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MEMORANDUM

TO: Health and Human Services & Appropriations and Financial Affairs Committees
FROM: Maine Department of Health and Human Services
DATE: March 4, 2021
RE: Responding to Questions on Biennial Budget

Overarching

1. *Overall savings from the DHHS budget? Funding being lapsed to the GF? Where are the savings generated going?*

The total General Fund savings proposed for FY22 is $68,220,740 and $71,761,629 in FY23. Of that amount, FMAP is $2,549,787 in FY22 and $5,002,705 in FY23. The net result of the Department's proposed budget overall, including spending and savings initiatives, is net savings of $18,023,538 in FY22 and $15,081,663 in FY23. The prior figures do not include the proposed lapse of carrying balances which total to $78,000,000.

2. *Identify the initiatives that were also proposed in the supplemental.*

A document with this information was submitted separately to the Committee in a pdf titled "#1 DHHS Initiatives in Supplemental Budget."

3. *Context for rate changes. What were the rate changes in the 2020 supplemental budget and when were they implemented? This budget increases rates for Secs. 21 and 29 – how do those increases compare? Why were TRIs from the spring ended? How will the rate study roll out and how long will it take to review all sections of MaineCare?-*

Please see attachment 1.

Rate changes included in the supplemental budget:

- Rate adjustments to implement rates for Sections 18 & 20 resulting from Burns rate study, effective 7/1/20.
- Rate adjustments to Section 21 & 29 services to bring them into alignment with rates for the same services resulting from the Sections 18 & 20 rate study, effective 1/1/21.
- Rate increases for Personal Support Services in Section 12, 19 and 96, early implementation of 4/1/20 (vs 7/1/20) due to COVID.
- Rate increase to physician Medication Management rates (Section 65), early implementation of 4/1/20 (vs 7/1/20) due to COVID.
- Rate increase for non-Masters level Home and Community Based Treatment services (Section 65), early implementation of 4/1/20 (vs 7/1/20) due to COVID.

- New rates and payment method for Multi Systemic Therapy/ Family Functional Therapy and Trauma-Focused Cognitive Behavioral Therapy services, based on rate study. Early implementation of 5/1/20 (vs 7/1/20) due to COVID.

4. *Why were temporary rate increases (TRIs) from the spring ended?*

The rate increases were intended to be temporary. The decision was made not to renew the increases based on the broader state budgetary context, as well as the various federal financial resources made available for providers.

5. *How will the rate study roll out and how long will it take to review all sections of MaineCare?*

The rate system evaluation is nearing completion. A Benchmarking Report was published in November 2020 showing how rates for MaineCare services compare to rates for comparable services paid by select Medicaid comparison states, Medicare, and Maine's commercial payers. An Interim Report was published in January 2021 outlining Myers and Stauffer's recommendations to the Department regarding the prioritization of services for rate studies and adjustments, and for creation of a coherent and streamlined system. The rate system evaluation itself does not include the rate studies for specific services. The last deliverable as part of this work is an implementation matrix, forthcoming this month, that will provide additional detail regarding timeframes for the implementation of the study recommendations. See https://www.maine.gov/dhhs/oms/about-us/projects-initiatives/mainecare-rate-system-evaluation for more information.

DHHS is working with HHS and AFA Committees to schedule a presentation on the comprehensive rate system evaluation in the coming weeks.

6. *Positions created in the budget (including CDC specifically broken out) and number of limited positions being continued. Understand that limited positions are limited because originally created that way – but how many of them are expected to be limited? CDC staffing comparison pre-pandemic, during the pandemic and post (budget proposal). What is the impact of the pandemic on the positions being requested? Is there a doubling of personal services to CDC proposed? Also Rep. Javner asked about the financial orders that established the Deputy Directors of Strategic Planning and Research and Evaluation (A-276).*

Please see Attachment 2. There are 49 new permanent positions being requested and 78 limited period positions (LPPs). Of those 78 limited period positions, 64 are proposed to continue existing LPPs and 14 are new LPPs.

7. *How long will the enhanced FMAP last?*

The enhanced FMAP will remain in place until the end of the quarter in which the Public Health Emergency is declared over. Currently the enhanced FMAP is slated to end June 30, 2021.

8. *How does the reclassification process work and why are they retroactive?*

A reclassification is the reassignment of a position or group of positions to a different classification which is representative of the duties being performed or to be performed. Reclassifications can be either management- or employee-initiated. The Bureau of Human Resources (BHR) is responsible for reviewing and conducting audits to determine the correct job responsibilities and compensation related to the position. The reclassification process will determine if the assignment of duties is prospective, or if an employee has already been assigned the higher-level duties, in which case the reclassification may be determined to be retroactive.

BFMS #	Page	Description
CA1121	A-251	Provides funding for the proposed reclassification of one Office Assistant II position to an Accounting Technician position funded 93% Other Special Revenue Funds and 7% General Fund in the Maine Center for Disease Control and Prevention program to increase staffing levels to be able to perform the required duties.
CA1127	A-252	Provides funding for the proposed reclassification of 2 Public Health Inspector II positions to Public Health Inspector II - Supervisory positions and the proposed reclassification of one Office Assistant II position to an Office Associate II position.
CB7084	B-2	Provides funding for the approved reclassification of one Public Health Educator II position to a Public Health Educator III position, retroactive to January 2020.
CB7085	B-2	Provides funding for the approved reclassification of one Management Analyst II position to a Social Services Program Specialist II position, retroactive to May of 2016.
CA1613	A-221	Provides funding for the proposed reclassification of 47 Mental Health Worker III positions to Community Integration Worker positions and provides funding for related STA-CAP charges.

9. *Information about provider relief programs – a guide to the programs available (several were mentioned). How many health care and home care businesses and nonprofits received aid and how much? Is there unspent Healthcare Provider Funds? If so, how much?*

DAFS Bureau of the Budget has COVID-19 related financial information on their website, located here: https://www.maine.gov/budget/federal-covid19-assistance.

Generally, Maine businesses, including health care and home care agencies, up to 50 employees (not including hospitals or nursing facilities) were eligible to apply to Phase 1 of the Maine Economic Recovery Grant Program: https://www.maine.gov/budget/sites/maine.gov.budget/files/inline-files/MERG1%20Grant%20Recipients.pdf.

Generally, Maine businesses, including health care and home care agencies, up to 250 employees (not including hospitals or nursing facilities) were eligible to apply to Phase 2 of the Maine Economic Recovery Grant Program: https://www.maine.gov/budget/sites/maine.gov.budget/files/inline-files/MERG2%20Grant%20Recipients.pdf

Hospitals, Nursing Facilities, and MaineCare providers over 250 employees were eligible to apply to the Maine Health Care Financial Relief Grant Program: https://www.maine.gov/budget/sites/maine.gov.budget/files/inline-files/MHCFR%20Grant%20Recipients.pdf

Additional information about the Federal HHS Provider Relief Fund can be found here: https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/index.html and also here: https://taggs.hhs.gov/Coronavirus/Providers.

10. Emergency rulemaking language inclusion?

Emergency rulemaking allows for a more immediate effective date. For example, a 7/1 budget effective date without an emergency clause would mean a lot of retroactive work and language in a rule that would become effective much later.

11. There are multiple initiatives related to aligning allocation with available resources related to FF and OSR. Can you please identify some of the highlights of the sources of some of the larger allocations – new federal law, grant funding etc. For example, line 484 has $6.5m in each year for substance use disorder.

Provided to the committee separately in a spreadsheet titled "DHHS Allotment Change Initiatives Explanations"

Group A

12. Information on all the consolidations: from 13 accounts to 4 (BM mentioned that the feds only have 4 accounts – what are they?); 4 accounts to 1; and 2 accounts to 1. Also consolidating the 6 waivers into 1 – what is the timeline for this?

- *Crosswalk for all the accounts. Do they net to zero or are there savings? If savings, why?*
- *Are there any policy implications?*
- *If the waivers are consolidated, does this require CMS approval? Implications for members of those waivers?*

The budget proposal proposed to consolidate MaineCare's General Fund appropriations from 13 to 4 accounts and add 1 Federal appropriation account. There is no impact on service delivery or the MaineCare providers and the Department is proposing $3 million of annual savings as a result of the consolidation. The result will be a general fund (GF) appropriation structure that mirrors the Federal appropriation structure. This proposed structure takes into consideration provider types, program structure, Federal regulations, legislative intent of most state funding, and finally, a more efficient and productive use of staffing resources.

