

# Department of Health and Human Services Commissioner's Office

Commissioner Sara Gagné-Holmes  
January 2025



# Who We Are

The Maine Department of Health and Human Services (DHHS) is dedicated to promoting health, safety, resilience, and opportunity for Maine people.

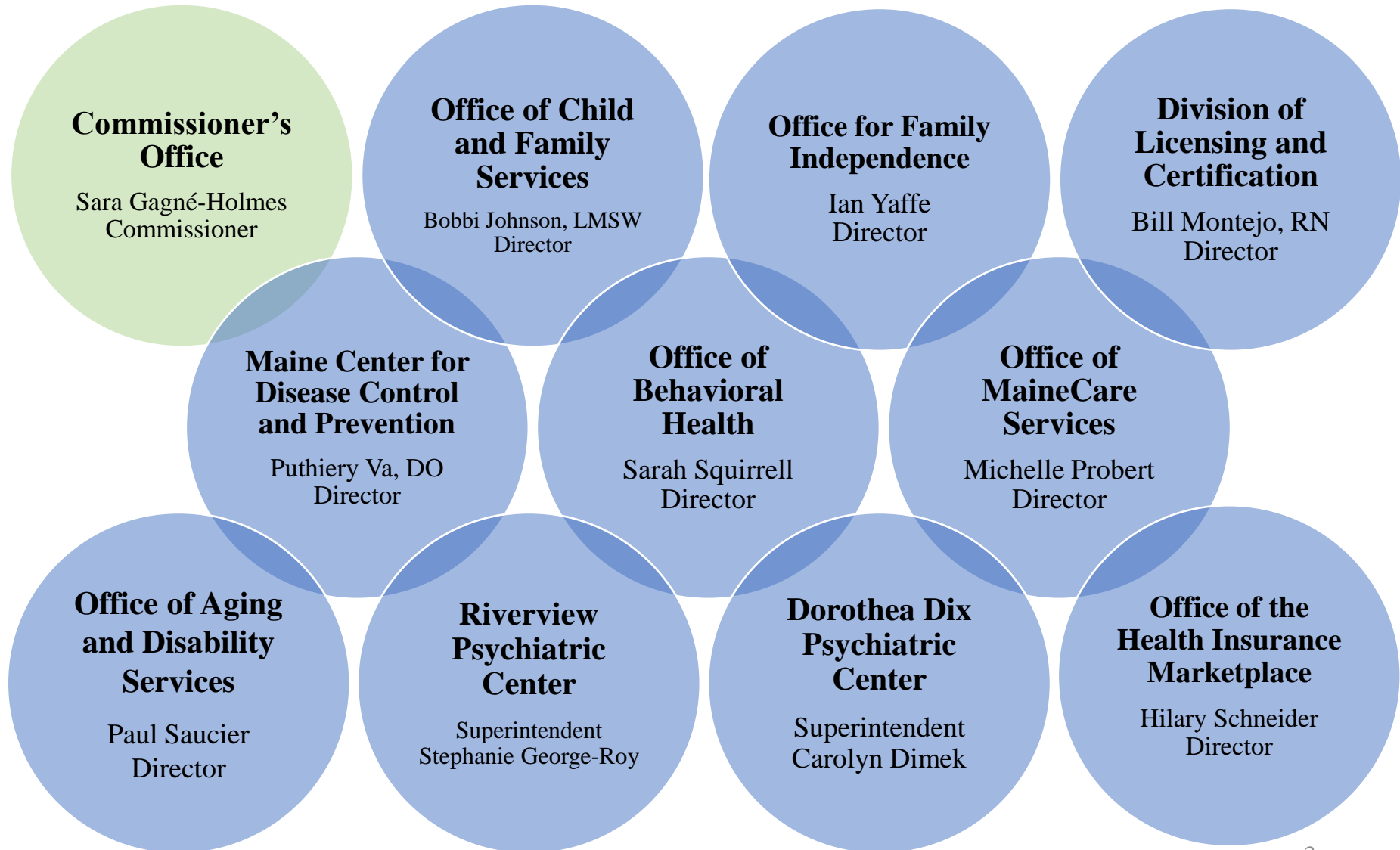
The Department promotes public health through an array of services. We operate two state psychiatric hospitals, provide oversight to health care providers, oversee public benefits and support child care and child welfare services, behavioral health services, long term supports and services and access to private insurance through CoverMe.gov.



## **The Department strives to ensure that:**

- Maine children grow up in safe, healthy, and supportive environments, allowing them to thrive throughout their lives
- All adults have the opportunity to work, live with independence, and have good health
- Older Mainers live with dignity in the place that balances their needs and preferences

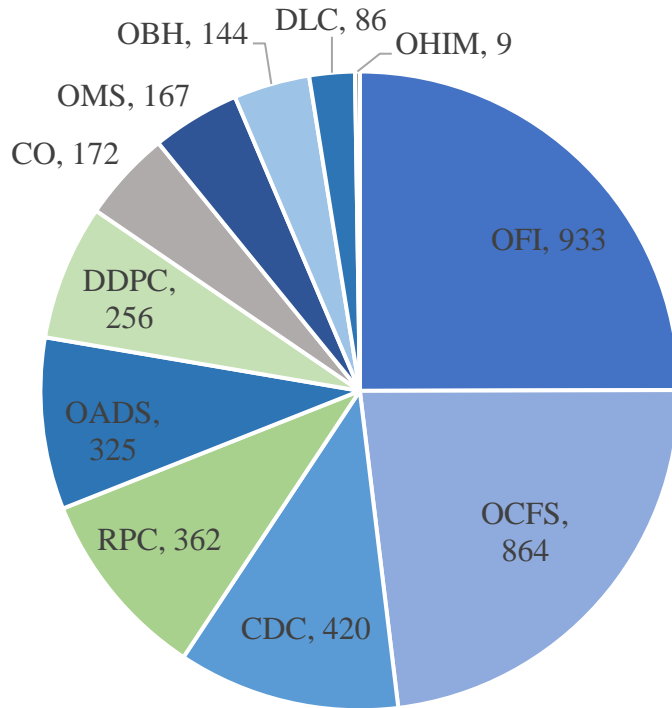
# DHHS Offices: Organized by Service Population



# Who We Are

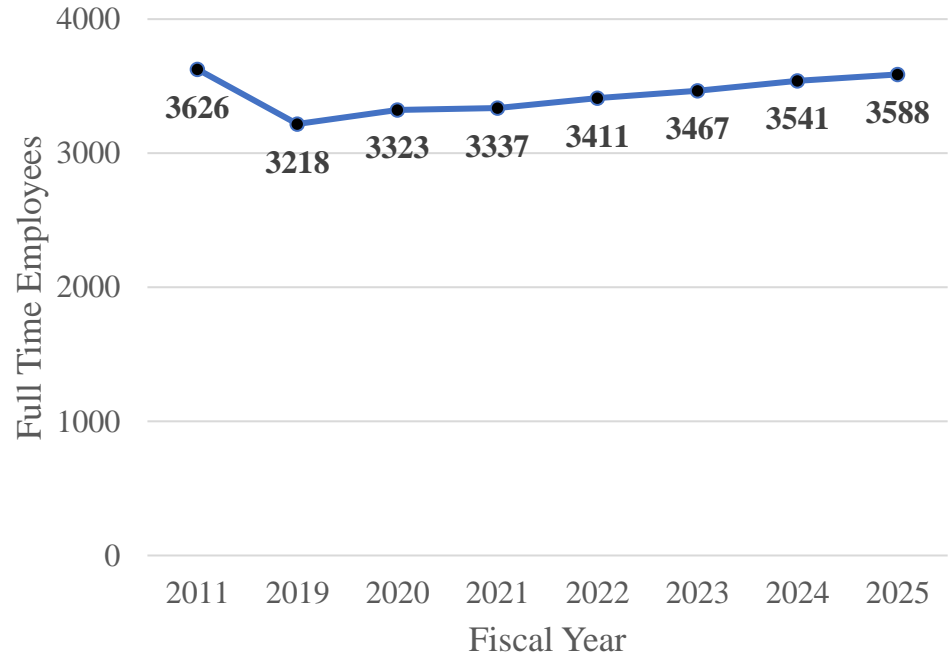
## Staff by Office

*includes full-time, part time, and limited period*



## DHHS Headcount Since 2011

*includes only full-time state lines*



*DHHS staff live across the state of Maine and provide services to their fellow Mainers. The average tenure of DHHS employees is over 8 years and the department does as much as possible to provide for the health and safety of workers through trainings and honest communication to build trust around the difficult work of the department.*

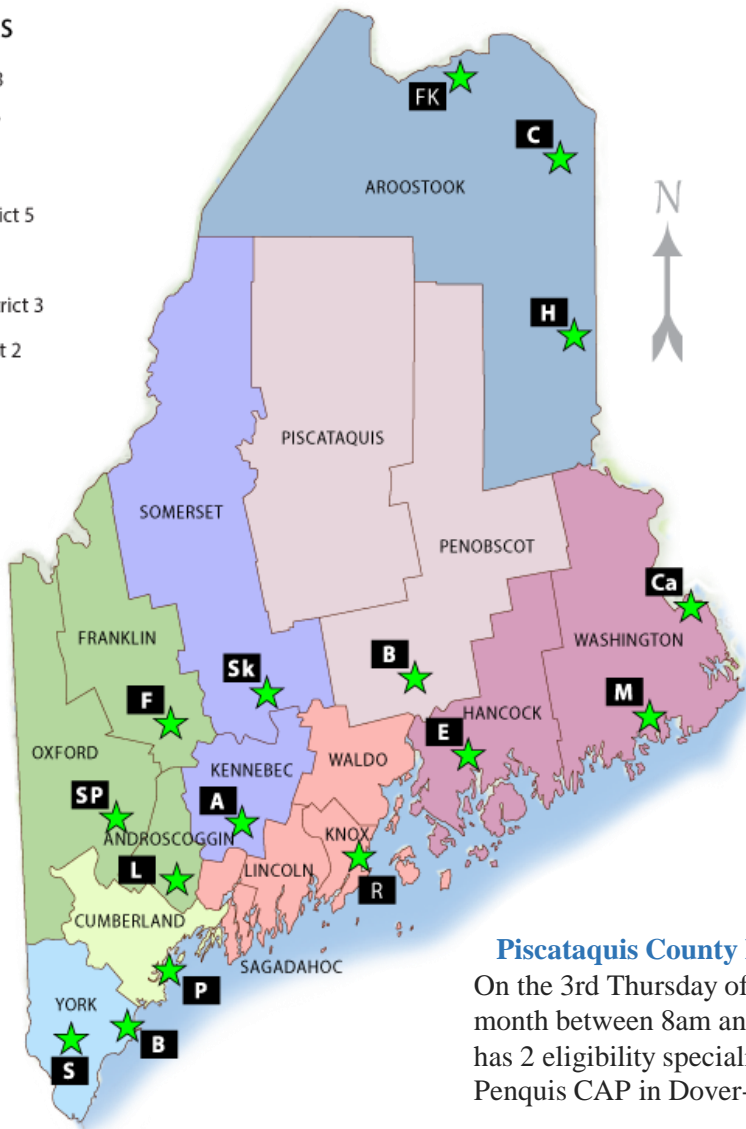
# Who and Where We Are

## DHHS Districts

- Aroostook District 8
- Downeast District 7
- Penquis District 6
- Central Maine District 5
- MidCoast District 4
- Western Maine District 3
- Cumberland District 2
- York District 1

## ★ DHHS District Offices

- FK** Fort Kent
- C** Caribou
- H** Houlton
- Ca** Calais
- M** Machias
- B** Bangor
- E** Ellsworth
- Sk** Skowhegan
- F** Farmington
- R** Rockland
- A** Augusta
- SP** South Paris
- L** Lewiston
- P** Portland
- B** Biddeford
- S** Sanford



### Piscataquis County Presence

On the 3rd Thursday of every month between 8am and 4pm OFI has 2 eligibility specialists at Penquis CAP in Dover-Foxcroft

In 2024, DHHS Workforce:

76%  
women

20-82  
years  
old

47  
Average  
age

### Self-Reported Race and Ethnicity\*

- White: 2958
- Black or African American: 64
- Hispanic or Latino: 49
- American Indian or Alaskan Native: 27
- Asian: 25
- Two or more races: 7
- \*Not reported and "other" not included here

# Who We Serve

DHHS programs support safety, health, opportunity, independence, dignity, and good health across Maine

MaineCare (Medicaid)

**411,496 Enrolled**

August 2024

Supplemental Nutrition Assistance Program

**185,629 Enrolled**

August 2024

People Accessing Financial Assistance for  
Health Coverage through CoverME.org

**56,740**

Plan Year 2024

Developmental Disabilities and Brain Injury  
Program Participants

**8,154**

September 2024

Annual Calls to the Maine Crisis Line

**101,468**

Calendar Year 2023  
(most recent full year of data)

Temporary Assistance for Needy  
Families (TANF)

**13,874 Enrolled**

August 2024

Nutritional Services for Older Adults

**5,657 People Served**

March 2024

Children in DHHS Custody

**2,377**

December 2024



**1 in 3  
Mainers**

*You will hear more about these programs from office directors in the coming days*

# How: Role of Commissioner's Office

**Committed to providing the highest quality services to the people of Maine and ensuring support and safety to every DHHS employee**

## **Staff Support**

- Set common expectations and training across all Offices to create common culture and work toward goals
- Implemented permanent telework policy
- Implementing strategies for diversity, equity, and inclusion

## **Operational Support**

- Dedicated staff to support Offices in hiring, contracting, budgeting, management

## **Communication and Engagement**

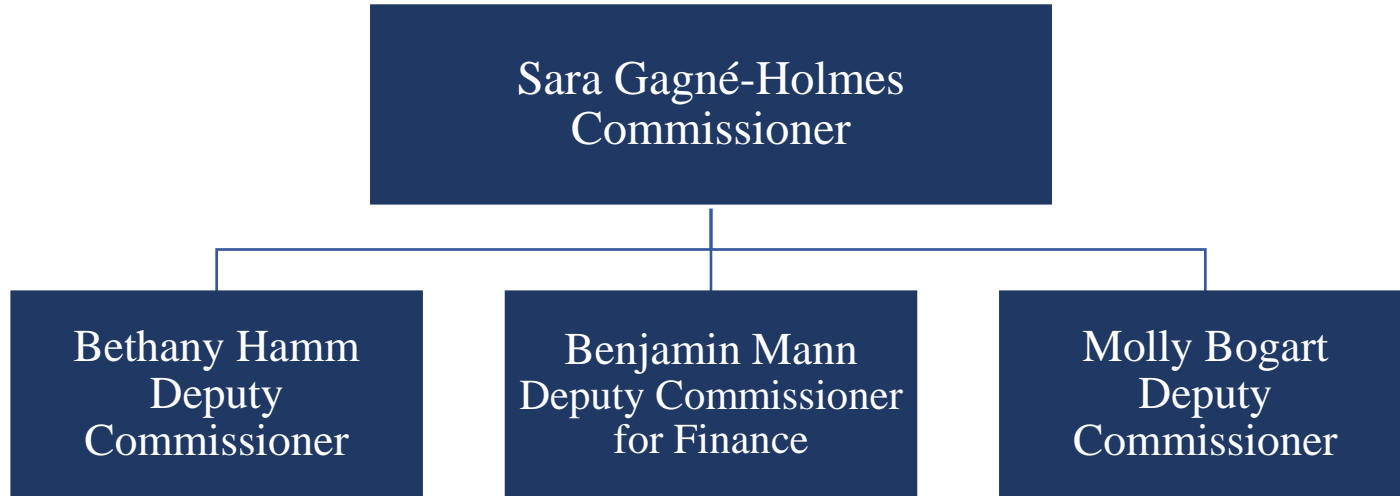
- Issue frequent press releases, created a blog, and overhauled website
- Created Department wide and Office-specific data dashboards
- Improved constituent services, stakeholder engagement, and FOAA process

