

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
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)
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)
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)

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
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)
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 affected	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
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)
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)

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
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)
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)
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)

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
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)
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)

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)
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)
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)
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)

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
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)
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)
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)
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
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)
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)
"No" Subtotal												(\$2,484,434)	(\$46,113,135)