Please see OFPR's summary table on the consolidation that provides an overview of the GF consolidation initiatives: http://legislature.maine.gov/doc/5911.

13. *What is the new FMAP rate compared to the old FMAP rate? Some services and people are 90:10 and others are not. Also, we received a temporary 6.2% increase due to the pandemic. Can we have a break down of the different FMAP rates and circumstances? The increased FMAP has generated savings to the GF – how are those funds being spent?*

FMAP is the share of state Medicaid benefit costs paid by the federal government. (FMAP is also used in other instances, such as the federal share of Title IV-E foster care and adoption assistance maintenance payments.) FMAP is calculated based on a three-year average of state per capita personal income compared to the national average. The FY 2022 FMAPs rely on per capita personal income for calendar years 2017-2019. To receive an increase in the FMAP, a state must experience a decline in its share of U.S. average per capita income. No state can receive less than 50% or more than 83%.

As an example, the Children's Health Insurance Program (CHIP) uses an enhanced FMAP, subject to the availability of funds from a state's federal allotment. In FY 2016 through FY 2019, ACA increased states' enhanced FMAPs by 23 percentage points (capped at 100%) for most CHIP expenditures. To phase out the ACA provision, subsequent legislation provided a transition year in FY 2020, when the enhanced FMAP increased by 11.5 percentage points. The matching rate will revert to the regular enhanced FMAP in FY 2021 and beyond, which is capped at 85%.

Also by way of example, under the ACA, states that expanded Medicaid benefited from a higher FMAP for certain populations, such as adults newly covered under the program. The federal government covered 100 percent of state Medicaid costs for newly eligible individuals through 2016. In 2017, the matching rate declined each year until reaching 90 percent in 2020 where it will remain.

Here are the regular FMAP rates (not enhanced) for recent years:

	FY11	FY12	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FY20	FY21	FY22
FMAP SQ1	64.99	63.80	63.27	62.57	61.55	61.88	62.67	64.38	64.34	64.52	63.80	63.69
FMAP SQ2-4	63.80	63.27	62.57	61.55	61.88	62.67	64.38	*64.34*	64.52	63.80	63.69	64.00
Blended FMAP	***64.10***	***63.40***	***62.75***	***61.81***	***61.80***	***62.47***	***63.95***	***64.35***	***64.4750***	***63.980***	***63.7175***	***63.92***
State Share SQ1	35.01	36.20	36.73	37.43	38.45	38.12	37.33	35.62	35.66	35.48	36.20	36.31
State Share SQ2-4	36.20	36.73	37.43	38.45	38.12	37.33	35.62	35.66	35.48	36.20	36.31	36.00
Blended State Share	***35.90***	***36.60***	***37.26***	***38.20***	***38.20***	***37.53***	***36.05***	***35.65***	***35.5250***	***36.020***	***36.2825***	***36.08***

The increased FMAP, which is tied to the declared Public Health Emergency, is primarily intended to cover increased costs related to increased Medicaid enrollment. During a Public Health Emergency, Medicaid members must remain covered, thus increasing enrollment. Enrollment is up over 14% since the start of the pandemic. The General Fund savings from the higher FMAP was also used to pay for temporary rate increases and other COVID supports during the pandemic (e.g. Nursing Facility reimbursement for COVID-19 testing). General Fund savings is also proposed to help cover the budget shortfalls the state is experiencing due to the result of the pandemic.

14. Can FMAP savings be used for a grant program for MaineCare providers?

The temporary FMAP increase generates General Fund savings that can be repurposed for other uses.

15. Attorney General approval for the legal position in DHHS? The AG was on AFA when the Legislature made changes to the legal positions in DHHS instead of using AG services. What has changed?

DHHS sought and received approval from the Office of the Attorney General to include this initiative in the budget. This initiative was also included in last year's Supplemental Budget proposal, the process for which was cut short by the pandemic.

16. The language in Part N of the supplemental and Part PP of the biennial includes employed families up to 200% FPL – how many additional families will this cover? (Note: FPL language vs non-farm cleanup amendment proposed in supp. budget)

This funding will support 550 additional families.

17. How does this TANF transportation program replace the repealed language? What will this funding support?

This TANF transportation program enhancement replaces the transportation assistance that would have been included in the Working Cars for Working Families program by providing funding to eligible families based on the cost of their employment-related commuting. The benefit is issued as a reimbursement payment, typically on one's EBT card, and is intended for transportation expenses.

Group B

18. How will the $1m for health disparities be spent? How does it fit with the FHM statute? Please provide some history of the Office of Health Equity (including expenditures).

This funding will be used to support a community-led needs assessment and initial investment of the top priorities that arise from that assessment, under the umbrella of the re-constituted Office of Health Equity within Maine CDC (inactive for several years). The Office of Health Equity will help Maine CDC and Maine DHHS take an analytical approach to addressing health disparities and develop targeted, collaborative interventions. The Department is working to hire a Director of this office, who will support the community-led needs assessment and planning process. The results of that assessment will inform the work of the office, and this funding will go toward the top priorities that are identified.

At the work session on Feb. 24, Rep. Javner asked about the charge of the former Office of Minority Health. Please see Attachment 3 for material from that Office when it was functioning.

19. Update on public health nurses – vacancies? How much funding will be lapsed in Part NN?

The Public Health Nursing program has been instrumental in the CDC's response to the pandemic. Currently there are 15 vacant PHN positions for which Maine CDC is actively recruiting. The Department has filled and retained positions at a higher rate in recent times and reduced the number of vacancies. For example, there were 23 vacancies in February 2019. Any funding lapse will be determined by the number of vacancies at the end of the year.

20. AIDS Lodging – who has that funding in community contracts?

Medical Care Development – agreement CD0-21-5158.

21. More information about the 43 HETL positions being moved to the GF. Fees and shortfall.

HETL is the state's public health lab and is charged with providing services for the public good. The Administration is proposing to augment HETL revenues with general funds to support its operation rather than increasing fees. This will allow HETL to remain available to all Maine people needing its services and will aid in stabilizing the lab from a financial and operational perspective.

The funding shortfall is the result of several factors including insufficient fees to cover expenses over the years, required public good testing, which is free of charge, and ongoing and increasing capital costs. The change in Personal Services split for 43 positions is to close the long-standing structural gap between revenues and expenses.

43 HETL Positions

Position #	Short Title	Position #	Short Title	Position #	Short Title
20001255	ACCT TECH	20001967	CHEMIST I	20311681	CHEMIST II
20001925	INV & PROP ASSOC I	20001971	CHEMIST II	20311721	CHEMIST I
20001926	CHEMIST II	20002151	CHEMIST II	20311761	OFFICE ASST II
20001954	CHEMIST I	20002324	CHEMIST ASST	20312151	CHEMIST II
20001955	CHEMIST III	20002361	CHEMIST II	20312300	CHEMIST I
20001956	INV & PROP ASSOC I	20002362	LAB TECH II	20312335	MICROBIOLOGIST II
20001958	CHEMIST III	20002845	CHEMIST I	20312374	MICROBIOLOGIST I
20001959	CHEMIST III	20002948	MICROBIOLOGIST III	20312489	MICROBIOLOGIST I
20001960	INV & PROP ASSOC I	20310391	INV/PRO ASSC I SUPV	20320421	CHEMIST III
20001961	CHEMIST II	20310591	OFFICE ASSOC II	20320431	MICROBIOLOGIST SUPV
20001962	CHEMIST II	20311461	CHEMIST II	20321821	CHEMIST I
20001963	CHEMIST II	20311521	CHEMIST II	20321831	LAB TECH II
20001964	MICROBIOLOGIST I	20311571	MICROBIOLOGIST II	20321858	OFFICE ASSOC II SUPV
20001965	CHEMIST II	20311651	LAB TECH II		
20001966	CHEMIST II	20311661	CLERK IV		

22. Information about the $5m cut for tobacco prevention (one-time FHM funding in the last biennium). What did the program do in the last biennium with that FHM money and what will no longer be funded?

As noted in the question, the funding in the last biennial budget was explicitly one-time to invigorate tobacco control and prevention services administered through Maine CDC. Given constrained FHM budget, the Administration did not include another one-time appropriation for these programs. This was universally true of all one-time FHM initiatives included in the FY20-21 biennial.