## **Initiatives and Special Projects**

- Deployment of leadership time and specialized staff to coordinate and support high priority, urgent, or complicated work

Maine DHHS depends on the state legislature to appropriate funds for the department's work and to collaborate with the department in solving policy issues

# Commissioner's Office



## **Advisors to the Commissioner**

Abby Stivers, Ph.D, Director of Government Relations  
Alisa Morton, Director of Communications  
Amy Belisle, MD, Chief Child Health Officer  
Lisa Letourneau, MD, Senior Advisor, Delivery System Change

## **Constituent Services and Public Access Officer**

Dayna Collins, [dayna.l.collins@maine.gov](mailto:dayna.l.collins@maine.gov) (207) 287-5846



# Inter- and Intra-Department Initiatives

**Children's Cabinet Goal for Young Children:**  
**All Maine Children Enter Kindergarten Prepared to Succeed**



**Children's Cabinet Goal for Youth:**  
**All Maine Youth Enter Adulthood Healthy, Connected to Workforce and/or Education**



**Healthcare Training For ME**



**OPTIONS**  
**SAVE LIVES**

**Cabinet on Aging:**  
**All Older Maine Residents have the support they need**



*Cross agency work benefits the health and well being of Maine*

- Workforce
- Employment First
- Transportation
- Housing
- Food Security
- Energy Costs
- PFAS

# Recent Updates

End of Unwinding

CoverME.gov Open Enrollment

Child Welfare

Consent Decree

Department of Justice Settlement  
(Children's Behavioral Health)



# Statewide Challenges

House-hold / Family Size	2024 Federal Poverty Level for the 48 Contiguous States (Annual Income)						
	100%	133%	138%	150%	200%	300%	400%
1	\$15,060	\$20,030	\$20,783	\$22,590	\$30,120	\$45,180	\$60,240
2	\$20,440	\$27,185	\$28,207	\$30,660	\$40,880	\$61,320	\$81,760
3	\$25,820	\$34,341	\$35,632	\$38,730	\$51,640	\$77,460	\$103,280
4	\$31,200	\$41,496	\$43,056	\$46,800	\$62,400	\$93,600	\$124,800
5	\$36,580	\$48,651	\$50,480	\$54,870	\$73,160	\$109,740	\$146,320

**Despite an increase to Maine's minimum wage and higher entry level salaries, many Maine families continue to experience economic insecurity –  
Currently, over 72,000 families in Maine are below 200% FPL**

# Statewide Challenges

**Demographic data project a shrinking workforce and increasing older Maine population, which present challenges to DHHS service implementation**

Maine Statewide Population by Age			
	2020 (historical)	2025	2030
Age 0-19 years	286,218	264,935	258,901
Age 20-39 years	320,309	325,242	313,804
Age 40-64 years	466,899	444,771	431,560
Age 65+ years	288,854	339,780	393,399

Percent Change in Population			
	2020-2025	2025-2030	2020-2030
Age 0-19 years	-7.4%	-2.3%	-9.5%
Age 20-39 years	1.5%	-3.5%	-2.0%
Age 40-64 years	-4.7%	-3.0%	-7.6%
Age 65+ years	17.6%	15.8%	36.2%

*Maine's prime working-age population (age 20-64) is projected to decrease by 5.3% from 2020 to 2030, as the Baby Boom generation continues to age out of the cohort...Meanwhile, the age 65 and older cohort is expected to see growth of 36.2% from 2020 to 2030 as the youngest Baby Boomers age into this cohort.*

## [Maine Population Outlook 2020-2030 Office of State Economist](#)

These are statewide challenges, which the Department cannot solve alone. We look forward to working with you to overcome these challenges to better serve the people of Maine

# Looking Ahead



Working together to address complex challenges

The Department is committed to working collaboratively to better serve our shared constituents – the people of Maine



Supporting the DHHS workforce to provide services

# Questions?

Abby Stivers, Director of Government Relations

Abby.Stivers@maine.gov

(207) 215-5420



# The Office of MaineCare Services (OMS)

**Michelle Probert, Director**

January 2025



# Agenda

- What is MaineCare and Who Benefits?
- About the Office of MaineCare Services
- State & Federal Authority and Requirements
- Operational Highlights
- MaineCare Priorities
- MaineCare Costs
- Rate Reform
- Appendices
  - Mandatory and Optional Benefits
  - Coverage Groups
  - MaineCare Priority Progress Detail
  - Rate Reform Detail
  - Quality Outcomes



# What is MaineCare?

- Provides health insurance coverage for Maine children and adults who have lower incomes (138% of the Federal Poverty Level (FPL) for all non-pregnant adults, and, as of October 2023, 300% FPL for children through age 20), and/or are older or have disabilities.

*Example: A family of four would need to earn \$43,056 or less annually for both the parents and children to be eligible for MaineCare (Medicaid) coverage.*

- Includes Maine's Medicaid program and Children's Health Insurance Program (CHIP), which are jointly funded by the federal government and the state and governed by:
  - Federal and state law and regulations.
  - The Medicaid and CHIP State Plans and waivers, which serve as Maine's agreements with the Centers for Medicare & Medicaid Services (CMS) regarding coverage and reimbursement.
  - MaineCare rules, documented in the [MaineCare Benefits Manual](#).
- MaineCare also includes certain state-funded benefits and coverage groups, governed by rule.

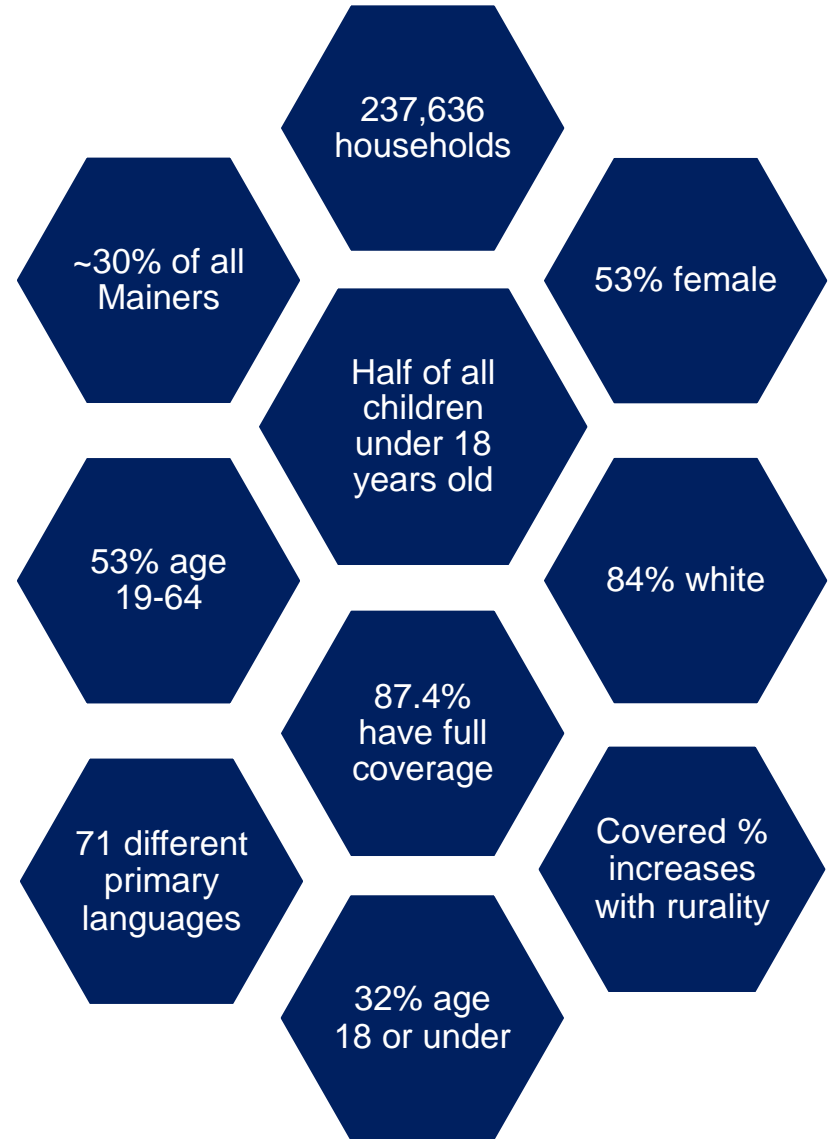
# Who is Enrolled in MaineCare?

Total Number of Members\*:  
405,395

As of 11/2024

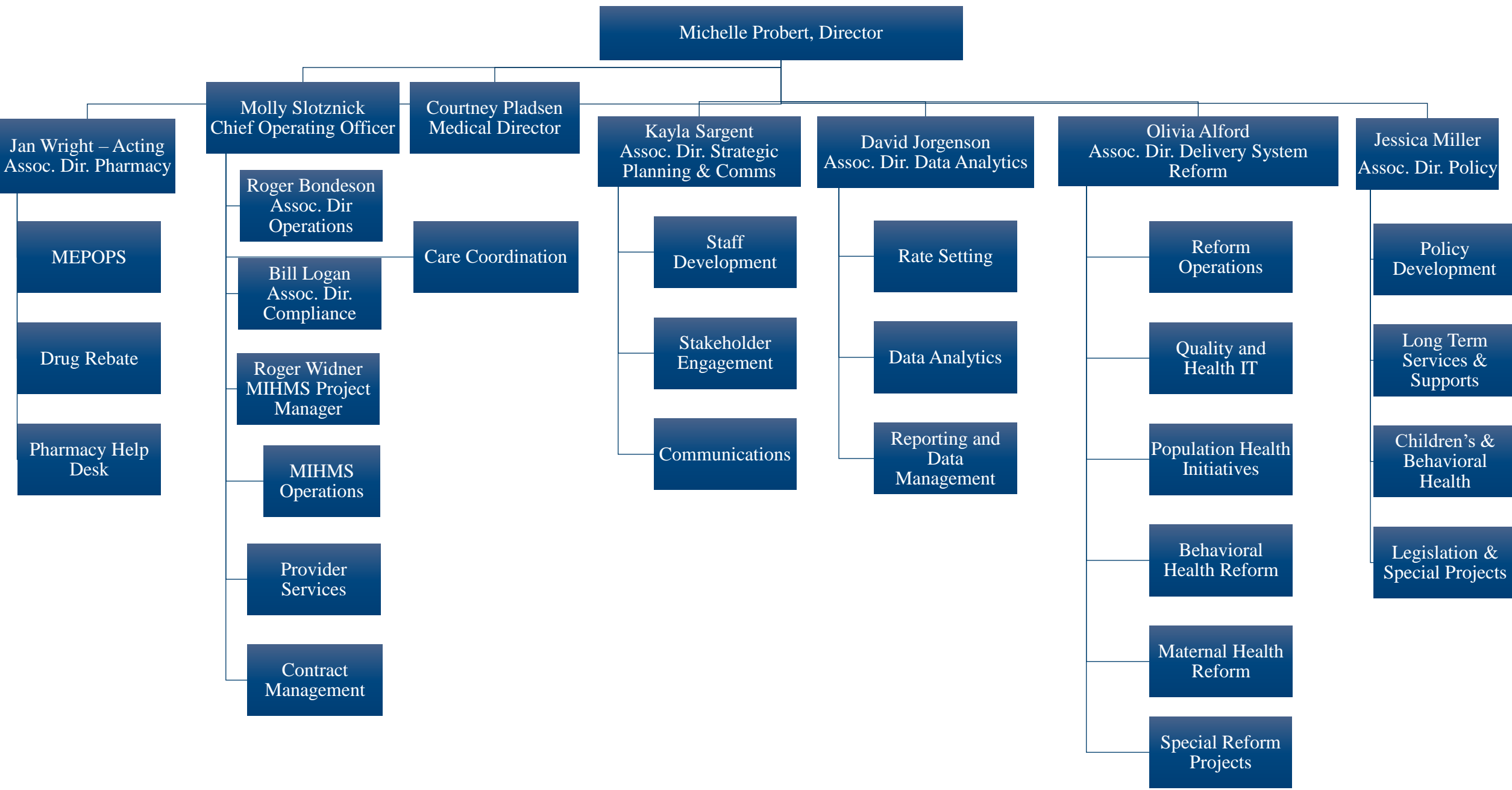
Mainers eligible for MaineCare typically face:

- Higher health burden
- More individual health vulnerability
- Greater structural and social inequity



\*Excludes MaineRx, DEL, and CDC coverage categories.

# The Office of MaineCare Services



# MaineCare's Role with Sister DHHS Offices

OMS is responsible for the provision of coverage and reimbursement for MaineCare-covered services that are often coordinated/overseen in collaboration with the following DHHS offices:

- **Office of Child and Family Services (OCFS)**
- **Office of Aging and Disability Services (OADS)**
- **Office of Behavioral Health (OBH)**
- **Maine Centers for Disease Control (CDC)**

The **Office for Family Independence** is responsible for MaineCare eligibility and enrollment, including obtaining authority for changes to eligibility requirements. OFI enrolls individuals in the appropriate MaineCare categories and oversees the annual recertification process for maintaining MaineCare eligibility.

OMS collaborates with OFI and the **Office of the Health Insurance Marketplace (OHIM)** regarding outreach activities, strategy, and enrollment analysis and projections, and with the **Division of Licensing & Certification** on provider enrollment and compliance with licensing requirements.

# Authority & Requirements

# Federal Medicaid Requirements

## Basic Coverage

- Provide mandatory services to mandatory populations
- All services (outside a waiver) available statewide, any willing and qualified provider may deliver
- Members able to choose their providers
- Services must be:
  - “sufficient in amount, duration, and scope to reasonably achieve their purpose”
  - “medically necessary”
  - limited based on policies to promote quality of care and prevent over- or inappropriate utilization



# Medicaid Waivers

## What is a Waiver?

- Outside the State Plan
- State submits special application to CMS to waive certain federal requirements, in exchange for meeting cost neutrality or cost efficiency requirements.
- Burdensome application process, subject to additional scrutiny, reporting, monitoring and evaluation requirements. Authorization expires and requires renewal.

Waiver Type	Waiver of:
<b>1915(c) Home and Community Based Waiver (HCBS):</b> Prevents need for care in an institutional setting.	<ul style="list-style-type: none"><li>• Comparability of services</li><li>• Eligibility requirements</li></ul>
<b>1915(b) Managed Care Waiver:</b> Enables states to provide services through managed care delivery systems.	<ul style="list-style-type: none"><li>• Member choice of provider</li></ul>
<b>1115 Research and Demonstration Project:</b> Provides states flexibility to test new services models to promote Medicaid's objectives. Must be budget neutral.	<ul style="list-style-type: none"><li>• Certain provisions of Medicaid law</li></ul>



# MaineCare's HCBS Waivers

## 1915(c) HCBS Waiver

Section 18, HCBS for Adults with Brain Injury

Section 19, Home and Community Benefits for the Elderly and Adults with Disabilities

Section 20, HCBS for Adults with Other Related Conditions

Section 21, Home and Community Benefits for Members with Intellectual Disabilities or Autism Spectrum Disorder

Section 29, Support Services for Adults with Intellectual Disabilities or Autistic Spectrum Disorder

# Other MaineCare Waiver Programs

## 1915(b) Waiver:

- **Non-Emergency Transportation**, available to all MaineCare members.

**1115 Waivers:** 1115 waivers gives U.S. Health and Human Services the authority to waive certain provisions of Medicaid law to give states flexibility to design and improve their programs.

