordinator II position from the Office of Management and Budget program to the Office of Elder Services Central Office program and provides related All Other funding for a new federal grant for the Aging and Disability Resources Center Initiative administered by the Office of Elder Services Central Office program.	The goal of this grant is to empower consumers to make informed decisions about long term services and supports and to streamline access to existing services and supports through an integrated system. It will strengthen and expand ADRC's to help people of all ages, incomes, and disabilities, and their families learn about, and access the full range of long term care services and supports available in their communities.	DHHS Management	Federal Expenditures Fund	1	600		\$0	\$21,355	\$0	\$74,120	0.000	0.000
133	142	Office of Management and Budget	F-A-7257	Reallocates 20% of the cost of one Public Service Coordinator II position from the Office of Management and Budget program to the Office of Elder Services Central Office program and provides related All Other funding for a new federal grant for the Aging and Disability Resources Center Initiative administered by the Office of Elder Services Central Office program.	The goal of this grant is to empower consumers to make informed decisions about long term services and supports and to streamline access to existing services and supports through an integrated system. It will strengthen and expand ADRC's to help people of all ages, incomes, and disabilities, and their families learn about, and access the full range of long term care services and supports available in their communities.	DHHS Management	Federal Expenditures Fund	2	615		\$0	(\$21,355)	\$0	\$0	0.000	0.000
134	Z034	Multicultural Services	F-A-7279	Transfers one Social Services Manager I position from the Multicultural Services program to the Office of Management and Budget program.	This initiative transfers one Social Services Manager I position from the Multicultural Services program to the Office of the Commissioner to bring it more in line with the job duties being performed.	DHHS Management	General Fund	1	944	Initiative 000276, pg 20	\$0	(\$100,426)	\$0	(\$3,060)	0.000	-1.000
135	142	Office of Management and Budget	F-A-7279	Transfers one Social Services Manager I position from the Multicultural Services program to the Office of Management and Budget program.	This initiative transfers one Social Services Manager I position from the Multicultural Services program to the Office of the Commissioner to bring it more in line with the job duties being performed.	DHHS Management	General Fund	1	617	Ditto	\$0	\$100,426	\$0	\$3,060	0.000	1.000

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136	Y03T	Information Technology	F-A-7280	Transfers one Accounting Technician position and one Public Service Manager III position and related All Other from the OMB Division of Regional Business Operations program to the Office of Management and Budget program and one Public Service Executive II position and related All Other from the OMB Division of Regional Business Operations program to the Mental Health Services - Community program.	This initiative corrects the allocation of 3 Regional Operations positions to bring them more in line with the job duties they perform.	DHHS Management	General Fund		1 217	Initiative 000277, pg 12	\$0	\$0	\$0	\$2,117	0.000	0.000
137	Y16T	Information Technology	F-A-7280	Transfers one Accounting Technician position and one Public Service Manager III position from the OMB Division of Regional Business Operations program to the Office of Management and Budget program and one Public Service Executive II position from the OMB Division of Regional Business Operations program to the Mental Health Services - Community program.	This initiative corrects the allocation of 3 regional operations positions to bring them more in line with the job duties they perform.	DHHS Management	General Fund		1 913	Ditto	\$0	\$0	\$0	(\$2,117)	0.000	0.000
138	121	Mental Health Services - Community	F-A-7280	Transfers one Accounting Technician position and one Public Service Manager III position and related All Other from the OMB Division of Regional Business Operations program to the Office of Management and Budget program and one Public Service Executive II position and related All Other from the OMB Division of Regional Business Operations program to the Mental Health Services - Community program.	This initiative corrects the allocation of 3 Regional Operations positions to bring them more in line with the job duties they perform.	DHHS Management	General Fund		2 152	Ditto	\$0	\$128,271	\$0	\$3,060	0.000	1.000
139	142	Office of Management and Budget	F-A-7280	Transfers one Accounting Technician position and one Public Service Manager III position from the OMB Division of Regional Business Operations program to the Office of Management and Budget program and one Public Service Executive II position from the OMB Division of Regional Business Operations program to the Mental Health Services - Community program.	This initiative corrects the allocation of 3 regional operations positions to bring them more in line with the job duties they perform.	DHHS Management	General Fund		1 618	Ditto	\$0	\$194,203	\$0	\$6,120	0.000	2.000