The Tobacco Prevention and Control will maintain all other services funded by other ongoing FHM dollars, the tobacco tax revenue, and US CDC funding. The program remains dedicated to focusing on helping Mainers, particularly youth, prevent the initiation of tobacco use and helping Mainers who want to do so, quit using tobacco products. Looking forward, the program is currently undergoing a strategic planning process, including a review of the evidence base, to determine its programmatic priorities and purchased services over the next five years. We will use the results from that process, in conjunction with consideration for available financial resources, to determine what services we will be providing, beginning during SFY2022. As part of that process, we are also exploring creative ways to braid funding and programming to maximize impact. For example, tobacco, marijuana, and alcohol are all prohibited for use by those under the age of 21, so we are exploring how we can integrate our prevention activities for those substances.

The Tobacco Prevention and Control Program remains committed to and providing essential tobacco-related services. Maine CDC is also committed to appropriately stewarding public funds through a strategic planning process and exploration of resource maximization through program integration.

Expenditures of One-time Tobacco Control and Prevention Funding

Service	Program Description	Amount
Youth Engagement	The additional funds supported youth engagement in community tobacco use prevention. This work was done through two intervention programs: 1) Sidekicks commercial tobacco use prevention youth engagement groups and 2) restorative practices with student communities.	$270,000
Tobacco Media	The additional funds were used to expand both the length of tobacco campaign run and media formats used on the following campaigns: Quit your Way (tobacco cessation), youth anti-vaping, second hand smoke, parent campaign and substance exposed infants.	$910,162
Tobacco Prevention	The additional funding supported schools to address vaping, helped workplaces to be tobacco free, provided education to retailers on laws and resources, boosted existing tobacco prevention infrastructure, amplified depth to existing work, increased communication and how to work during a pandemic.	$1,775,000

Tobacco Treatment/ Cessation	This one time funding was used to invest in reworking and expanding Maine's tobacco quitline technology infrastructure. This supported tobacco users with expanded tobacco treatment services, including rebranding the quitline to QuitLink. The QuitLink now offers a variety of digital and phone-based programs to meet individuals where they are in their quitting process.	$1,594,000
Evaluation	The additional funding allowed Maine CDC to add indicators, expand the Maine Prevention Services (MPS) Infrastructure and develop MPS briefs. Additionally, this funding allowed Maine CDC to create a dashboard (still in development), and evaluated additional programs such as impact of policy on high school students' access to electronic cigarette devices (also known as ENDS) and alternatives to suspension for tobacco-related violations.	$240,000
Epidemiology	The additional funding was used to create several deliverables for programmatic use including infographics and a slide deck outlining the Maine tobacco program. Infographics included secondhand smoke, smoking among pregnant women and tobacco use among at risk populations.	$86,895
Rent, OIT, supplies etc.		$45,571
Indirect costs		$78,372
		$5,000,000

23. Timeline on Family First planning.

Please see Attachment 4

24. For the initiative on A-273 for "delaying contracts" for children's mental health services – what is being delayed or not done? (also asked in first work session)

OCFS is delaying a proposed pilot program for community-based treatment and rehabilitation and community support services (HCT/RCS) providers. This pilot will not be moving forward at this time as OCFS is focused on other strategies to build capacity in evidence-based services such as the rate increase for Multisystemic Therapy (MST), Functional Family Therapy (FFT), and Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and assisting TF-CBT providers in becoming nationally certified in the evidence-based treatment model. The bachelor's level HCT rate was also increased last spring. OCFS has also implemented changes to the waitlist including prioritizing certain categories within the list and ensuring the waitlists better reflect the family's preferences and availability in order to match providers to children in need of services as expeditiously as possible. Last year OCFS also received a four-year, $8.5 million (total) federal grant to improve behavioral health services available to children and youth in their homes and communities. This grant funding specifically targets youth with severe emotional disturbances who qualify for HCT by providing clinical coordination, quality improvement and

quality assurance oversight of the service, implementation of a standardized needs assessment and standardized data collection, and workforce development efforts.

25. What is the transition plan for Alternative Response programs to state lines? How will 15 caseworkers do the work of 30 people in the ARPs?

Dr. Landry presented to the HHS Committee about this on March 2, 2021.

In January of 2021, 118 low to moderate severity reports were referred to ARP. This averages out to 8 investigations per month for each new staff member if OCFS receives the 15 caseworkers requested. The additional staff that ARP currently employs are focused on delivering services that are not evidence-based nor recognized by the federal government (ACF) in its Clearinghouse of approved services for Family First Prevention Services Act (Family First) funding. In order to meet the federal requirements, DHHS has proposed the reallocation of those remaining funds towards the implementation of Family First. Under Family First the services provided to eligible families (including those currently served by ARP contracts) will be federally-recognized as evidence-based and, therefore, eligible for federal matching funds. As a result of this reallocation, the Department would be able to increase the total funding for services to families (from $4 million to $4.8 million), eliminate the potential legal risk associated with assignment of appropriate reports to ARP (resulting in potential disparate investigation outcomes for families), and create annualized general fund savings. In addition, as the system of care continues to be developed, many of these families will benefit from prevention services that will be available as a result of efforts related to Family First, the implementation of the Children's Behavioral Health Services strategic priorities, and activities to strengthen child care access and quality across the state.

26. HIP inspection statutory requirements – we can provide this.

Title 22 MRSA Ch. 562 §2497

27. Update on the Child Welfare computer program – is this the last piece of funding?

The new Comprehensive Child Welfare Information System (CCWIS) is currently in the development process. Development is on-schedule and will be complete by the end of this calendar year. The funding requested in the budget represents the final phase of funding necessary for development. Funding provided to begin this project in 2018 represented initial funding to begin development. The request for funding in the Supplemental and Biennial Budgets represents the balance of the funding necessary to complete the project. This is the last funding request for initial development and implementation, although there may be future requests for funding if there is a need to add functions or modules to the system.

28. Functionality of the IT project in lines 78-79. What did the system that is ending do and what is needed for the transition?

The system ending is the Results Oriented Management System (ROM) provided through the University of Kansas. ROM uses data generated by Maine's Child Welfare information System

(MACWIS) to provide outcome data through a web base reporting portal. The new Comprehensive Child Welfare Information System (CCWIS) being implemented includes tools and supports to allow OCFS to develop the outcome reports directly from the system, without the need or cost of a third-party partner. Once ROM is discontinued effective June 30, 2021, there will be a gap for about 7 months, where some limited data used for our OCFS Dashboard and some internal reports will not be available. There is no programmatic impact to Child Welfare activities. While the data and tools are being implemented in CCWIS, there will not be a workaround for these reporting functions. Once fully implemented in CCWIS, the dashboard and internal reports will have data backdated to cover the gap period.

29. Annual maintenance and operational costs for MACWIS in lines 92-95. How does it compare with the expected maintenance and operational costs for the new child welfare system? What will the costs in the future be (when only one system is operating)?

Today, the annual MACWIS budget for Maintenance and Operations is $4,100,000 ($2,050,000 GF). The expected CCWIS annual budget for Maintenance and Operations in SFY 2023 (first full year of operation) is projected at $ 8,300,000 ($4,150,000 GF). In order to meet current CCWIS requirements, future investment in upgrading and maintaining MACWIS would exceed the costs of the new CCWIS.

A cost benefit analysis was completed comparing an upgraded MACWIS system to the current CCWIS system underdevelopment. Using a systems life expectancy for the project of 12 years, 18 months for deployment and the remaining 10.5 years for Maintenance and Operations, the cost trend for each option shows that implementing CCWIS is less expensive than a planned MACWIS upgrade while at the same time providing the additional system benefits.

30. Dr. Landry for FFPSA: Concern with the ending of the ARP and replacement by 15 case workers. Concern that 15 is not enough case workers to take on the work that more employees were doing under the ARP contract. Plans for transitions for PNMI App D to QRTPs. How were the rate increase amounts and the amounts in the budget determined?

Dr. Landry met with the HHS Committee on March 2 to address these questions.

31. Review of transfers between GF and FHM; in and out of the MaineCare account.

As allowable under previous enacted Public Laws, these transfers were made from available account balances throughout the department into, and between, the MaineCare accounts to ensure sufficient funding for cycle payments. The following table shows transfers out of other accounts and into the MaineCare account since 2010.