- **HIV/ AIDS Waiver:** MaineCare coverage for individuals with an HIV diagnosis and income up to 250% FPL.
- **Substance Use Disorder (SUD) Institute for Mental Disease (IMD) Exclusion Waiver**
  - Enables residential SUD treatment facilities to expand capacity beyond 16 beds and continue to receive Medicaid reimbursement (approved December 2020)
  - Community-based “pilots” to provide additional skills development and parenting support services to MaineCare-enrolled parents with SUD who are involved with or at-risk of involvement with Child Protective Services (CPS)
  - Pilot to continue MaineCare coverage for parents during the CPS assessment process

# Maine is Applying for Broader 1115 Waiver Flexibilities, per L.D. 1204 from 2023 :

- To leverage federal dollars to expand the behavioral health system, provide pre-release services for justice-involved populations, and have the flexibility to fund select health-related social needs. Specifically:
  - Re-entry services to improve transitions of care for individuals leaving incarceration (*new*)
  - More sustainable reimbursement for psychiatric hospitals subject to IMD exclusion (*new*)
  - Medicaid coverage for contingency management, transitions of care supports, medical respite, and “food as medicine” (*new*)
  - Continue to allow federal funding for SUD treatment facilities over 16 beds and SUD related pilots (*renewal*)
- OMS will publish the 1115 waiver draft for public comment in spring 2025
- Submission is the 1<sup>st</sup> step and does not guarantee implementation.
  - Once the waiver application is submitted to CMS it typically takes 1-2 years for approval and additional time to implement. The transition to and priorities of the new federal administration may impact this timeline.

# MaineCare Benefits Manual (MBM), Chapter 101 of 10- 144

- Chapter I: general administrative policies and procedures for MaineCare-enrolled providers.
- Chapter II: covered services and associated requirements.
- Chapter III: reimbursement for each covered service (sometimes included in Ch II).
- Chapters II and III are broken into policy sections that are defined by a group of services.

# MaineCare Operational Highlights

# Non-Emergency Transportation (NET)

- Transportation to MaineCare-covered services for full benefit MaineCare members, including children and members utilizing services under HCBS waivers.
- ~2 million trips annually; Maine has the 5th highest utilization rate in the nation\*
- Operated under a federal 1915(b) waiver as a Pre-paid Ambulatory Health Plan (PAHP): three brokers for eight MaineDOT transportation regions accountable for managing cost and administration of program. ModivCare, Penquis Community Action Corp., and Waldo Community Action Partners:
  - Must meet requirements for safety, quality, and timeliness
  - Contract with dozens of transportation providers, employing hundreds of drivers who provide rides to MaineCare members
- State is federally required to competitively procure broker contracts
  - Awarded all eight regions to Modivcare on October 5, 2023. Decision appealed. Administrative hearing panel validated Department's decision on April 24, 2024. Currently under appeal before the Business and Consumer Court. Decision pending.
  - Current contracts with three brokers extended until June 30, 2025.

\*CMS Report to Congress, NEMT 2018-2020

# Provider Enrollment

- Providers must enroll to receive payment from MaineCare.
- Enrolled providers generally only need to submit another enrollment case if they are making a change (ex. adding/removing a service location, change in ownership, etc.).
- The ACA requires all providers to revalidate their enrollment every five years (three years for durable medical equipment providers). Providers must reaffirm and update their full enrollment information.
- CY2024:
  - Received an average of 556 enrollment cases per month; completed an average of 592
  - Turn around time\* to process an enrollment case averaged 23.1 calendar days (down from 55 calendar days in November 2023)
  - Case inventory of 512 cases as of 1/10/25, (down from 1,242 cases in November 2023)

\*Defined as time spent by MaineCare's provider enrollment vendor. Excludes time if a case is sent back to a provider for more information or is under Department review.

# MaineCare Priorities



# Office of MaineCare Services' Priorities

1. Incent and improve access to high value, equitable care that meets members' health needs and health-related social needs.
2. Strengthen our technology, systems, and skills to maximize our efficiency and effectiveness and our ability to make well-informed and data-driven decisions that reflect real world experience.
3. Maintain a culture of compliance and promote responsible fiscal stewardship.
4. Foster employee engagement through a positive, supportive, inclusive workplace environment.

# MaineCare Costs

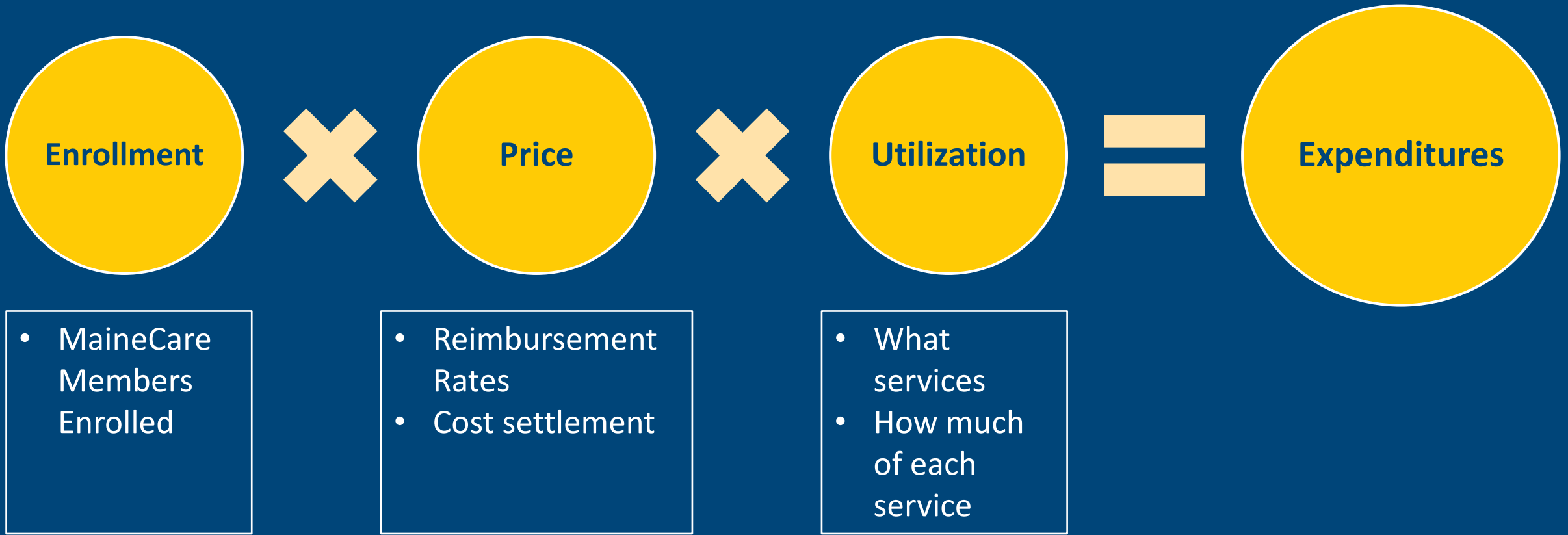
# Where we spend our money: Nursing Facility & hospitals alone comprise almost 30% of total claims-based spending

Proportion of MaineCare's FY24 Claims-based Spending\* by Section of Policy

45 Hospital 20%	21 HCBS IDD 14%	67 Nursing Facility 9%	19 HCBS Older, Disab 3%	97 PNMI E MH 3%	90 Physician Svcs 3%				
			29 HCBS IDD 3%	31 FQHC 2%	46 Psych Hosp 2%		96 PDN, PCS 2%		
	80 Pharmacy 13%		28 Child Rehab 3%	60 DME 1%	17 Comm Supp 1%	25 Dental 1%		13 TCM 1%	
			97 PNMIC Res Care 3%	50 ICF IDD	93 OHH 1%	18 BI 1%	97F 1%	103 1%	
					5 Ambul 1%	97B 0%	55	1...1...2...	
				97D Child Res 1%	14 APRN 1%	2 0%	68	9 7 4.. 8... 1 4.. 7...4..	

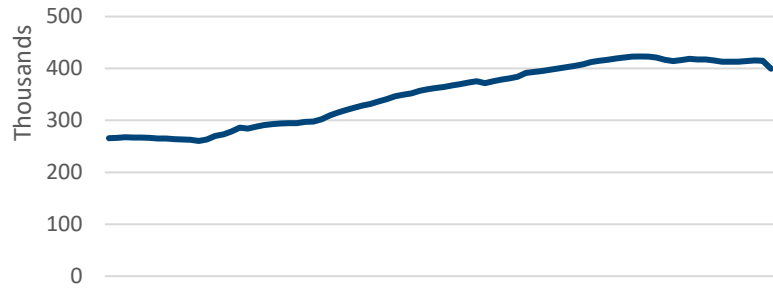
\*Does not include supplemental payments, cost settlement, or other non claims-based payments.

# Health Care Costs, Simplified

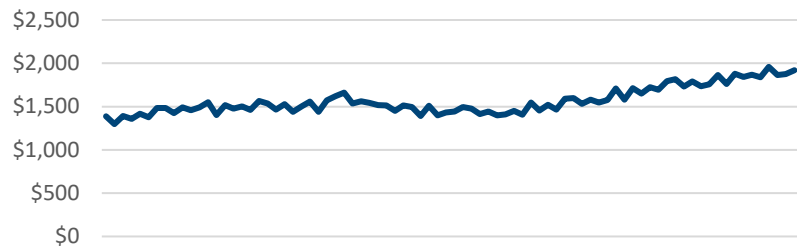


**Enrollment x Price x Utilization = Expenditures**

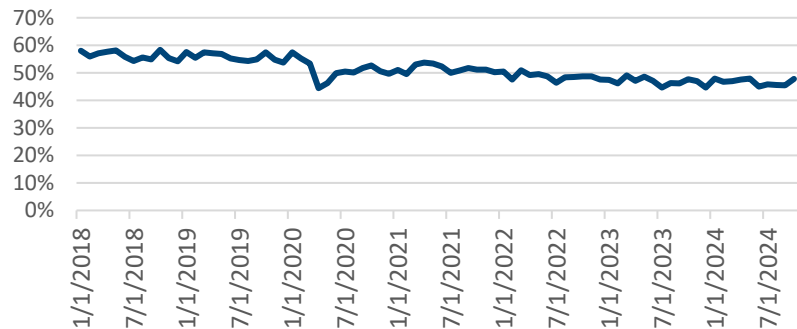
MaineCare Enrollment (Members)



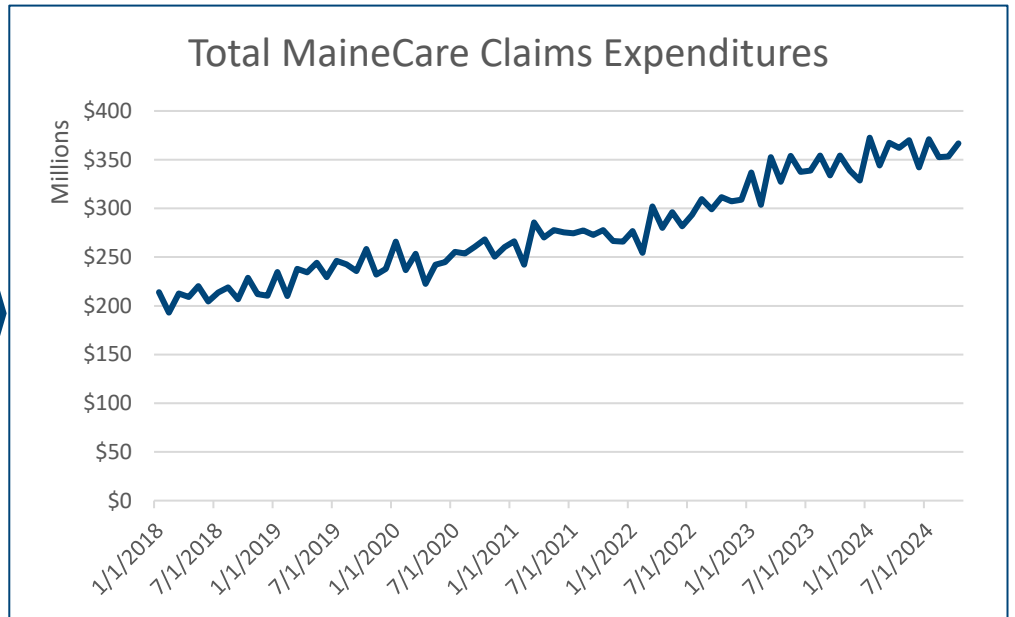
Price (Cost per Member Utilizing Services)



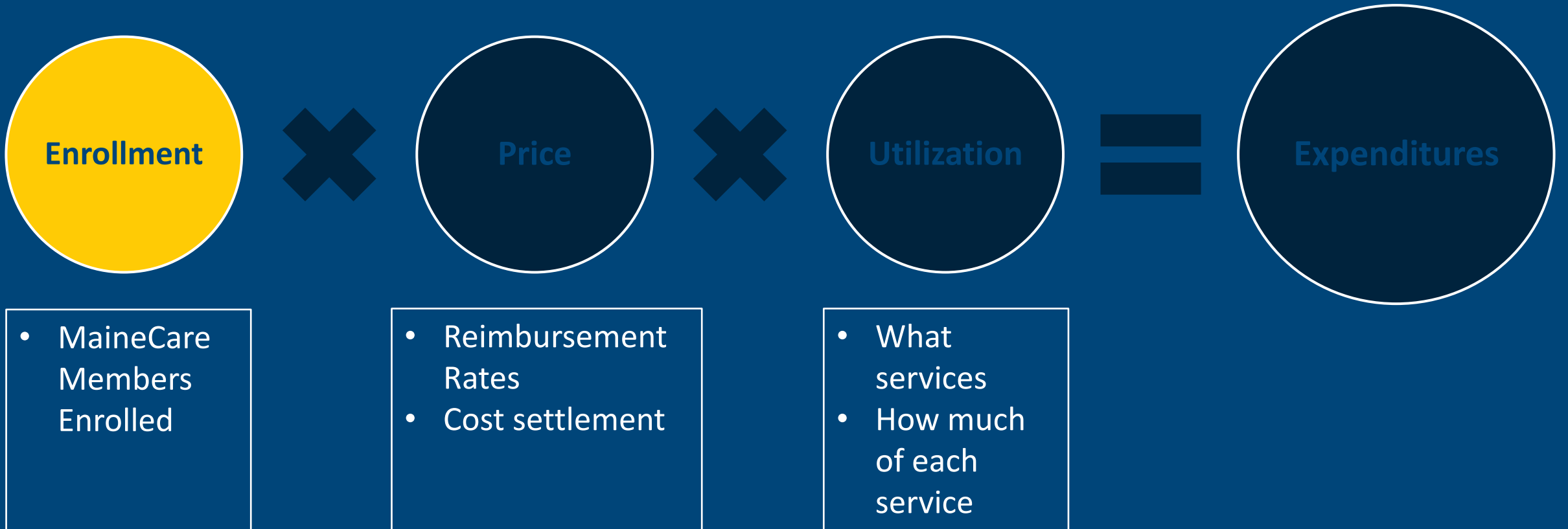
Utilization example (% of Members Utilizing Services)