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140	196	OMB Division of Regional Business Operations	F-A-7280	Transfers one Accounting Technician position and one Public Service Manager III position from the OMB Division of Regional Business Operations program to the Office of Management and Budget program and one Public Service Executive II position from the OMB Division of Regional Business Operations program to the Mental Health Services - Community program.	This initiative corrects the allocation of 3 regional operations positions to bring them more in line with the job duties they perform.	DHHS Management	General Fund	1	824	Ditto	\$0	(\$322,474)	\$0	(\$9,180)	0.000	-3.000
141	Y16T	Information Technology	F-A-7284	Adjusts funding in the Office of Management and Budget, OMB Division of Regional Business Operations and Information Technology programs to properly align technology and general operating expenditures.	This initiative will properly align the department's resources with regard to technology and general operations. During the development of the biennial budget, expenses associated with some general operations were inappropriately identified as technology-related. This request has been reviewed and approved by the Chief Information Officer.	DHHS Management	General Fund	1	914	For IT initiatives, see Document D, from DHHS 1/11	\$0	\$0	\$0	(\$3,258,435)	0.000	0.000
142	142	Office of Management and Budget	F-A-7284	Adjusts funding in the Office of Management and Budget, OMB Division of Regional Business Operations and Information Technology programs to properly align technology and general operating expenditures.	This initiative will properly align the department's resources with regard to technology and general operations. During the development of the biennial budget, expenses associated with some general operations were inappropriately identified as technology-related. This request has been reviewed and approved by the Chief Information Officer.	DHHS Management	General Fund	1	619	Ditto	\$0	\$0	\$0	\$2,496,803	0.000	0.000
143	196	OMB Division of Regional Business Operations	F-A-7284	Adjusts funding in the Office of Management and Budget, OMB Division of Regional Business Operations and Information Technology programs to properly align technology and general operating expenditures.	This initiative will properly align the department's resources with regard to technology and general operations. During the development of the biennial budget, expenses associated with some general operations were inappropriately identified as technology-related. This request has been reviewed and approved by the Chief Information Officer.	DHHS Management	General Fund	1	825	Ditto	\$0	\$0	\$0	\$761,632	0.000	0.000
144	453	Bureau of Family Independence - Regional	RECLASS	RECLASSIFICATIONS		DHHS Management	Other Special Revenue Funds	1	871		29373	6724	700	160	0.000	0.000
145	129	Bureau of Medical Services	RECLASS	RECLASSIFICATIONS		DHHS Management	General Fund	1	559		1692	0	-1692	0	0.000	0.000

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
146	129	Bureau of Medical Services	RECLASS	RECLASSIFICATIONS		DHHS Management	Federal Expenditures Fund		1 560		5353	67	140	5	0.000	0.000
147	733	Disproportionate Share - Riverview Psychiatric Center	RECLASS	RECLASSIFICATIONS		DHHS Management	General Fund		10 198		1332	1691	-1332	-1691	0.000	0.000
148	Z036	Division of Licensing and Regulatory Services	RECLASS	RECLASSIFICATIONS		DHHS Management	General Fund		1 990		6298	4776	-6298	-4776	0.000	0.000
149	Z036	Division of Licensing and Regulatory Services	RECLASS	RECLASSIFICATIONS		DHHS Management	Federal Expenditures Fund		1 991		6254	1649	135	40	0.000	0.000
150	Z036	Division of Licensing and Regulatory Services	RECLASS	RECLASSIFICATIONS		DHHS Management	Other Special Revenue Funds		1 992		1926	0	46	0	0.000	0.000
151	Z036	Division of Licensing and Regulatory Services	RECLASS	RECLASSIFICATIONS		DHHS Management	Other Special Revenue Funds		4 993		0	4703	0	112	0.000	0.000
152	143	Health - Bureau of	RECLASS	RECLASSIFICATIONS		DHHS Management	Federal Expenditures Fund		3 676		7927	5927	190	142	0.000	0.000
153	122	Mental Retardation Services - Community	RECLASS	RECLASSIFICATIONS		DHHS Management	General Fund		60 161		0	0	-22331	0	0.000	0.000
154	632	Office of Advocacy - BDS	RECLASS	RECLASSIFICATIONS		DHHS Management	General Fund		42 169		22331	0	0	0	0.000	0.000
155	140	Office of Elder Services Central Office	RECLASS	RECLASSIFICATIONS		DHHS Management	Federal Expenditures Fund		1 602		6885	4048	165	42	0.000	0.000
156	142	Office of Management and Budget	RECLASS	RECLASSIFICATIONS		DHHS Management	General Fund		1 620		5268	1264	-5268	-1264	0.000	0.000
157	196	OMB Division of Regional Business Operations	RECLASS	RECLASSIFICATIONS		DHHS Management	Other Special Revenue Funds		1 826		19661	2472	470	59	0.000	0.000

HHS #	Prog. Code	Program	Initiative #	InitiativeText	Initiative Justification	Secondary Classification	Fund	Unit	Line Number	HHS Notes	Personal Services FY 10	Personal Services FY11	All Other FY10	All Other FY11	Leg Count FY10	Leg Count FY11
158	105	Riverview Psychiatric Center	RECLASS	RECLASSIFICATIONS		DHHS Management	Other Special Revenue Funds	20	143		2439	1186	0	0	0.000	0.000