General Fund Transfers From/To MaineCare
SFY 2010 thru 2/4/2021

	Data										
SFY	Sum of CDC	Sum of CO	Sum of DLC	Sum of OADS	Sum of OBH	Sum of OCFS	Sum of OFI	Sum of OMA	Sum of OMSA	Sum of OMSM	Sum of RPC
SFY 2010	$ -	$ -	$ -	$ -	$ (150,000)	$ (500,000)	$ 764,010	$ -	$ -	$ (114,010)	$ -
SFY 2011	$ -	$ (2,150,000)	$ -	$ -	$ -	$ -	$ -	$ -	$ (5,296,504)	$ 7,446,504	$ -
SFY 2012	$ -	$ (1,271,562)	$ (53,865)	$ (386,769)	$ (869,873)	$ (1,017,637)	$ (482,853)	$ -	$ -	$ 4,082,559	$ -
SFY 2013	$ (801,621)	$ (239,000)	$ (210,000)	$ (410,500)	$ (331,744)	$ (1,049,301)	$ (134,000)	$ (7,500)	$ (340,000)	$ 3,535,166	$ (11,500)
SFY 2016	$ (1,335,023)	$ (1,467,041)	$ (360,597)	$ (1,503,605)	$ (572,879)	$ (4,309,808)	$ (1,310,294)	$ (10,000)	$ (970,753)	$ 11,840,000	$ -
SFY 2017	$ (1,435,000)	$ (842,500)	$ (210,000)	$ -	$ (1,040,000)	$ (2,797,048)	$ (520,000)	$ (12,000)	$ (150,000)	$ 7,006,548	$ -
Grand Total	$ (3,571,644)	$ (5,970,103)	$ (834,462)	$ (2,300,874)	$ (2,964,496)	$ (9,673,794)	$ (1,683,137)	$ (29,500)	$ (6,757,257)	$ 33,796,767	$ (11,500)

Group C

32. This budget increases rates for Secs. 21 and 29 – how do those increases compare?

Both the Spring 2020 supplemental rate adjustments and the Department's proposed rate adjustments for the biennial are based on rate studies that account for specific wage levels for different positions and other service model assumptions. As such, the percentage increases for these changes appropriately varies by service, since the service models and staffing qualifications vary, as does the date of the last time rates were assessed/ changed.
Half of the biennial budget proposal for these services is to complete the process of ensuring that rates resulting from the Sections 18 & 20 rate study are also implemented for the same services provided in Sections 21 & 29. The remaining service that remains under this standardization effort with Sections 18 & 20 is for Community Support. The other half of this budget increase is to ensure that waiver home rates are adequate to support Maine minimum wage amounts. The proposed amount of the rate increase for Sections 21 and 29 is $32,537,156 annually, or $65,074,312 over the coming biennial.

33. What is the standardized assessment tool for ID? Some committee members remember the SIS issue/debate – is it the same tool? Something different and if so, what?

Maine lacks a nationally validated, conflict free assessment process to determine service and support needs for waiver members. This results in differences in how similar people are assessed. The Department seeks to increase fairness and validity in the assessment process by implementing a nationally validated tool, with assessments conducted by a conflict-free third-party contractor.

The Department pursued this objective previously and was ready to implement the Supports Intensity Scale® (SIS) when the effort was halted in 2017 in the face of stakeholder concerns. The SIS may be considered again, along with other nationally validated tools, such as the Inventory for Client and Agency Planning (ICAP) and the interRAI Intellectual Disability Assessment System. The assessment development process is just beginning and will include a stakeholder process. To help us select the best tool for Maine, the Department is contracting with a nationally recognized non-profit with expertise in transparent, equitable, and person-centered systems of care for individuals with IDD.

Lessons learned from the prior attempt

Purpose. The primary stated goal of implementing the assessment in 2017 was to lower costs in the waiver programs, which naturally raised fears that individuals' service plans would be reduced and payments to providers would be cut. With this new initiative, the goal is to be even-handed in how needs are assessed so that all consumers and their families are treated fairly. This will provide a basic transparency that the IDD system has lacked in Maine, and provide a strong foundation for implementing many reforms that stakeholders have requested. For example:

- Stakeholders are supportive of eventually combining our existing four waivers (sections 18, 20, 29 and 21) into a single Lifespan Waiver. A single waiver would be able to

recognize and respond to a person's changing needs over time. However, it will only work if we have a fair and consistent way to assess an individual's needs initially, and whenever their support needs change over time.

- Stakeholders have asked us to consider adding additional tiers of support to our Shared Living program, in order to support individuals with higher needs in the model. This is an idea with much merit, but tiers of need must be based on an objective and conflict-free assessment.
- Stakeholders have asked us to add a consumer-directed option to the waivers, in which the consumer has more control over which supports to use. This too is something the Department wants to do, but we must have a fair and consistent way to establish a person's needs in order to know what boundaries to place on the consumer-directed supports.

A secondary benefit is automated aggregation of needs across all individuals, providing rich data for service system development.

Outlying Needs. Individuals with high needs feared that their needs would not be met. The tools under consideration all do very well in assessing the needs of a large majority of people, but none of them consistently capture the needs of a small group of people with unusual and extraordinary needs. For this reason, the Department will implement with any assessment a strong exceptions process in which highly unique needs can be considered and addressed.

Timespan. The previous project length spanned approximately five years which caused undue stress and uncertainty for stakeholders. The Department will publish a clear timeline with milestones leading to implementation within months, rather than years, and will be engaged with stakeholders over that time.

34. Waitlist information – how many on waiver waitlists? How many on Sec. 21 waitlist (by priority) with no services? Additional request to include sections 50 & 97F.

As shown in Table 1 below, the number of participants enrolled in MaineCare-funded Home and Community Based Services (HCBS) waiver programs increased from 7,435 on 1/1/20 to 7,920 on 1/1/21, an increase of 7%. This was driven by increases in the three largest waiver programs, Section 19 for Older Adults and Adults with Physical Disability (up 15%), Section 21 for Adults with Intellectual Disability (up 2%) and Section 29 for Adults with Intellectual Disability (up 7%).

The number of people on waitlists increased by 35 people (up 2%) over the same time period. Of those on waiting lists, the number with no other public coverage decreased by 158 (down 21%).

The people on the Section 21 waitlist are all priority 2 or 3. The Department continues to reserve spaces in the section 21 waiver for anyone who becomes priority 1. Reserve spaces come through attrition, as individuals leave the program.

Maine's waiver program for older adults and individuals with physical disabilities (Section 19) does not have a waiting list and remains open to new participants. The Department's access

strategy for adults with intellectual disabilities and autism is to add 30 new individuals per month to Section 29 over the next two fiscal years, as proposed in the Governor's biennial budget. The Department will also continue to reserve spaces in Section 21 for priority 1 individuals.

Table 1. Participants Enrolled and on Waitlists in Maine's Waiver Programs, January 2021 and January 2020

	Participants		Waitlist (WL)		WL with Other Coverage		WL without Other Coverage	
	1/1/21	1/1/20	1/1/21	1/1/20	1/1/21	1/1/20	1/1/21	1/1/20
Brain Injury (18)	205	203	95	63	48	22	47	41
Older Adults and Physical Disability (19)	2,080	1,805	0	0	-	-	-	-
Other related Conditions (20)	38	41	23	24	8	6	15	18
Comprehensive Services for IDD/ASD (21)	3,240	3,179	1,864	1,621	1,420	1,123	444	498
Support Services for IDD/ASD (29)	2,357	2,207	247	368	94	159	153	209
Totals	7,920	7,435	2,111	2,076	1,503	1,310	608	766

DHHS does not maintain a waitlist for Section 50. It is a state plan service, so technically not subject to a wait list, but OADS is aware of at least one situation in which a parent wants their child in an ICF and bed supply is very tight.

Additionally, OADS does not maintain Section 97 F (PNMI F) wait lists. PNMI F is just one vehicle for delivering Section 21 group home services. As such, the Section 21 wait list is more relevant than whether or not there are PNMI beds specifically available.

35. History of substance use disorder and opioid programming and funding with FHM funding?

The $5.5 million from the Fund for Healthy Maine have been primarily used for four purposes: prevention initiatives with a focus on at-risk youth and pregnant women, recovery supports, harm reduction, and community education.