Total MaineCare Claims Expenditures



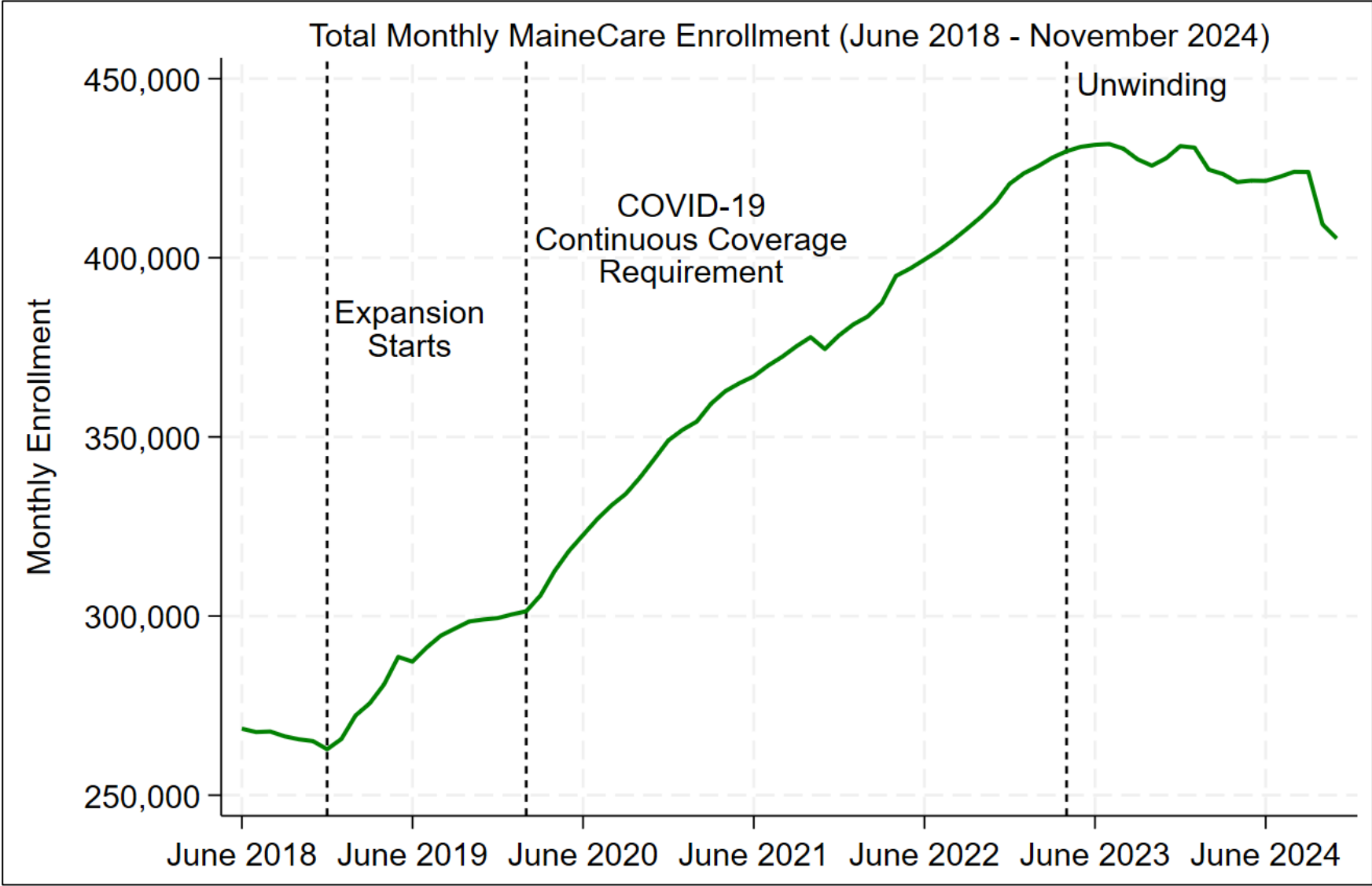
# Health Care Costs, Simplified



# Update on “Unwinding”: End of COVID-19 Medicaid Continuous Coverage Requirement

- States were required to maintain enrollment of nearly all Medicaid enrollees during the COVID-19 Public Health Emergency (PHE), in return for a temporary increase in federal Medicaid matching payments.
- Resumption of the regular renewal process, known as the “Unwinding,” started in April 2023.
- In August 2023, Maine began implementing passive, “ex parte” renewals. CMS’ guidance evolved at this same time, newly requiring states to process ex parte on an individual vs household level. CMS required Maine to delay procedural denials until it was able to meet this system requirement in July 2024.
- As a result, terminations from Unwinding were largely concentrated in the period from August through October 2024.
- At the conclusion of the 15-month unwinding period, the Department's efforts resulted in over 345,000 MaineCare members successfully renewing and retaining coverage.

MaineCare Enrollment has seen a net increase of about 100K since pre-COVID, with most disenrollment from Unwinding occurring in the past 6 mo.

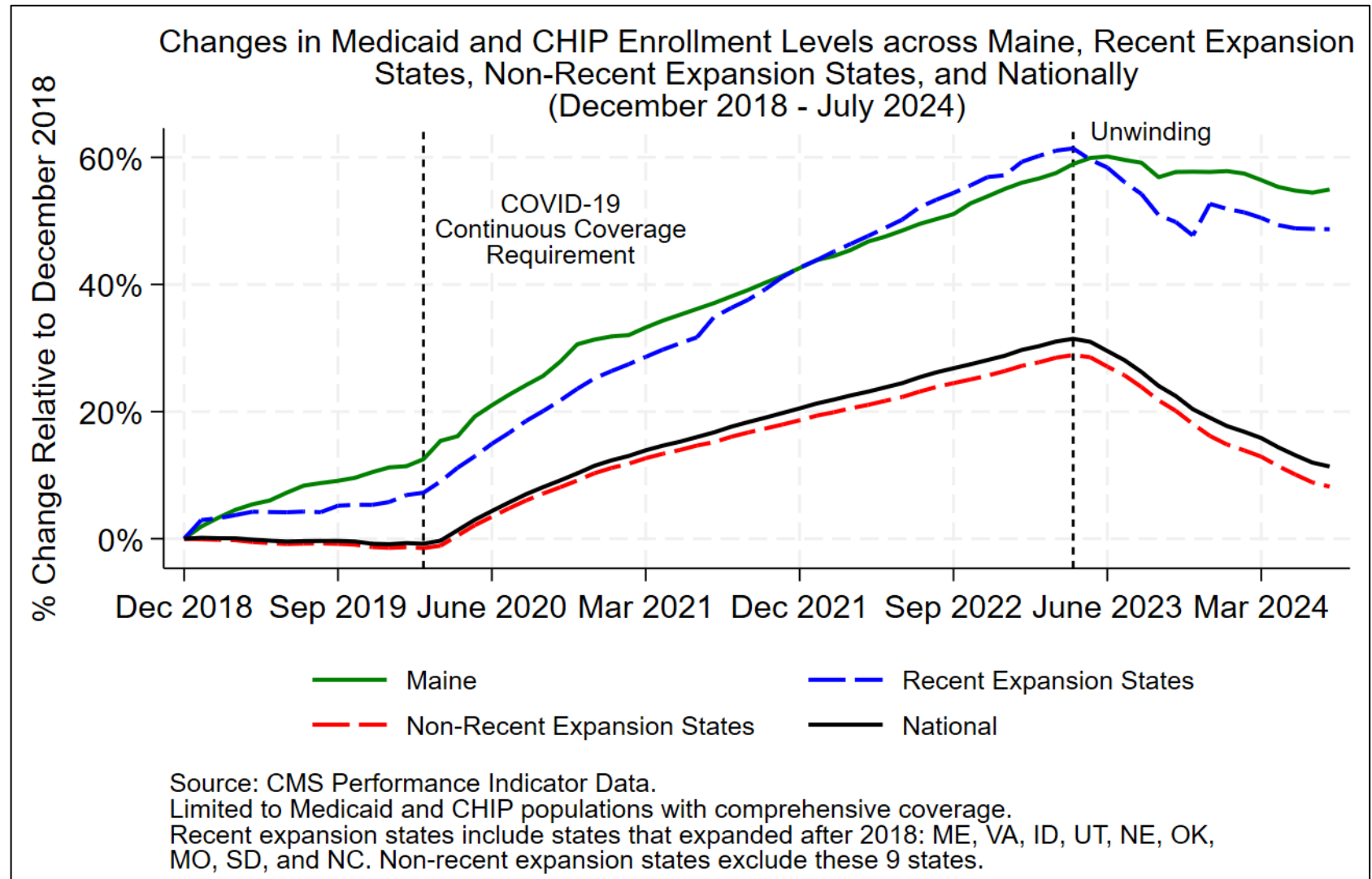


\*Includes members with all full and limited benefits, including state-funded services. Excludes MaineRx, DEL, and CDC enrollment.

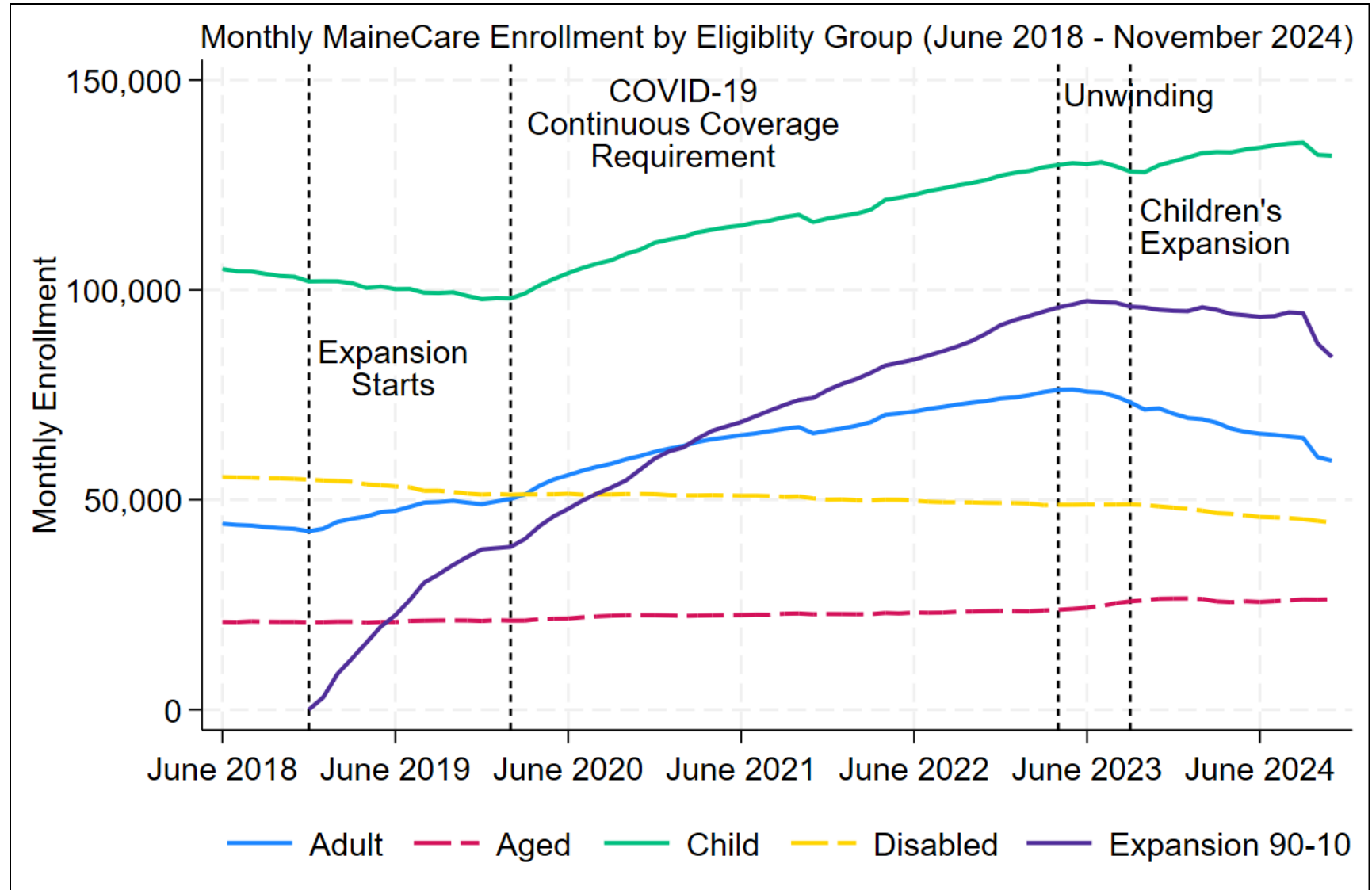




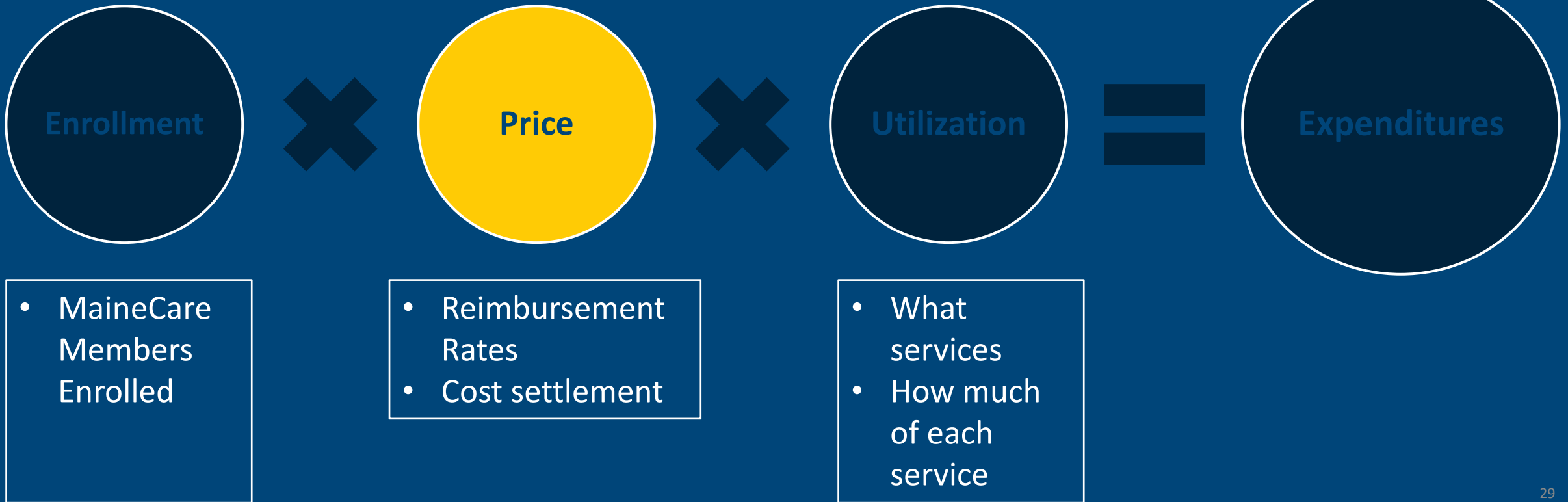
**Maine**  
 has experienced  
 significantly  
 higher enrollment  
 growth since pre-  
 COVID than the  
 national average,  
 similar to other  
 recent expansion  
 states



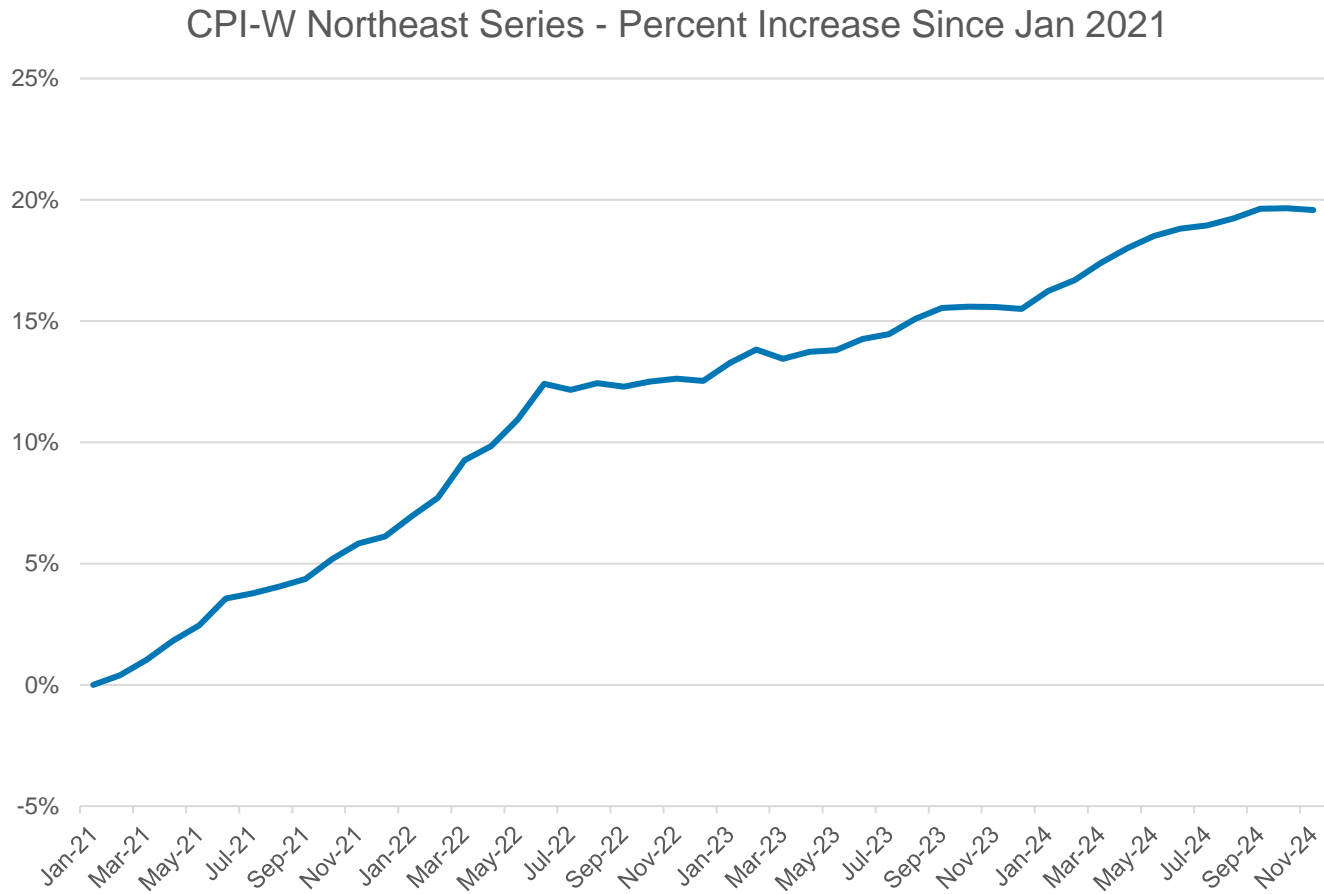
Growth in MaineCare enrollment has been most prominent among children and expansion (childless adults).