Prevention of SUD in at-risk youth and pregnant women: DHHS announced on September 23, 2019 a nearly $2 million / 2 year plan to prevent and reduce substance use and its consequences among children. The plan includes:

- Hiring a substance exposed infants coordinator to improve the plan of safe care for such infants
- Expanding collaboration with school-based health centers and resiliency programs to address opioid use risks among older children and teens
- Supporting suicide prevention, restorative practice, and community outreach programs

- Disseminating a Universally Accessible and Free Social and Emotional Learning Curriculum
- Training Maine Therapists in Trauma-Focused Cognitive Behavioral Therapy
- Strengthening Children's Crisis Services through a Demonstration Project in District 8: The funding will support an expansion of aftercare and crisis stabilization services to keep children in the least-restrictive environments: with their families and in their communities more often and will effectively prevent the need for higher levels of care.

Recovery Supports:

- Maine Recovery Fund: Provided supportive services to people who are in recovery from substance use disorder, have been recently released from jail or prison, are returning home from military service or are new Americans. Funds assist with re-entering both the workforce and society in general, such as employment starter kits and transportation.
- Community Recovery Centers: Supported startup of a Recovery Community Centers in Millinocket (Grand Opening October 8th, 2020), REST (Lewiston), LLRC (Rumford), Save a Life (Lincoln).

Harm Reduction: This funding has been used to support existing and new syringe service programs (SSPs), community recovery centers, and outreach and education.

- For the 2021 state fiscal year, approximately $1 million was made available to both existing, certified SSPs as well as newly certified SSPs.
- Overdose Rescue: At the request of the City of Portland, funding was provided to purchase 1,650 naloxone kits at the outset of the COVID-19 pandemic in addition to exiting naloxone distribution and staffing across the State funded by DHHS.

Outreach and Education Resources:

- Washington County SUD Resource and Referral Line: A substance use disorder information and referral telephone system that connects residents of Washington County, and community supports, to resources, intervention, and treatment was developed.
- Governor Mills 2nd Annual Opioid Summit: The annual summit convenes leaders from around Maine to share ideas, strategies, and best practices to help Maine people affected by this crisis. Funds were also used to produce a film about Maine people with OUD and their recovery journey, which was premiered at the Governor Mills 2nd Annual Opioid Summit.

36. Information about COLAs to residential facilities and rebasing. What % is the COLA and when was the last NF rebasing?

Last time Nursing Facilities were rebased was the current year (FY21 rates were rebased on FY19 cost reports inflated through the end of FY21). Nursing Facilities costs are now rebased every other year. The inflation index is the consumer price index for nursing homes and adult day services. Inflation is provided to Nursing Facilities every year.

37. What initiatives make up the $7.5m new mental health funding?

The $7.5M funding is for costs related establishing a Crisis Center in Cumberland County; expansion of the MaineCare Section 65 Intensive Outpatient Program (IOP) to include mental health diagnoses and specialty programs (e.g. Eating Disorders) in addition to the current Substance Use Disorder IOP; infrastructure for the Office of Behavioral Health, converting three limited period positions into permanent positions (Deputy Director of Strategic Planning, Deputy Director of Research and Evaluation, and Opioid Response Manager) and creating a new senior Operations position; establishing a "Justice and Health Team", an expansion of the Office of Behavioral Health's Intensive Case Management program to assist with diversion away from the justice system and re-entry to the community from incarceration, as well as support mental health dockets; increasing the contract for Disability Rights Maine (DRM) to provide advocacy support to adults with Serious Mental Illness; and for the Overdose Prevention Through Intensive Outreach, Naloxone, and Safety (OPTIONS) program.

38. Information about the proposed new Intensive Outpatient program for high acuity MaineCare members to address the gap in behavioral health system. Where will it be and who will it serve (including geographically)?

This initiative expands eligibility for Intensive Outpatient Program services from members with Substance Use Disorder to members experiencing broader behavioral health diagnoses, and require the following IOP services:

- Mental Health and Co-Occurring disorder Intensive Outpatient (MHIOP)
- Developmental Disability and Behavioral Health Intensive Outpatient (DDBHIOP)
- Dialectical Behavior Therapy Intensive Outpatient
- Eating Disorder Partial Hospitalization Program (EDPHP)

Any willing and qualified provider will be able to serve members under these IOP programs. Current providers of these services exist in locations including Lewiston/ Auburn, Portland, Augusta, Scarborough, Sanford, and Bangor.

39. Provide more information about the change in the BRAP rule from 51% to 40%.

The Office of Behavioral Health (OBH) implemented a policy change to its Bridging Rental Assistance Program (BRAP) client income contribution requirement, which did not require a rule change. OBH began the planning phase of this work in October of 2019; providers of this service were notified in February of 2020; the Department publicly announced this change in May 2020 when the change went into effect and the transition was complete as of July 2020. The change was made in order to provide financial relief and greater housing stability to clients.

40. What is the compliance issue with CMS related to direct care portion of bed hold days for NFs? Heard that most states pay for bed hold days and MaineCare has paid it for years.

MaineCare does, and will continue to, pay Nursing Facilities for fixed care costs associated with bed hold days. Many Nursing Facilities have historically appropriately billed MaineCare only for these fixed costs. This initiative represents a clarification and enforcement of current policy. Consistent with 1902(a)(30)(A) of the Social Security Act, federal match is not available under

the Medicaid state plan to pay providers directly for the time when care is not provided to beneficiaries. There is no direct care being provided to a member when the member is not present in the facility.

41. What is the total amount of funding going to Meals on Wheels? Does it meet the need or are there waiting lists?

Maine's "regular" federal allocation for meals under the Older Americans Act is $2.4 million. In addition, there are federal (Social Services Block Grant) funds and state funds allocated (year over year) that total $1,346,097. That has never been enough to meet all demand among eligible persons.

In the current biennium, that was supplemented by a State GF appropriation of $1.5M ($750,000 each year). The appropriation was one-time funding.

In the current FFY, Maine has also received 3 pandemic allocations in the CARES, Families First and Consolidated Appropriations Acts, for a combined total of $4.5M.

In addition, in December, Gov. Mills approved $536,000 in Coronavirus Relief Funds to ensure continued delivery through the pandemic.

All this has resulted in triple the meal deliveries of a normal year, up from 35,000/mo to 102,000/mo. The federal relief bills temporarily expanded eligibility, so the current deliveries do not reflect "regular" need.

Much of the current special federal funding may be expended into the next FFY, to 9/30/22. We are confident that we can manage existing funding to avoid abruptly discontinuing anyone at least through the end of this calendar year, and if the current stimulus proposal is approved by Congress, very likely through next calendar year as well.

As funding and eligibility likely return to normal levels in SFY 2023, we are likely to see a waiting list re-emerge.

Group D

42. Update on PNMI model and CMS approval – two questions: room and board question and service provider tax question.

The Department is determining next steps related to CMS' determination that the service provider tax is impermissible and associated deferral letter.

43. Why is the reimbursement methodology for 340B being changed? What is being required by CMS? (Repeat from supplemental)

CMS has consistently indicated to the State of Maine and other state Medicaid agencies that their expectation is for states to establish a methodology in Maine's State Plan to reimburse for 340B

physician-administered drugs at a rate approximating the providers' actual acquisition cost. Providers receive substantial discounts on 340B drugs, which are physician-administered drugs, direct from manufacturers, but still receive the same payments for these drugs as MaineCare pays for non 340B drugs.

44. What is the new biosimilar law? MHA concerned about inpatient; is this only outpatient?

There is no biosimilar law. For its retail pharmacy drugs, MaineCare establishes a Preferred Drug List (PDL) in order to encourage prescribing of drugs to maximize drug rebates the state receives. Providers must receive a prior authorization to prescribe drugs that are not on the PDL. MaineCare always ensures that any drug that is not on the PDL has a clinical equivalent that is on the PDL. Currently, however, unlike other health plans, MaineCare has no PDL for physician administered drugs paid for through medical claims. This budget initiative calls for the establishment of a PDL for biosimilars on the medical side, so that the state may better maximize its rebate revenue. This project would have no impact on inpatient drugs as there are no rebates collected on inpatient drugs.

45. Details of the rural dispensing fee. Is this correct: Original fee was $3.30; changed in 2018 to $11.89. Rural dispensing fee had a 55c add on when the original fee was lower. The budget gets rid of the 55c rural add-on and reduces the fee to all by 10% to $10.59. Why are we reducing the fee?

Correction: the original fee was $3.35, and it was increased to $11.89 in 2017, not 2018.

These are two separate initiatives. One initiative is to eliminate the rural "Provider Incentive Program" (PIP) fee that had initially been intended to subsidize the low dispensing fee to better ensure access to pharmacy services in rural areas. Even though the dispensing fee was increased over 300%, the rural PIP stayed in place. Separately, there is an initiative to reduce the pharmacy dispensing fee to $10.59. This new rate is equivalent to New England regional average costs for pharmacy dispensing. Both of these initiatives were proposed in an effort to generate cost savings for the state in a difficult fiscal climate.

46. For the initiative on A-276 around contract savings and efficiencies in the mental health services-community program (App E) – specifically how many contracts and what kind of services do these refer to?

This initiative reduces funding by disencumbering 7 Section 97 Appendix E Private Non-Medical Institution (PNMI) "Room and Board" contracts with the Office of Behavioral Health (OBH). PNMI Es are separately funded via MaineCare budget-based rates and the room and board for clients are covered via other contract mechanisms, such as rental subsidy contracts.

Other savings included in this initiative include: discontinuing OBH's Enterprise Information System (EIS) license agreement as this is redundant with another data collection tool; reducing 2 OBH dental services contracts to align with prior year spending; reducing 1 DHHS strategic planning consulting services contract due to reduced need for these services by OBH; eliminating the OBH Adult Needs and Strengths Assessment (ANSA) on-line certification

contract as the ANSA will no longer be required by the Department, and thereby reducing administrative burden for providers; and savings which will be realized, such as reducing mileage reimbursement amounts in contracts.

47. What is the reasoning for reducing the funding to Acadia hospital given the impact it will it have on services, lines 339-340? History of the higher rates.

General best practice for reimbursement for services is to ensure reimbursement is adequate to cover costs and ensure efficient and effective care. Cost settlement at 117% is not in alignment with this best practice. The MaineCare Comprehensive Rate System Evaluation recommends that the Department transition away from cost settlement reimbursement, as it is a burdensome process that does not provide any incentives for cost containment, and payment is not tied to the quality of care. This proposal would be an interim step toward a longer-term plan to transition reimbursement of these services to align with the APC reimbursement methodology that applies to other hospital outpatient services and is benchmarked to a percent of Medicare.

Given that the proposal will reimburse for 100% of cost, it should not have an adverse impact on individual members served.

The change to reimburse at 117% of cost was made in 2006 after CMS instructed the Department to no longer reimburse on the basis of charge amounts. At that time, MaineCare cost settled Critical Access Hospitals at 117% of costs, so it was consistent to treat the psychiatric hospitals the same for these services. The 117% of cost applies to the cost of outpatient psychiatric care for all MaineCare members at these facilities—as such, the current reimbursement methodology, by definition, more than covers the cost of this outpatient care.

48. What is the distinction between Federal Expenditures Fund and Federal Block Grant Fund, e.g. lines 302-303?

While both are administered by CMS under the Medicaid Program, the Federal Expenditures funds fall under Title XIX—Grants to State for Medical Assistance Programs (See: https://www.ssa.gov/OP_Home/ssact/title19/1900.htm) and the Federal Block Grant fall under Title XXI—State Children's Health Insurance Program (reference: https://www.ssa.gov/OP_Home/ssact/title21/2100.htm). The vast majority of funding is provided under Federal Expenditures (Title XIX).

Attachment 1

SECTIONS 21 AND 29						
Annual Impacts:		A	B	C	D	
Section 21:					= (B-A) X C	
	Procedure	Current Rate	Proposed Rate	SFY 2019 Units	Increased Spending	
	H2023-Supported Employment, 15 Min	$8.46	$11.64	255,446	$812,318	
	T2015-Career Planning, Per Hour	$34.29	$56.51	260	$5,777	
	T2017-Home Support					
	No Mod	$7.75	$9.24	1,662,305	$2,476,834	
	SC Mod	$9.27	$9.24	10,470	-$314	
	T2019-Employment Specialists	$9.09	$13.32	3,161	$13,371	
	Subtotal Section 21				$3,307,986	
Section 29:						
	Procedure	Current Rate	Proposed Rate	SFY 2019 Units	Increased Spending	
	H2023-Supported Employment, 15 Min	$8.46	$11.64	180,890	$575,230	
	T2015-Career Planning, Per Hour	$34.29	$56.51	460	$10,221	
	T2017-Home Support					
	No Mod	$7.75	$9.24	788,816	$1,175,336	
	T2019-Employment Specialists	$9.09	$13.32	2,927	$12,381	
	Subtotal Section 29				$1,773,168	
Assumptions:						
1.	Current FMAP Rate	63.80%				
2.	Service Provider Tax Rate	6.00%				

Summary (Assume 1/1/21 Start-6 Months):		Total	Federal	State	OSR	Net State
	Section 21	$1,653,993	$1,055,248	$598,745	$99,240	$499,505
	Section 29	$886,584	$565,641	$320,943	$53,195	$267,748
	Total	$2,540,577	$1,620,889	$919,688	$152,435	$767,253

Attachment 2

SFY 2022 - 23 Biennal Budget
New Positions Requested

New Positions Requested		Home Account		Limited-Period		Legislative Headcount						
BFMS #	Initiative Description	Fund	Approp	CDC	OFI	CDC	COMM	DDPC	OADS	OBH	OCFS	OMSA
CA1103	Establishes one Microbiologist III position, one Microbiologist II position, and one Public Service Manager II position and provides funding for related All Other costs.	010	014301			3						
CA1105	Establishes 8 Public Health Inspector I positions to reduce the Health Inspection Program backlog and improve capacity to assure meeting the statutorily required inspection frequency rate, and provides funding for related All Other costs.	010	014301			8						
CA1109	Establishes 3 Comprehensive Health Planner II positions funded 100% General Fund in the Maine Center for Disease Control and Prevention program. Also provides funding for related All Other costs and transfers General Fund All Other to Personal Services to fund a portion of the positions.	010	014301			3						
CA1110	Establishes 2 Comprehensive Health Planner II positions in the Maine Center for Disease Control and Prevention program, General Fund to assist in building infrastructure with the Public Health Emergency Preparedness Services program	010	014301			2						
CA1115	Establishes one Epidemiologist position to strengthen internal epidemiology expertise to assist with tobacco and substance use initiatives, and provides funding for related All Other costs. Also transfers All Other to Personal Services to partially fund the position.	015	Z19901							1		
CA1116	Establishes one Epidemiologist position to strengthen internal epidemiology expertise to assist with chronic disease prevention. Also provides funding for related All Other costs and transfers All Other to Personal Services to partially fund the position.	013	014303			1						
CA1303	Establishes one Psychiatric Nurse Practitioner position funded 36.0775% General Fund in the Disproportionate Share - Dorothea Dix Psychiatric Center program and 63.9225% Other Special Revenue Funds in the Dorothea Dix Psychiatric Center program to assist the psychiatrists and physicians and to avoid higher locum-tenens contracts. This initiative also provides funding for related All Other costs and transfers All Other to Personal Services to cover the cost of the position.	014	Z22225					1				
CA1615	Establishes one Public Health Nurse Consultant position funded 25% General Fund within Maine Center For Disease Control and Prevention program and 75% Other Special Revenue Funds in the Office of Mainecare Services program to oversee a Mortality Review Committee for all Home and Community Based Services waiver programs to ensure federal compliance, and provides funding for related All Other costs.	013	012901									1
CA7619	Establishes one Social Services Manager I position to serve as the Nutrition Services Manager focusing on nutrition-related programs under the Older Americans Act and one Social Services Program Specialist II position to serve as the Aging Services Program Specialist providing legal assistance developer services, as required by the Older Americans Act. Also provides funding for related All Other costs.	013	014001						2			
CA1711	Establishes 15 Child Protective Services Caseworker positions effective January 1, 2022, funded 79% General Fund and 21% Other Special Revenue Funds within the Office of Child and Family Services - District program to implement the Family First Prevention Services Act. Funding will be realized by reallocating funding for community intervention services.	010	045201								15	
CA1803	Establishes one limited-period Disability Claims Supervisor position, 10 limited-period Disability Claims Adjudicator positions and one limited-period Office Associate II position funded 100% Federal Funds within the Disability Determination - Division of program, and provides funding for related All Other costs.	013	020801		12							
CA1906	Establishes one Public Service Executive III position, one Social Service Program Manager position and 8 Intensive Case Manager positions funded 100% General Fund in the Mental Health Services - Community program to coordinate services related to forensic individuals across the State. Also provides funding for related All Other costs.	010	Z19802							10		
CA1907	Establishes one Public Service Manager III position funded 50% General Fund in the Mental Health Services - Community program and 50% General Fund in the Office of Substance Abuse and Mental Health Services program to serve as the Deputy Director of Operations.	010	Z19802							1		
CA7000	Establishes one limited-period Systems Analyst position and one limited-period Inventory and Property Associate I position through June 2023.	010	014301	2								
CA7091	Establishes one Senior Legal Advisor position subject to appointment by the Commissioner of the Department of Health and Human Services and provides related All Other costs.	010	014201				1					
Positions Requested				2	12	17	1	1	2	12	15	1