# Health Care Costs, Simplified

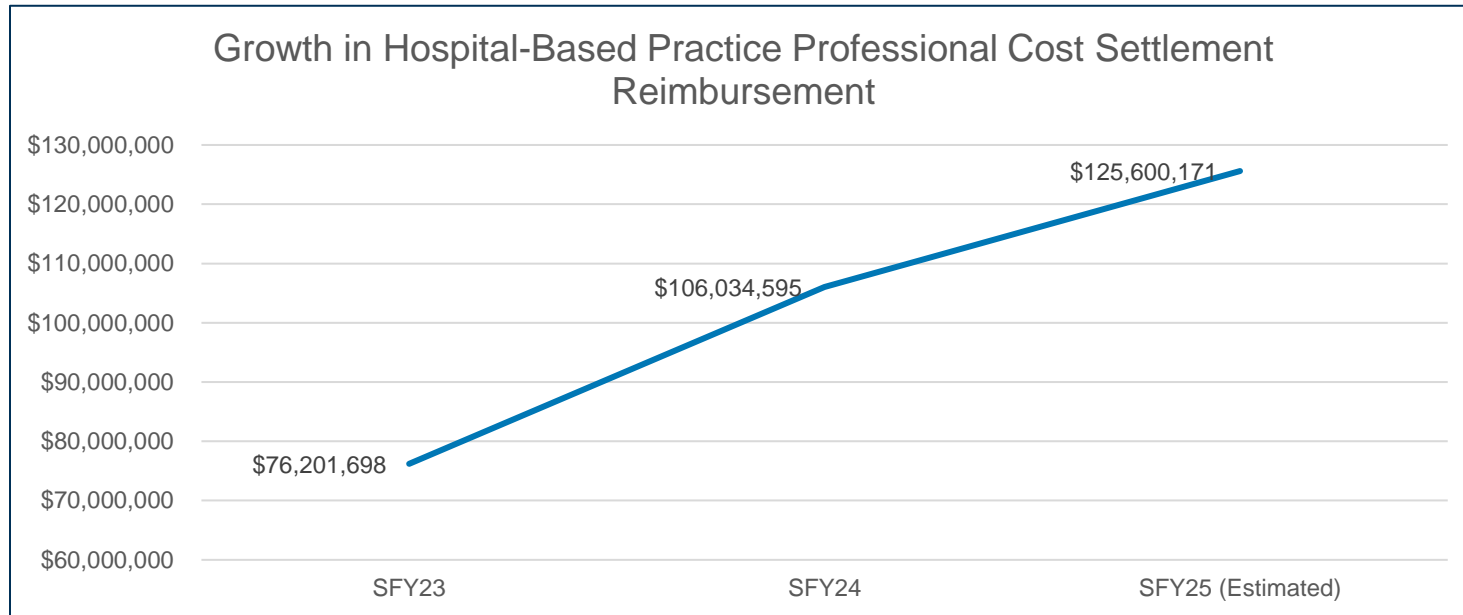


# CPI-W, used to increase Maine Minimum Wage and for many MaineCare COLAs, has increased 16.5% since 2021



- “Part AAAA,” 22 MRSA §740.2 requires rates for many services to have labor components equal to at least 125% of minimum wage, and to be adjusted annually in alignment with Maine minimum wage.
- Maine minimum wage increased 16.5% from 2021 to 2024.
- Services subject to AAAA received initial rate increases then MaineCare COLAs proportional to these increases.

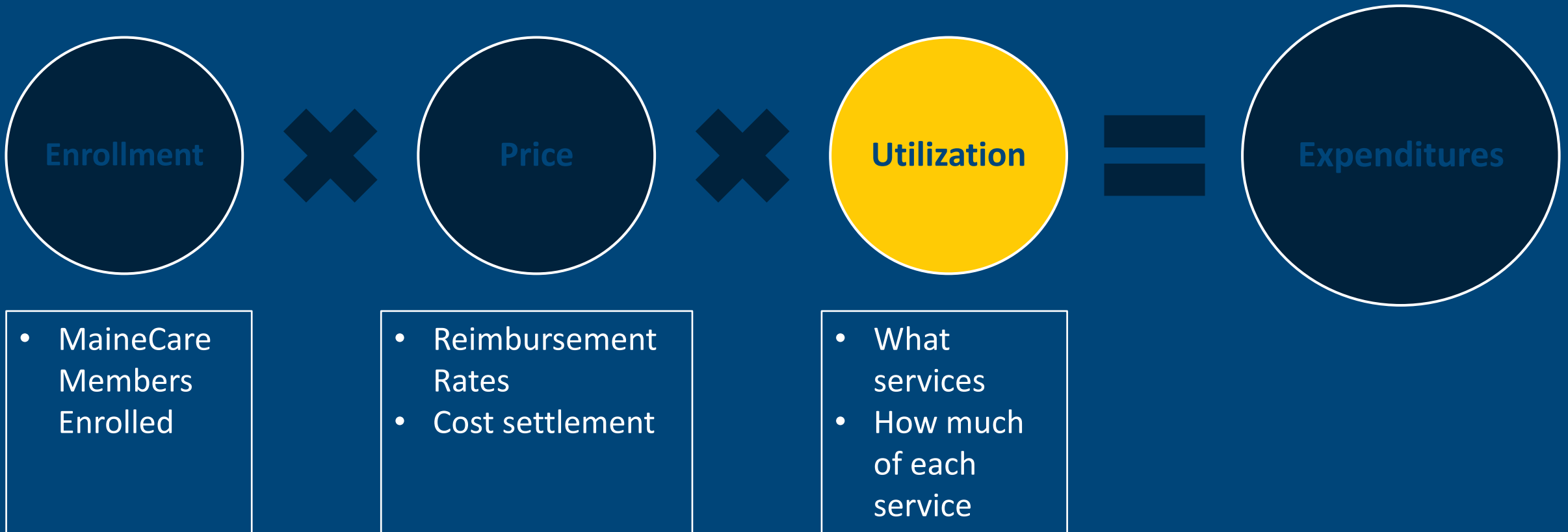
# Cost Settlement for Hospital Professional Services at Hospital-based Practices: currently equivalent to ~170% of Medicare



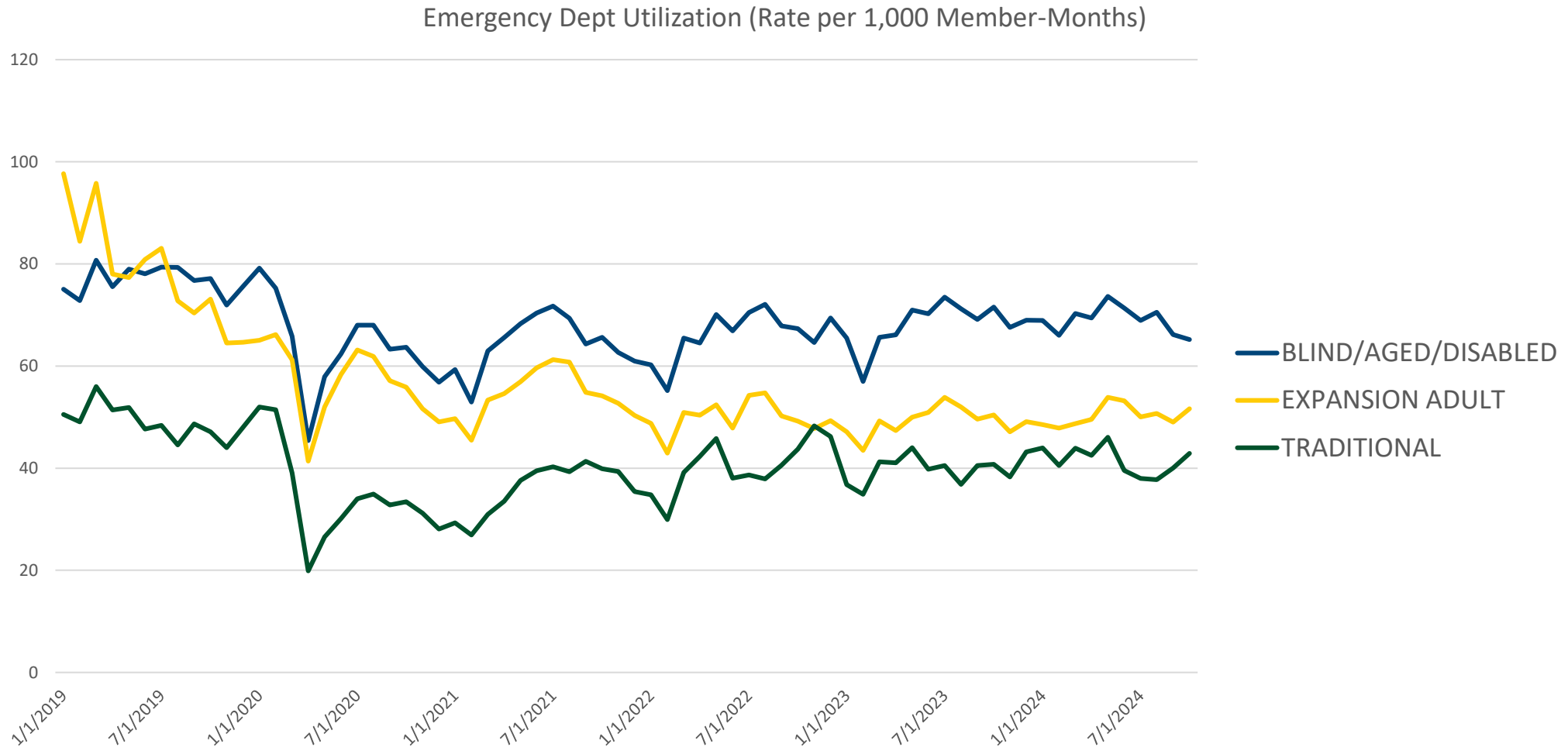
- Cost reimbursement for professional services at HBPs grew at ten times the rate of national healthcare cost growth from 2021 to 2022, at 39.1%
- The number of HBPs increased by 174 practices, over 44%, from 2021 to 2023.

SFY of Settlement Payment	Hospital FYE	% YOY Growth in HBP Settlement	Growth in Nat'l Health Expenditures for Years Svcs Incurred
2023	2021		
2024	2022	39.1%	4.1%
2025	2023	18.5%	7.5%

# Health Care Costs, Simplified

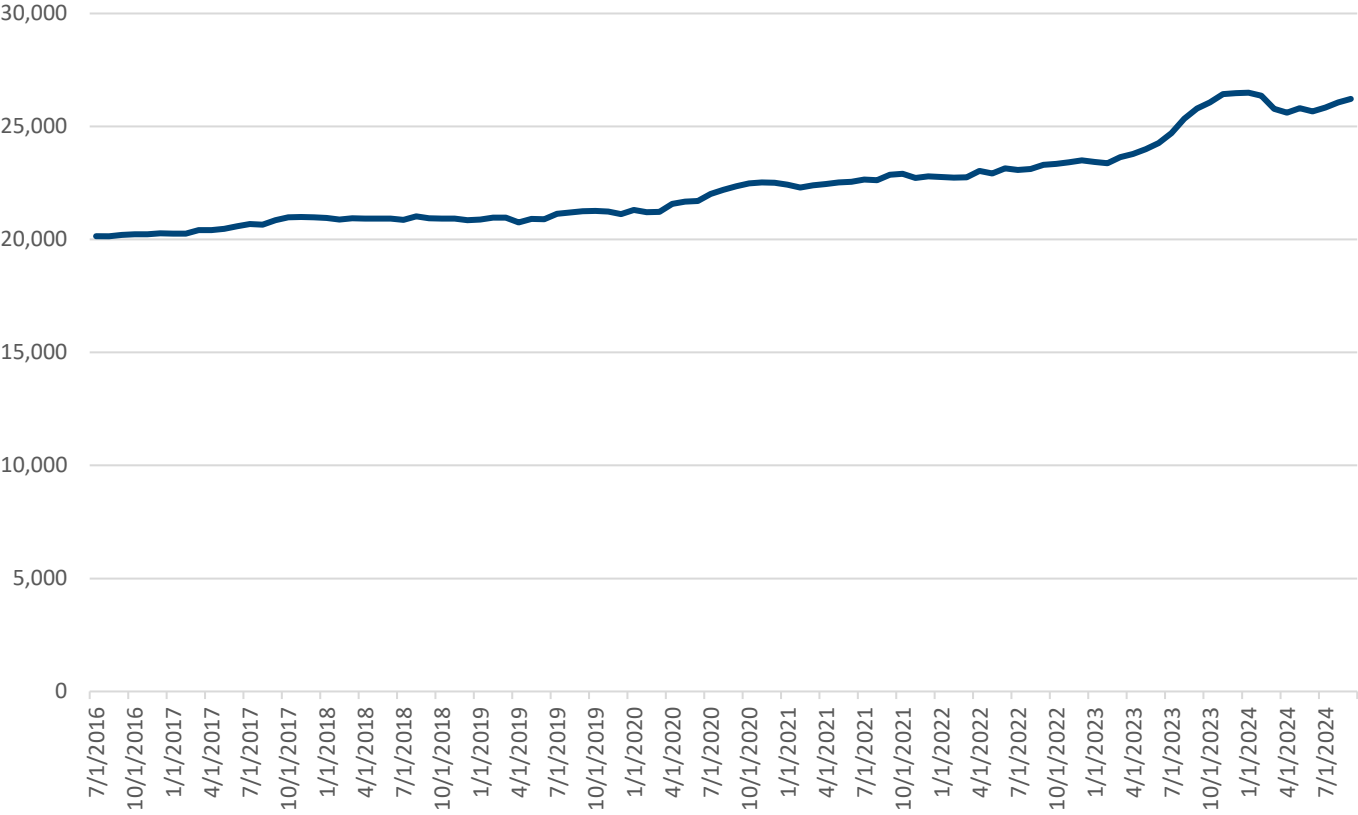


# Emergency Department Utilization has continued to increase since the early pandemic but has yet to fully rebound.

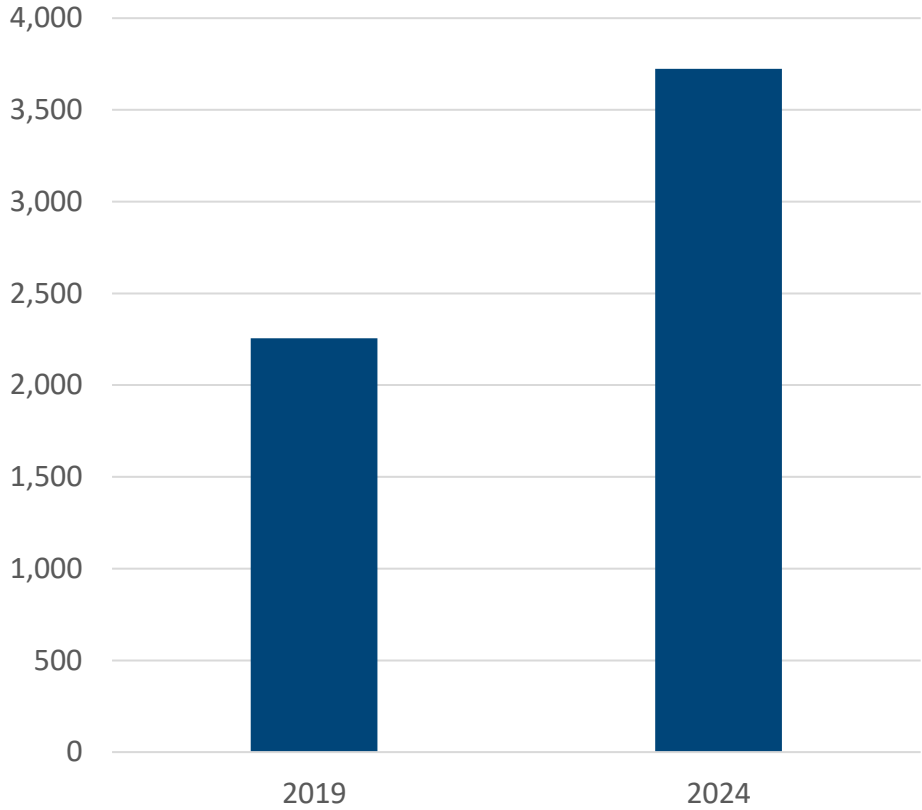


# Utilization often relates to member acuity- MaineCare enrollment of, and waiver participation by, higher acuity older adults continues to climb

### Aged Enrollment Trend

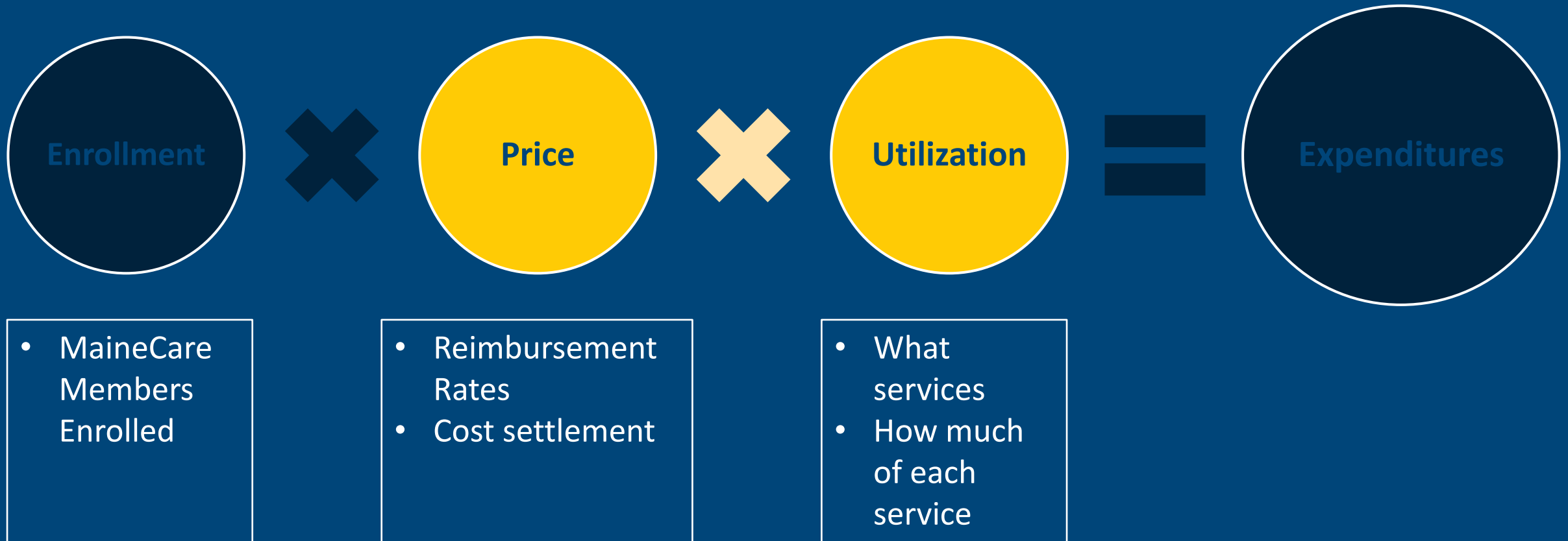


### Section 19 Members





# Health Care Costs, Simplified

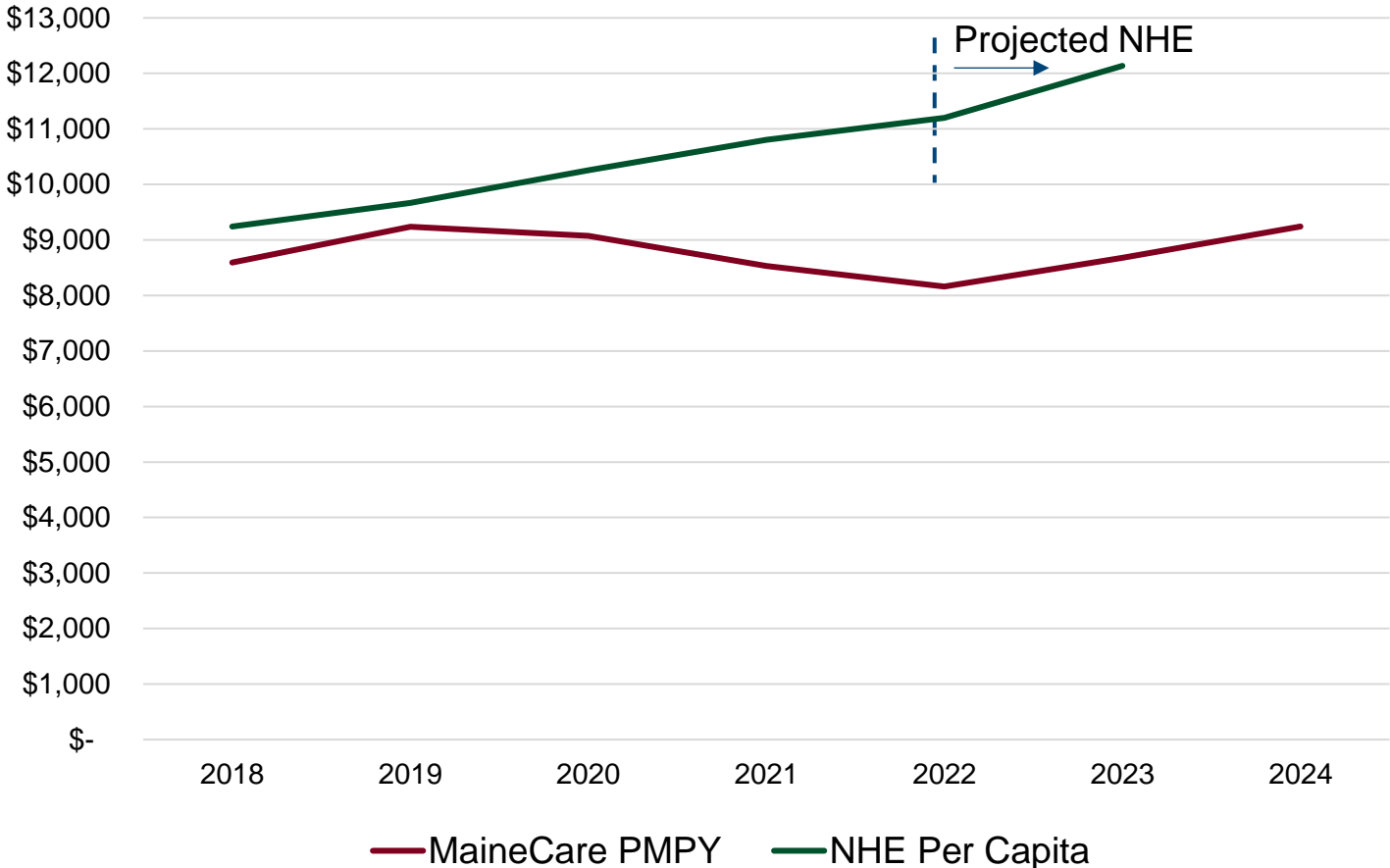


**Price \* Utilization** is often reflected as a **per member cost** (e.g. PMPM or PMPY), to show what is happening with cost when you control for enrollment/ the number of members.

# MaineCare Recent History

- The relatively flat trend in per capita spending shows that increased MaineCare expenditures are primarily driven by enrollment increases.
- MaineCare per capita trend has been consistently lower than National Health Expenditure trend since 2019

MaineCare Per Capita Spending Compared to National Health Expenditures (NHE) Trend

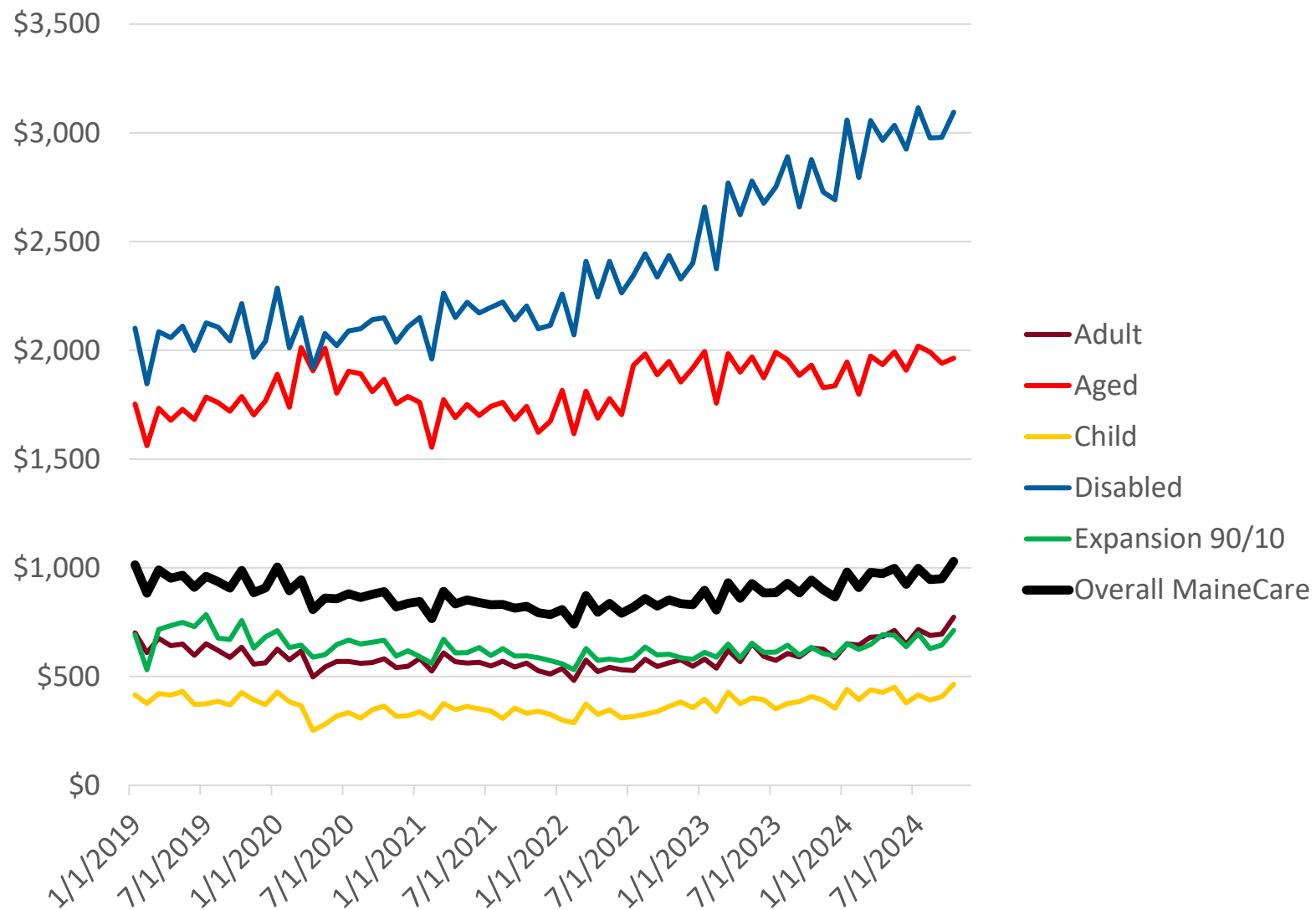


*Excludes supplemental payments, settlement payments, or other non-claims payments National Healthcare Expenditure data from CMS*



MaineCare spending per member per month varies significantly by enrollment category

MaineCare Spending by Enrollment Category (\$PMPM)



# MaineCare Rate Reform

# 22 MRSA §3173-J Governs MaineCare Rate System

## 1. Sets schedule for regular rate review and adjustment

- Annual updates to rates benchmarked off Medicare or other payers
- For non-benchmarked rates:
  - Department annually develops [schedule of rate determination](#) for coming year
  - Rates not being re-determined per schedule receive annual cost of living adjustments

## 2. Ensures review of relevant state and national data to inform rate amounts and payment models, with emphasis on models that promote high value services by connecting reimbursement to performance

## 3. Requires clear and transparent process for rate determination

- Public notice, public presentation and comment on proposed rates, and a public response to comments
- Establishment of rate system subcommittee to MaineCare Advisory Committee

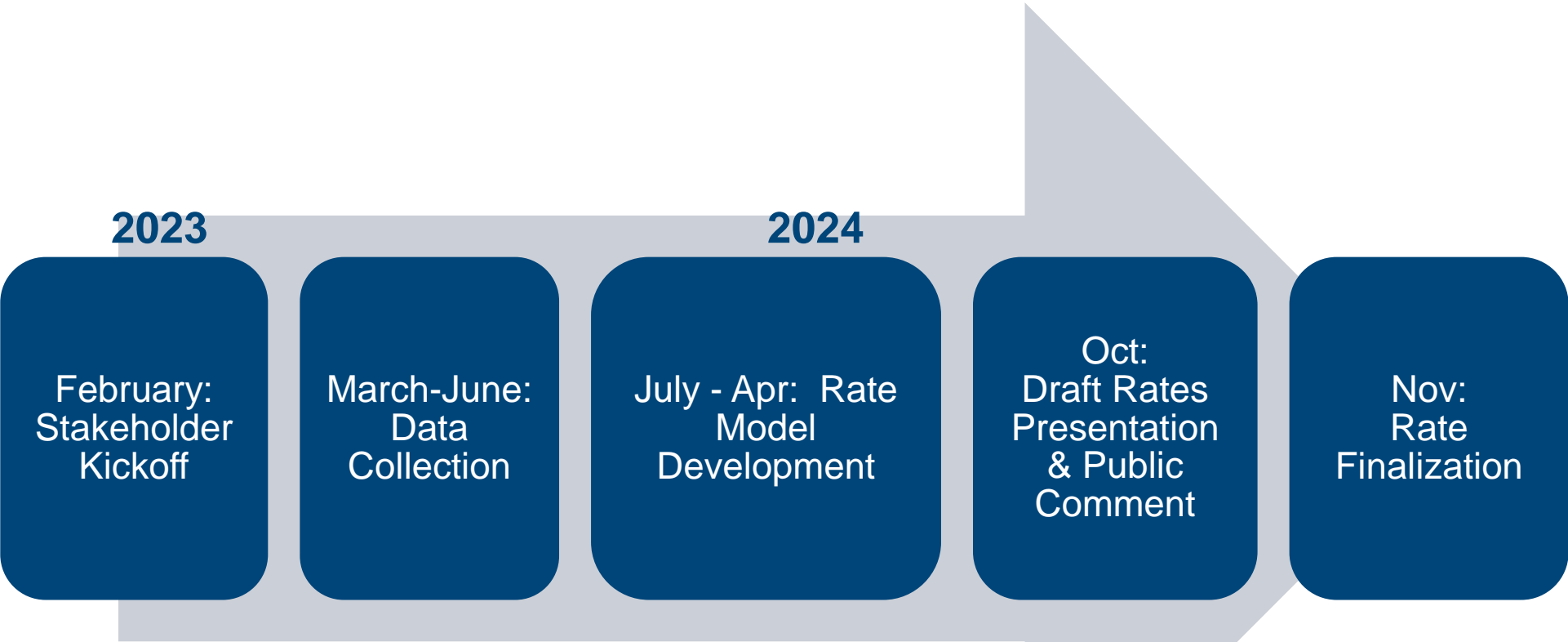
## 4. Requires input from **Technical Advisory Panel**