SFY 2022-23 Biennial Budget
Limited-Period Continuations Requested

BFMS #	Initiative Description	Home Fund	Account Approp	Limited-Period Positions CDC	COMM	DDPC	OBH	OFI
CA1108	Continues 5 limited-period Environmental Specialist III positions previously continued in Public Law 2019, chapter 343, and 3 limited-period Environmental Specialist III positions previously established in Public Law 2019, chapter 343, and provides funding for related All Other costs. Also provides All Other funding for the continuation of lead inspection services and associated laboratory costs. These positions will end June 17, 2023,	010	014301	8				
CA1123	Continues one limited-period Chemist II position and one limited-period Chemist III position previously continued by Public Law 2019, chapter 343 and one limited-period Business Manager II position previously continued by Financial Order 001131 F1, and provides funding for related All Other costs. These positions will end on June 17, 2023.	010	014301	3				
CA1203	Continues one limited-period Public Service Coordinator II position previously continued by financial order 001110 F1, funded 60% General Fund and 40% Other Special Revenue Funds in the Central Operations program, and provides funding for related All Other costs. This position ends on June 17, 2023.	010	014201		1			
CA1302	Continues one limited-period Public Service Manager III position funded 36.08% General Fund in fiscal year 2021-22 and 36% in fiscal year 2022-23 in the Disproportionate Share - Dorothea Dix Psychiatric Center program and 63.92% Other Special Revenue Funds in fiscal year 2021-22 and 64% in fiscal year 2022-23 in the Dorothea Dix Psychiatric Center program and provides funding for related All Other costs. This position was continued by Financial Order 001058 F1. Transfers All Other to Personal Services to fund the posiion. The position will end on June 17, 2023.	010	Z22515			1		
CA1801	Continues 3 limited-period Family Independence Unit Supervisor positions and 45 limited-period Customer Representative Associate II - Human Services positions previously continued by Public Law 2019, chapter 616, Part A, section 7 through June 17, 2023, funded 37.9% General Fund and 62.1% Other Special Revenue Funds within the Office for Family Independence - District program, and provides funding for related All Other costs. These positions will end on June 17, 2023.	010	045301					48
CA1901	Continues one limited-period Public Service Manager III position to serve as the Deputy Director of Strategic Planning previously established by Financial Order 00793 F0 to manage the grant, contract, administrative and finance teams and communications, and reduces All Other to fund the position.	010	Z19802				1	
CA1902	Continues one limited-period Public Service Manager III position in the Mental Health Services -Community Program, General Fund, to serve as the Deputy Director of Research and Evaluation. Transfers All Other funding to Personal Services to fund the position. This position was previously established as a limited-period position by Financial Order 000762 F0 and will end on June 17, 2023.	010	Z19802				1	
CA1903	Continues one limited-period Management Analyst II position previously continued by Financial Order 001106 F1 to serve as the Opioid Response Project Manager to oversee and coordinate opioid related projects, and provides funding for related All Other costs. This position will end on June 17, 2023.	015	Z19901				1	
Grand Total				**11**	**1**	**1**	**3**	**48**

Staffing Comparison

Maine Center for Disease Control & Prevention Number of Positions January 2020 through January 2021			
Headcount Report	**Limited-Period**	**Legislative Count**	**Total**
January 2020	7	323	330
February 2020	7	322	329
March 2020	7	322	329
April 2020	11	325	336
May 2020	12	325	337
June 2020	10	325	335
July 2020	13	325	338
August 2020	13	326	339
September 2020	13	326	339
October 2020	13	326	339
November 2020	13	326	339
December 2020	13	326	339
January 2021	13	326	339

Proposed CDC Personal Services

CDC Personal Services Budget SFY 2021 Approved vs. SFY 2022-23 Proposed			
	Approved	**Proposed**	
	SFY 2021	**SFY 2022**	**SFY 2023**
General Fund (010)	$ 7,283,645	$ 13,581,431	$ 13,903,904
Federal Expenditures Fund (013)	$ 10,232,422	$ 10,087,405	$ 10,316,717
Other Special Revenue Funds (014)	$ 9,802,829	$ 7,064,502	$ 7,201,730
Federal Block Grant Funds (015)	$ 2,973,284	$ 2,632,361	$ 2,664,055
Fund for a Healthy Maine (024)	$ 2,097,965	$ 1,363,607	$ 1,393,484
Grand Total	**$ 32,390,145**	**$ 34,729,306**	**$ 35,479,890**

State of Maine
Executive Department
FINANCIAL ORDER

000762 F0

ORDERED,

That the State Budget Officer be authorized to establish in account 014-10A-Z199-01, Office of Substance Abuse and Mental Health Services, the following position in accordance with Title 5, section 1583-A: one limited-period Public Service Manager III position; and,

Be it further ordered,
that the State Controller increase allotment in account 014-10A-Z199-01, Office of Substance Abuse and Mental Health Services, by $38,572 in the Personal Services line category and by $2,664 in the All Other line category for the purpose of allotting a portion of the unencumbered balance forward to fund the position and related All Other costs; and,

Be it further ordered,
that the State Controller authorize the expenditure in accordance with the attached "Revision of the Work Program for Fiscal Year ending June 30, 2020", for which this shall be our sufficient warrant.

Statement of Fact

This financial order establishes one limited-period Public Service Manager III position funded with a portion of the unencumbered balance forward. This position will oversee research and evaluation of mental health services and programs within the state and community. This position will be instrumental in ensuring that current mental health services are successful and future programs are implemented. Failure to allot these funds will have a detrimental impact on accessing mental health services and the success of future programs. The position starts on March 15, 2020 and ends on March 14, 2022.

Signature of Department Head

BENJAMIN MANN, DEP. COMM. OF FINANCE

Name and Title

FOR BUREAU OF THE BUDGET USE ONLY

Signature of State Budget Officer

Policy Area: 05 - Health and Human Services
Umbrella: HUM00 - DEPARTMENT OF HEALTH AND HUMAN SERVICES
Agency Contact: BENJAMIN MANN
Agency Phone: (207) 287-1921

HUM00-0081

State of Maine
Executive Department
FINANCIAL ORDER

000793 F0

ORDERED,

That the State Budget Officer be authorized to establish in account 010-10A-Z199-01, Office of Substance Abuse and Mental Health Services, the following positions in accordance with Title 5, section 1583-A: one limited-period Public Service Manager III position and one limited-period Management Analyst II position; and,

Be it further ordered,

that the State Controller increase allotment in account 010-10A-Z199-01, by $56,174 in the All Other line category for the purpose of allotting a portion of the unencumbered balance forward; and,

Be it further ordered,

that the State Controller transfer $51,938 from the All Other line category to the Personal Services line category within account 010-10A-Z199-01, for the purpose of funding the positions; and,

Be it further ordered,

that the State Controller authorize the expenditure in accordance with the attached "Revision of the Work Program for Fiscal Year ending June 30, 2020", for which this shall be our sufficient warrant.

Statement of Fact

This financial order establishes one limited-period Public Service Manager III position and one limited-period Management Analyst II position, both funded with a portion of the unencumbered balance forward. The limited-period Public Service Manager III position will assist with the oversight and management of Substance Abuse and Mental Health Services (SAMHS) grants. This position will explore grant funding opportunities and oversee current grant monitoring and reporting activities. The limited-period Management Analyst II position will manage the Opioid Response Projects. Both positions are in response to the focus on the State's opioid crisis. Without these positions, the oversight of the grants and Opioid Response Projects are at risk and could deteriorate. These positions will start on March 15, 2020 and end on March 14, 2022.

Signature of Department Head

BENJAMIN MANN, DEP. COMM. OF FINANCE

Name and Title

FOR BUREAU OF THE BUDGET USE ONLY

Signature of State Budget Officer

Policy Area: 05 - Health and Human Services
Umbrella: HUM00 - DEPARTMENT OF HEALTH AND HUMAN SERVICES
Agency Contact: BENJAMIN MANN
Agency Phone: (207) 287-1921

Attachment 3

Office of Health Equity

Maine Center for Disease Control and Prevention
Department of Health and Human Services

The Office of Health Equity promotes the health of Maine's racial and ethnic minority communities. The Office focuses primarily on efforts to eliminate racial and ethnic health disparities and collaborates with other Maine CDC and DHHS programs, along with community partners, to identify and address health disparities in all populations.

The Office of Health Equity was established in 2006 and provides agency wide assistance and coordination of minority health initiatives that are both culturally and linguistically appropriate. Office activities are directed at the elimination of health disparities through a variety of public health and policy interventions, including both health systems interventions and the promotion of public policies that support the unique needs of Maine's communities experiencing disparities.

Project LAUNCH (Linking Action to Unmet Needs in Children's Health) is a special initiative for the Office of Health Equity. Project LAUNCH was designed to expand the public health umbrella to include infants and young children up to age eight. The grant program required the use of four best practice interventions to expand early intervention services within the context of public health, specifically focused on integrated services, mental health consultation, home visiting and parent support groups to be developed in unique ways that could become models for the state or tribe or other tribal communities. The project serves Maine's young population living in Washington County who are at risk from exposure to substances and trauma, being born prematurely or with physical conditions, born to teen parents or parents with mental health, addiction or physical issues.

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Mission:

To improve and protect the health and wellness of Maine's racial and ethnic minority communities by enhancing the capacity of the public health system and development of public policies that assist in the elimination of health disparities.

The Office of Health Equity will:

- ❑ Promote community participation in the planning and decision-making processes and evaluation activities for the Office;
- ❑ Support community and state efforts to eliminate health disparities;
- ❑ Encourage an environment that is inclusive as well as culturally and linguistically appropriate;
- ❑ Promote the importance of racial and ethnic data collection, dissemination of disparities data, and support research focused on identification of health disparities.
- ❑ Support efforts to build leadership capacity in the communities experiencing disparities.
- ❑ Work closely with the Maine CDC Division of Local Public Heath in supporting local public health district and infrastructure efforts, including the Tribal public health district.
- ❑ Support the Community Caring Collaborative (CCC) in their local work on the Project LAUNCH initiative. Provide the CCC with support in their innovative work to improve systems for young people in Washington County and the Passamaquoddy Tribe.

Priority Areas:

- ❑ Data Collection: Enhancing data systems and improving the collection of racial and ethnic data in order to better understand and identify existing health disparities.
- ❑ Cultural and Linguistic Competency: Addressing cultural and linguistic barriers for all Maine people to accessing health and social services, resulting in improved systems that are both culturally and linguistically appropriate.
- ❑ Partnerships and Collaboration: Strong relationships with community partners, organizations and government are essential in addressing disparities in health. OMH prioritizes community partnerships and collaborations when developing interventions and policies focused on disparities elimination and equity for all.
- ❑ Leadership: Efforts to build leadership capacity in communities experiencing disparities is important to the OMH. Community empowerment is essential in the elimination of health disparities. Leadership is one key element in long term success in our efforts to eliminate disparities for all Maine people.

Attachment 4

Maine Family First Prevention Services Act (FFPSA) Implementation Timeline		
Date	**Task**	**Outcome/Decision**
February 2021	FFPSA State Prevention Plan Submission	Maine's FFPSA State Prevention Plan submitted to the Children's Bureau for review and approval.
February 2021	FFPSA State Prevention Plan public release	FFPSA State Prevention Plan released to the public including FFPSA stakeholders, OCFS listservs, etc. The FFPSA State Prevention Plan will be posted on the OCFS website.
February 2021	FFPSA Website Updates	All FFPSA State Plan documents posted onto OCFS FFPSA Website
February 2021 and ongoing	Behavioral Health and Supportive Services (BH/SS) Workgroup	Recruit BH/SS Workgroup members from existing stakeholder groups and workforce collaboratives across the state. OCFS will convene the first of many BH/SS Workgroup meetings and develop mission, goals, and action plans.
January 2021	Plan of Safe Care implementation	Plan of Safe Care implementation began for Substance Exposed Infant child welfare notifications.
February 2021	Trauma Informed Care workgroup	Trauma Informed Care workgroup will be created and convened to work collaboratively with OCFS Systems of Care Grant and FFPSA to develop resources and an implementation plan for BH/SS providers in Maine.
January 2021 and ongoing	State Agency Partnership for Prevention	Ongoing convening of the State Agency Partnership for Prevention to sustain inventory of prevention services, identification of gaps, and continued collaboration between state agencies.
February 2021 and ongoing	FFPSA Implementation Workgroup	Creation and convening of a FFPSA Implementation Stakeholder Workgroup meeting based on volunteers from FFPSA Planning stakeholder workgroups. Workgroup will meet bi-monthly.
January to Sept. 2021	Parents as Teachers (PAT) Program Planning	Ongoing convenings with Maine Center for Disease Control (Me CDC), Maine Children's Trust and local agency implementers to develop a plan for PAT implementation.
January to Sept. 2021	Homebuilders Program Planning	Internal meetings to plan for Homebuilders Program Implementation.
January-March 2021 ongoing	Family Services Gap Analysis	Through agency collaboration and pooling of resources, study gaps in prevention services across Maine that serve families. This includes assessing geography, needs of families, and resources.
February 2021	Request for Proposals (RFP) Evaluation Services	An RFP will be released to obtain a FFPSA Prevention Services Evaluation vendor.
February 2021 and ongoing	FFPSA OCFS Staff Training Plan	Training plan developed for OCFS staff for Prevention Services: candidacy, case management, associated FFPSA policy and protocols.
April 2021 and ongoing	Creation of Family Services Resource Guide	Through collaboration with other state agencies, create a Family Services Resource Guide capturing available services to support families across the prevention continuum for multiple audiences.

April 2021	Evidenced Based Practice (EBP) Expansion Planning	Convening of OCFS and MaineCare staff to develop a plan for expansion of MaineCare funded EBP's (Incredible Years, Triple P, Parent Child Interaction Therapy (PCIT)) through provider training. Begin drafting Application of Interest for Maine providers to respond to in the future.
May 2021	RFP release for Homebuilders Program	An RFP will be released to secure a vendor for statewide implementation of the Homebuilders program.
May 2021	State Prevention Plan approval	Expected timeframe for feedback and/or approval for FFPSA State Plan from the Administration for Children and Families.
May 2021	Training Planning	Announcement of MaineCare funded EBP's training availability and Applications of Interest will be released.
May 2021	EBP Training Provider Contract Development	Existing MaineCare funded EBP's training contract drafts completed to prepare for provider trainings.
June 2021	PAT Staff Training on the 0-5 curriculum	Parents as Teachers (PAT's) Training for all Local Agency Implementers on the 0-5 curriculum.
July 2021	Court System Training on Prevention and QRTP.	Training for the court system on Prevention Services and Qualified Residential Treatment Programming.
August - September 2021	PAT's staff training on special topics	Parents as Teachers staff will receive additional training on the child welfare system, Prevention referrals, substance use and mental health, etc.
August – September 2021	Homebuilders training complete	Identified Homebuilders teams will participate in training on the model to prepare for referrals beginning October 1, 2021. Additional training will include topics such as: the child welfare system, Prevention referrals, and substance use and mental health.
September 2021	Release of Family Services Resource Guide	Release of Family Services Resource Guide to OCFS staff, state and community partners, and website posting.
October 2021	FFPSA Evaluation contract starts	FFPSA evaluation services contractor begins.
October 2021	Homebuilders program starts	Homebuilders program contract starts October 1, 2021. Referrals from OCFS staff to begin in October 2021.
October 2021	PAT prevention contract starts	Parents as Teachers (PAT) expansion contract to include Prevention service referrals begins.
October 2021 – Early 2022	CCWIS program rollout	The new Comprehensive Child Welfare Information System will begin implementation
October 2021	Prevention Services Begin	All aspects of state policy and practice related to candidacy determination, referral to services, and evaluation are in full implementation.