# Proposed Changes to MaineCare Rate Reform Statute, 22 MRSA 3173-J

Rate reform has added logic and transparency to MaineCare's rate setting process. Learning from experience to date, the Department is proposing changes intended to clarify and streamline the process and provide the Department with flexibility to adapt to a changing environment. These changes include:

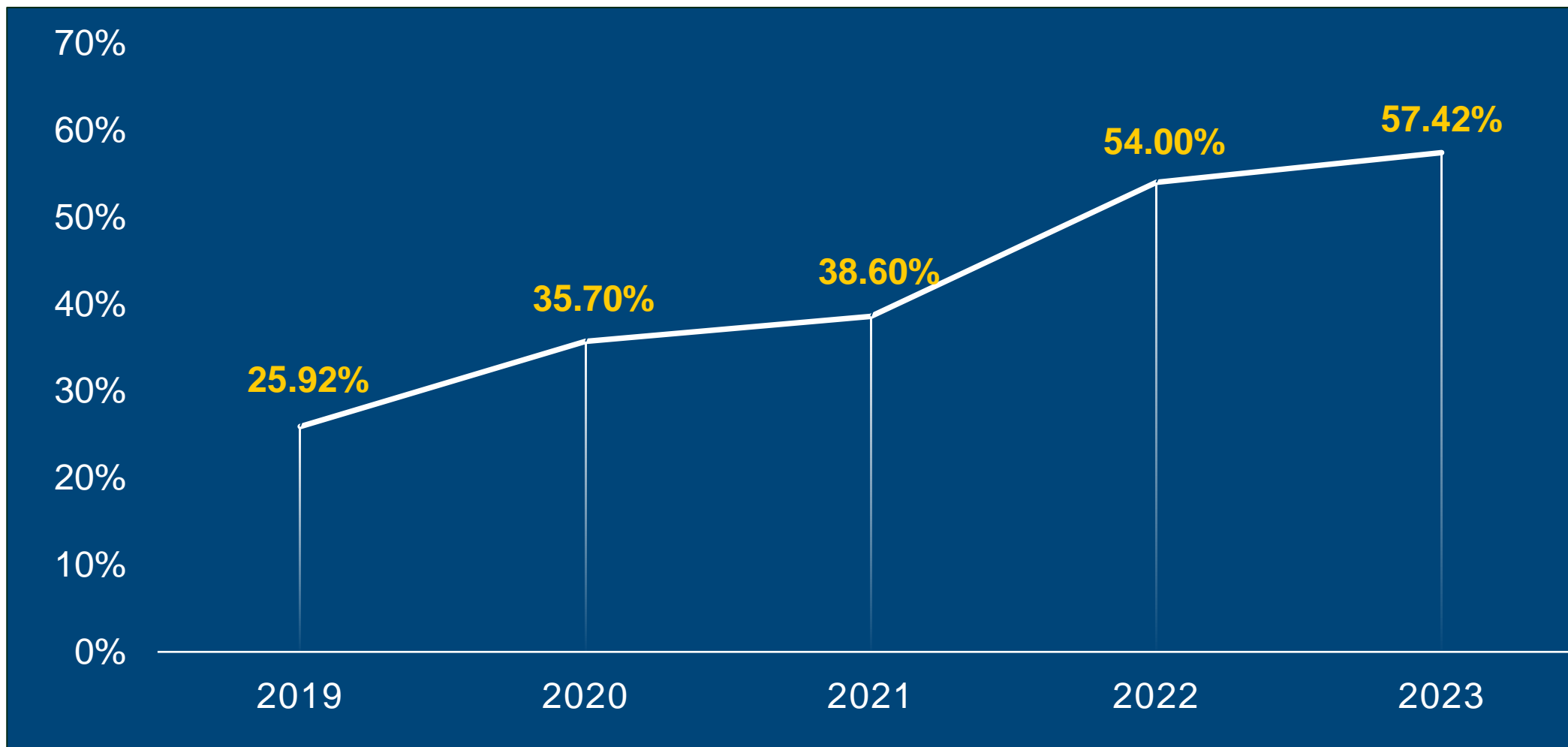
- Providing consistency across MaineCare portfolio, consolidating reimbursement related statute
- Recognizing reality of fluctuations in state budgets while maintaining underlying principles of rate reform

# Example of Rate Determination Process: Nursing Facility Services



[www.maineCare.gov/rate-reform](http://www.maineCare.gov/rate-reform)

# MaineCare more than doubled the proportion of MaineCare payments tied to value over the last 4 years.





# Questions?

**Michelle Probert**

MaineCare Director

[Michelle.Probert@maine.gov](mailto:Michelle.Probert@maine.gov)



# Appendices

# Appendix A: Mandatory and Optional Covered Services

# MaineCare – Mandatory Covered Services

## Federal Medicaid law requires states to cover the following services:

- Inpatient hospital care
- Outpatient hospital care
- Physician Services
- Nurse mid-wife and Nurse Practitioner Services
- Federally Qualified Health Centers/Rural Health Centers
- Laboratories and X-ray Services
- Nursing Facility Services (age 21 and older)
- Home Health Services (including related supplies and equipment)
- Transportation to medically necessary services
- Early Periodic Screening Diagnosis and Treatment (<21)
- Family Planning
- Tobacco cessation counseling for pregnant women
- Certified Pediatric and Family Nurse Practitioner Services
- Freestanding Birth Center Services (when licensed or otherwise recognized by the state)

# MaineCare – Optional Covered Services

## MaineCare also covers the following optional services:

- Prescription Drugs
- Chiropractic Services
- Podiatry
- Diagnostic Services and Screening
- Preventive Services
- Rehabilitative Services
- Clinic Services
- Dental Services (limited for adults)
- Dentures
- Physical and Occupational Therapy
- Speech, Language and Hearing Services
- Prosthetic devices, including eyeglasses
- Health Homes for members with chronic conditions
- Inpatient Psychiatric Care
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDD)
- Private Duty Nursing
- Personal Care Services
- Hospice
- Home and Community-Based Services (habilitation)
- Case Management
- Respiratory Care
- Optometry Services
- Other practitioner services

# Appendix B: Full & Limited Coverage Groups

# MaineCare – Full Benefit Coverage

Coverage Group	Eligibility Criteria
Infants (< age 1)	<ul style="list-style-type: none"> <li>Newborns on date of birth</li> <li>Family income up to 305% Federal Poverty Level (FPL)</li> </ul>
Children 1-18 (including CHIP and state-funded)	<ul style="list-style-type: none"> <li>Family income up to 305% FPL</li> <li>No premiums or asset tests</li> <li>Includes all eligible children regardless of immigration status (state-funded)</li> </ul>
Katie Beckett: children < age 19 w/ serious health condition	<ul style="list-style-type: none"> <li>Monthly income less than 300% of the Supplemental Security Income (SSI) and resources less than \$2,000</li> <li>Services at home that cost less than the cost of care in a facility where a child would otherwise be served</li> </ul>
Young adults 19-20 (including expansion)	<ul style="list-style-type: none"> <li>Household income up to 305% FPL</li> <li>No premiums or asset tests</li> </ul>
Former Maine foster children < age 26	<ul style="list-style-type: none"> <li>Not otherwise eligible for, or enrolled in, other MaineCare coverage</li> </ul>
Pregnant Women (includes CHIP Unborn Child Option (UCO**))	<ul style="list-style-type: none"> <li>Household income up to 214% FPL</li> <li>Medicaid coverage extended for 12 months postpartum.</li> <li>Includes all eligible pregnant people regardless of immigration status</li> </ul>

*\*\* Optional population for coverage, per CMS.*

# MaineCare – Full Benefit Coverage

Coverage Group	Eligibility Criteria	
Expansion Adults (21-64)**	<ul style="list-style-type: none"> <li>Household income up to 138% FPL</li> <li>Not eligible for Medicare</li> </ul>	
Aged, Blind & Disabled*	<ul style="list-style-type: none"> <li>Household income up to 100% FPL, over age 65 OR disability condition, per Social Security Administration</li> </ul>	
Working with a Disabling Condition	<ul style="list-style-type: none"> <li>Household income up to 250% FPL</li> <li>Asset limit and/or income test</li> </ul>	
Benefit	Description	Eligibility Criteria
Medicare Savings Program*	<p>QMB: Pays Part B monthly premiums, plus pays Medicare coinsurance and deductibles. May also cover Part A premiums.</p> <p>QI: Pays Part B monthly premiums.</p>	<ul style="list-style-type: none"> <li>QMB: 185% FPL</li> <li>QI: 250% FPL</li> </ul>
Long-Term Care Coverage*	<p><b>Nursing Facility (NF) Residents:</b> Covers room, food, nursing, routine supplies, and equipment.</p> <p><b>Residential Care:</b> Covers assisted living services for individuals who live in apartment or small adult family care home.</p> <p><b>Waiver:</b> Covers home and community-based long term care services for Individuals with Intellectual Disabilities</p>	
<p>* Has asset limit and/or income test</p> <p>** Optional population for coverage, per CMS.</p>		



# MaineCare – Limited Benefit Coverage

Benefit	Description	Eligibility Criteria
HIV/ AIDS Waiver**	For people living with HIV/AIDS who are not eligible in another coverage group. Must comply with treatment plan.	Individual income up to 250% FPL; monthly premium may be required.
Limited Family Planning**	Limited family planning services for individuals not otherwise eligible for MaineCare.	Household income up to 214% FPL
Emergency MaineCare	Emergency services only. Labor and delivery are also covered.	Non-citizens without documents from Homeland Security
Justice-involved Individuals	Inpatient services in hospitals, Intermediate Care Facilities for Individuals with Intellectual Disabilities, Nursing Facilities, juvenile psychiatric facilities	Involuntarily confined in a public institution, state or federal prison, jail, detention facility, or penal facility
** <i>Optional population/ benefit for coverage, per CMS.</i>		

# MaineCare – Limited Benefit Coverage

Benefit	Description	Eligibility Criteria
Medicare Savings Program*	QMB: Pays Part B monthly premiums, plus pays Medicare coinsurance and deductibles. May also cover Part A premiums. QI: Pays Part B monthly premiums.	<ul style="list-style-type: none"> <li>• QMB: 185% FPL</li> <li>• QI: 250% FPL</li> </ul>
Private Health Insurance Premium (PHIP)	Helps pay the MaineCare member's share of the cost for private health insurance.	<ul style="list-style-type: none"> <li>• Enrolled in MaineCare as well as private coverage</li> </ul>
COVID-19 Testing, Treatment, and Vaccination for Uninsured	100% federally funded coverage of COVID-19 related services. Also receive Maine Rx Plus benefit.	<ul style="list-style-type: none"> <li>• Must be uninsured, not otherwise eligible for MaineCare</li> </ul>
<p><i>*Has asset limit, must be entitled to Medicare Part A</i></p>		

# MaineCare-Administered Non-Medicaid Benefits

Benefit	Description	Eligibility Criteria
Maine Rx Plus	State-funded discount drug program	<ul style="list-style-type: none"> <li>• 350% FPL</li> <li>• Over-income for MaineCare</li> </ul>
Drugs for the Elderly (DEL)	State-funded discount drug program	<ul style="list-style-type: none"> <li>• Household income up to 185% FPL</li> <li>• Age 62 or older or disability, over-income for MaineCare</li> </ul>
Breast & Cervical Cancer Screening	State-funded coverage of breast and cervical cancer screenings.	<ul style="list-style-type: none"> <li>• Household income up to 250% FPL</li> <li>• Women &lt;age 65 with breast or cervical cancer/ pre-cancer</li> </ul>
State-Funded Abortion Services	State-funded coverage of abortion services not covered under federal Medicaid benefit	<ul style="list-style-type: none"> <li>• Enrolled in MaineCare</li> </ul>
State-Funded Children	See previous slide.	

# Appendix C: MaineCare Priority Accomplishments & Ongoing Work

# Office of MaineCare Services' Priorities

## 1. Incent and improve access to high value, equitable care that meets members' health and health-related social needs.

### Examples of initiatives achieved since last HHS Orientation:

- Implemented Hospital Rate Reform for Acute Care and Rehabilitation Hospital Facility Services and Critical Access Hospitals
- Announced significant shared savings payments to three out of four Accountable Community providers
- Piloting Post Incarceration Incentive Payments
- Selected for the following grant and learning opportunities:
  - Certified Community Behavioral Health Clinic (CCBHC) Demonstration grant
  - Building State Capacity for Learning and Action Series to support a Beneficiary Advisory Council
  - Transforming Maternal Health (TMaH) Model
  - Medicaid and Corrections Policy Academy

# Office of MaineCare Services' Priorities

## 1. Incent and improve access to high value, equitable care that meets members' health and health-related social needs.

### Examples of Initiatives In Progress

- Rate reform initiatives spanning a wide range of areas (e.g. primary care, interpreter services, behavioral health, home and community-based services).
- Launching the Certified Community Behavioral Health Clinic (CCBHC) model.
- Applying for an 1115 re-entry and IMD waiver
- Kicking off and leading a 10-year effort, supported by federal funding, to improve maternal and newborn health outcomes.
- Strengthening the population health management, community partnership, and performance requirements and incentives within the Accountable Communities program.
- Adding performance-based payment provisions to several additional MaineCare covered services, including but not limited to nursing facilities, community based behavioral health and mobile crisis service response teams.

# Office of MaineCare Services' Priorities

## 1. Incent and improve access to high value, equitable care that meets members' health and health-related social needs.

Alternative Payment Models (APMs) :

- ✓ offer providers greater flexibility to meet member's needs through team-based care, innovation, and reduced administrative burden.
- ✓ Include accountability for cost and/or quality outcomes.

DHHS works with partners to define and measure value that is meaningful to providers and aligned with member-centered care. **APMs are a tool to drive desired outcomes – they are not the end goal itself.**



# Office of MaineCare Services' Priorities

## 2. Strengthen our technology, systems, and skills to maximize our efficiency and effectiveness and our ability to make well-informed and data-driven decisions that reflect real world experience.

### Examples of initiatives

#### Achieved since last HHS Orientation:

- Worked with Permanent Commission on the Status Of Racial, Indigenous And Tribal Populations to plan *Interacting with Wabanaki-Maine History* training for MaineCare employees
- MaineCare team members participated in LEAN, delegation, and other project management/process improvement training

#### In progress:

- Large-scale project to better align MaineCare claims system (MIHMS), accounting, and federal reporting
- Upgrading existing claims processing system to improve ease and cost of ongoing changes, improve user experience, and maintain security and stability
- Developing a Beneficiary Advisory Council and updating MaineCare Advisory Committee governance
- Establishing standard process for MaineCare provider site visits and listening sessions
- Expanding ability for MaineCare members to receive Department notifications electronically
- Continuous improvements toward operational effectiveness, including consolidating teams with similar functions to better execute on MaineCare priorities and provide clear channels for communication and decision-making



# Office of MaineCare Services' Priorities

## 3. Maintain a culture of compliance and promote responsible fiscal stewardship.

### Examples of initiatives

#### Achieved since last HHS Orientation:

- Roll back of temporary flexibilities related to the COVID-19 Public Health Emergency.
- CMS reporting to demonstrate compliance with operational requirements related to claims processing system.
- Repeal of Service Provider Tax, corresponding reduction in rates to remove tax add-ons, and CMS approval of first backlogged SPA from 2010, resolving 14-year CMS compliance issue
- Participated in negotiation of settlement agreement with the U.S. Department of Justice intended to prevent children with behavioral health needs from unnecessarily entering or remaining in an out-of-home placement.

#### In progress:

- Continuous assessment of opportunities to reduce administrative spending and maximize federal match.
- Using Electronic Visit Verification data to inform reviews of proper billing and service delivery.
- Ongoing work to comply with new federal mandates related to:
  - Increasing transparency, standardizing data & reporting, and promoting member engagement
  - Providing access to MaineCare services for justice-involved youth
  - Updating the MaineCare provider directory
  - Enhancing data-sharing with providers and members
  - Reducing prior authorization turnaround times and developing new public reporting

# Office of MaineCare Services' Priorities

## 4. Foster employee engagement through a positive, supportive, inclusive workplace environment.

### Examples of initiatives

#### Achieved since last HHS Orientation:

- Developed standard planning process and feedback loops to improve MaineCare All-Staff meetings. Ensure every meeting includes:
  - Staff nominations for exemplifying MaineCare values
  - Unit presentations to share how day-to-day work supports MaineCare priority areas
  - Hybrid engagement strategies

#### In progress:

- Exploring strategies to better meet the needs of all populations we serve through improved recruitment and retention of quality staff, improved customer service, and identification of and efforts to reduce disparities in health outcomes.
- Working with Managers & Supervisors to identify their priorities for knowledge sharing and peer-to-peer support
- Utilizing the annual DAFS employee engagement survey results to develop employee engagement workplan
- Ongoing, externally funded support for team members to attend trainings and conferences



# 1115 Re-Entry Waiver and Justice-Involved Youth Requirements of Section 5121 of the Consolidated Appropriations Act



In 2023, Maine State Legislature passed H.P. 764 – L.D. 1204 requiring MaineCare to apply for the 1115 Re-entry Waiver.

- **Population:** Pre-trial and sentenced individuals, juveniles, and adults
- **Minimum services:** Case Management, Medication Assisted Treatment (MAT), 30-day supply of medications upon release
- **Timeframe:** Up to 90 days before anticipated release

In 2023, Congress passed Sec 5121 of the Consolidated Appropriations Act, requiring:

- **Population:** Juveniles up to age 21 and former foster youth up to age 26 who are post-adjudication
- **Minimum services:** Case management, referrals to care, and physical and behavioral health screenings
- **Timeframe:** Up to 30 days before anticipated release

# Appendix D: MaineCare Rate Reform Progress

# Rate Reform: Other Accomplishments in Advance of P.L. 2021, c. 639

Policy Section & Service	Calendar Year of Reform and Services	Rate/ Methodology Changes
<b>Home and Community Based Services (HCBS) for Members with IDD or Autism:</b> 18, 20, 21, 29	Jul 2020: Home & Work Supports (18, 20) Jan 2020: Home, Community, & Work Supports (18, 20, 21, 29) Jul 2021: Home, Family, & Community Supports (21, 29) 2022: All services, per Part AAAA	<ul style="list-style-type: none"> <li>• 73.7% median rate increase</li> <li>• 29.4% median rate increase</li> <li>• 5.8% median rate increase</li> <li>• 4.9% COLA for all. For svcs requiring addt'l increase per Part AAAA, addt'l median increase of:               <ul style="list-style-type: none"> <li>• 18: 5.2%</li> <li>• 20: 5.4%</li> <li>• 21: 6.9%</li> <li>• 29: 41.6%</li> </ul> </li> </ul>
<b>Personal Care Services:</b> 12- Consumer Directed Attendant Services 19- HCBS for older adults & those w/ physical disabilities 96- Private Duty Nursing	2020: Personal Care Services (12, 19, 96) 2022: All services (12, 19, 96), per Part AAAA	<ul style="list-style-type: none"> <li>• 28.4% median rate increase</li> <li>• 4.9% COLA for all. For svcs requiring addt'l increase per Part AAAA, addt'l median increase of:               <ul style="list-style-type: none"> <li>• 12: 21.3%</li> <li>• 19: 1.8%</li> <li>• 96: 8.8%</li> </ul> </li> </ul>
<b>Private Non-Medical Institutions (PNMI):</b> 97B- Substance Use Disorder Residential Tx 97D- Children's Residential	2021	Median rate increases: <ul style="list-style-type: none"> <li>• 97B: 35.8%</li> <li>• 97D: 33.2%</li> </ul>

Rate Reform:  
Other  
Accomplishments  
in Advance of P.L.  
2021, c. 639,  
cont.

Policy Section & Service	Calendar Year of Reform and Services	Rate/ Methodology Changes
5- Ambulance Services	2022: Medicare codes/ services	Adoption of Medicare “super rural” rate at 100%
25- Dental Services	2022: Comprehensive adult and children’s dental	• 57% median rate increase
<b>Medicare-Benchmarked Medical Services:</b> 14- Advanced Practice Registered Nursing 15- Chiropractic Services 30- Family Planning 68- Occupational Therapy 75- Vision 85- Physical Therapy 90- Physician 95- Podiatry 101- Medical Imaging 109- Speech and Hearing	2022: Medicare-covered services  Ongoing: Annual updates	<ul style="list-style-type: none"> <li>• Most services went from 70% of 2009 Medicare to 72.4% of current year Medicare</li> </ul>
<b>Behavioral Health Services:</b> 89- MaineMOM**	2023	New rate

\*\*Federal approval effective July 1, 2022. Rulemaking in progress.

Rate Reform:  
Other  
Accomplishments  
in Advance of P.L.  
2021, c. 639,  
cont.

Policy Section	Calendar Year and Adjustment	Rate/ Methodology Changes
67- Nursing Facility Services	Jul 2022: Part AAAA 125% min wage adjustment	20.8% average rate increase July over July with standardized case mix
97C- Private Non-Medical Institution, Medical & Remedial	Jul 2022: Part AAAA RCF 125% min wage adjustment	2.5% average annual rate increase July over July with standardized case mix
13- Targeted Case Management Services 17- Community Support Services 23- Developmental and Behavioral Clinic Services 28- Rehab & Community Support Svcs for Children w/ Cognitive Impairments & Functional Limitations 30- Family Planning Agency Services 40- Home Health Services 65- Behavioral Health Services 91- Health Home Services - Community Care Teams 92- Behavioral Health Home Services 93- Opioid Health Home Services 97D- Therapeutic Foster Care 102- Rehabilitative Services	2022: Cost of Living Adjustment under c. 639	4.9% COLA

Rate Reform:  
Other  
Accomplishments  
in Advance of P.L.  
2021, c. 639,  
cont.

Policy Section	Calendar Year and Adjustment	Rate/ Methodology Changes
67- Nursing Facility Services	Jan 2023: Part AAAA 125% min wage adjustment	0.9% average rate increase over July 2022 rates, with standardized case mix
97C- Private Non-Medical Institution, Medical & Remedial	Jan 2023: Part AAAA RCF 125% min wage adjustment	2.5% average rate increase over July 2022 rates, with standardized case mix
12 - Consumer Directed Attendant Services 18- Home and Community Based Services (HCBS) for Adults with Brain Injury 19- HCBS for Older adults & those with physical disabilities 20- Home and Community Based Services (HCBS) for Adults with Other Related Conditions 21- Home and Community Based Services (HCBS) for Members with IDD or Autism 29- Supportive Services for Members with IDD or Autism 96- Private Duty Nursing	2023: Cost of Living Adjustment under c. 639 and Part AAAA	8.2%



# CY23 Rate Determination Schedule Status: Complete

Policy Section	Status	Effective Date	Rate/ Methodology Changes
13- Targeted Case Management	Rates Implemented	1/1/23	6.6% rate increase
Behavioral Health Services: 17- Community Support Services 28- Rehab & Community Support Svcs for Children w/ Cognitive Impairments & Functional Limitations* 65- Behavioral Health Services 92- Behavioral Health Home Services	Rates Implemented	1/1/23	Median rate increases: <ul style="list-style-type: none"> <li>• 17: 59.2%</li> <li>• 28: 72.3%</li> <li>• 65: 22.0%</li> <li>• 92: 43.0%</li> </ul> Changes to flexible, performance-based case rates for ACT and HCT, per stakeholder feedback
26- Day Health Services	Rates Implemented	1/1/23	53.3%
60- Durable Medical Equipment	Rates Implemented	1/1/23	100% Medicare rates and methodology (urban/rural)

CY23 Rate  
Determination  
Schedule Status:  
Complete

Policy Section	Status	Effective Date	Rate/Methodology Changes
2- Adult Family Care Homes	Implemented	1/1/2023	67% rate increase (7&8 bed) 110% rate increase (6 or fewer beds)
45- Acute inpatient distinct psychiatric units and Substance Use Disorder units (for medically supervised withdrawal)	Implemented	7/1/2023	Median increase of 64%
31- Federally Qualified Health Centers (FQHCs) Rebasing	Implemented	3/1/2023	Median Increase of 34%
TBD - National Diabetes Prevention Program (NDPP)	Implemented	11/8/2023	Benchmarks 100% of Medicare

# CY24 Rate Determinations: Completed

Policy Section	Status	Target Effective Date	Rate/Methodology Change
23- Developmental and Behavioral Clinic Services: (Child Abuse Evals and Foster Care Comprehensive Assessments)	Implemented	7/3/2024	<ul style="list-style-type: none"> <li>Comprehensive Assessment: new reimbursement model and rate; \$909k all funds appropriated</li> <li>Child Abuse Evaluation: 90% increase to previous rate.</li> </ul>
45- Hospitals	Inpatient & Outpatient Facility Implemented	7/1/2024, & 1/1/2025: Acute, Rehab 1/1/2025: CAH	<ul style="list-style-type: none"> <li>Outpatient facility, ACH: increase from 83.7% to 109% of Medicare APC rates.</li> <li>Inpatient facility, ACH: median 42% increase to base rates, update to current year Medicare Diagnosis Related Groups</li> <li>CAH: Change from 109% to 104.5% cost settlement</li> </ul>
14, 30, 31, 45, 90, & 103: Certain Medicare Covered Family Planning Services & Long-Acting Reversible Contraception (LARCs)	Determination Completed/ Pending Implementation	7/1/2024	<ul style="list-style-type: none"> <li>Family Planning services eligible for 90/10 match: change from 72.4% to 100% of Medicare</li> <li>LARC median increase of 43%</li> </ul>
67- Nursing Facilities	Completed/ Pending Implementation	1/1/2025	Standardized base rates for direct care and routine Median combined rate increase 14%. Estimated \$49M investment.
Children's Therapeutic Foster Care (TFC) and Therapeutic Intensive Home (TIH)	Completed/ Pending Implementation	1/1/2026	<ul style="list-style-type: none"> <li>TFC: 21.7% increase</li> <li>TIH: New service model and rates \$5.4 million annually (all funds)</li> </ul>
Certified Community Behavioral Health Clinic (CCBHC) Demonstration	Completed/ Pending Implementation	3/1/2025	New service model and rates, estimated at \$19M all funds (eligible for enhanced match)

# CY24 Rate Determinations: In Progress

Policy Section	Status	Target Effective Date
107, Psychiatric Residential Treatment Facilities (PRTF)	Comment Period	1/1/2026
30, Family Planning (New Alternative Payment Model)	Rate Model Dev	TBD
18, 20, 21, 29, HCBS for Individuals with Intellectual & Developmental Disabilities or Autism & Proposed Lifespan Waiver	Rate Model Dev	TBD
12, 18, 19, 20, 21, 29, 40, 96, and 102, Home & Community Based Services (HCBS) Clinical, Therapy, Care Coordination, Supportive Skills Building, Assistive Technology and Personal Support Services	Rate Model Dev	TBD
TBD, Mobile Crisis Response Teams	Rate Model Dev	7/1/2025
93, Opioid Health Homes – Includes New Model for Other Substance Use Disorders (SUD)	Rate Model Dev	TBD
67, Nursing Facility- Specialty Units	Rate Model Dev	TBD

# CY24 Rate Determinations: In Progress (continued)

Policy Section	Status	Target Effective Date
46, Psychiatric Hospitals (IMDs)	Data Collection	TBD
80, Pharmacy Services: Dispensing Fees	NESCO Data Collection	4/1/2026
TBD, Palliative Care	Rate Model Dev	TBD
TBD, Community Paramedicine	Rate Model Dev	TBD
Ch. VI, Section 3, Primary Care Plus (PCPlus)	Internal Planning	TBD
Ch. I, Section 1, Interpreter Services	Internal Planning	TBD
97 C, Private Non-Medical Institution, Appendix C: Medical Remedial Service Facilities (RCFs)	Internal Planning	TBD
97 E & F, Community Residences for Persons with Mental Illness (PNMI E) and Non-Case Mixed Medical and Remedial Facilities (PNMI F)	Service Model Design	TBD
TBD, Coordinated Specialty Care (CSC)	Service Model Design	TBD
65, 106, Multi-Dimensional Family Therapy (65) & School-based Health Center Services & Early Intervention (106)	Procurement/To be Initiated	TBD

# CY25 Rate Determination: New Proposals for Schedule

Policy Section	Status	Target Effective Date
45, Hospitals (Professional Reimbursement)	Proposed	7/1/2026
5, Ambulance Services	Proposed	4/1/2026
55, Laboratory Services	Proposed	4/1/2026
43, Hospice Services	Proposed	4/1/2026

# Proposed Changes to MaineCare Rate Reform Statute, 22 MRSA 3173-J – Additional Proposal Detail

- Consolidate statutory requirements regarding rate adjustments under MaineCare Rate Reform statute 3173-J.
- Permit OMS to make rate changes in response to federally declared emergencies and state budget shortfalls outside of the rate-setting system processes.
- Allow for predictability and accuracy in application of rate adjustments associated with changes to Maine's minimum wage by requiring these rate adjustments to occur 6 to 12 mo following the minimum wage change.
- Make reimbursement adjustments, including COLA, subject to availability of appropriations
- Clarify that any use of the MaineCare Stabilization Fund to enable rate adjustments must be followed by an ongoing appropriation to sustain reimbursement levels.
- Permit Department under APA to incorporate reference to reimbursement benchmarks (e.g. other state Medicaid agency rates, Medicare, etc).

# Appendix E: Health Care Quality Outcomes



# MaineCare Quality Performance, 2022\*

Maine’s performance on select adult and child measures:  
Improved from previous periods *and/or* exceeds national median

Adult Measure	<ul style="list-style-type: none"><li>• Antidepressant Medication Management</li><li>• Breast Cancer Screening</li><li>• Follow-Up After Hospitalization for Mental Illness</li><li>• Use of Pharmacotherapy for Opioid Use Disorder</li></ul>
Child Measures	<ul style="list-style-type: none"><li>• Follow-Up Care for Children Prescribed ADHD medication</li><li>• Well-Child Visits in the first 30 months of life</li><li>• Child and Adolescent Well-Care Visits, ages 3-21</li><li>• Follow-Up After Emergency Department Visit for Mental Illness</li></ul>

\*From 2023 CMS Core Set Report. See [Medicaid and CHIP Scorecard](#) for more information

# Example Areas of Quality Improvement Focus in Performance-Based Payment Models

- Nursing Facilities
  - Antipsychotic Use (*Below national performance; Below past Maine performance*)
  - Staff Turnover (*Tied to reform goals; Room for improvement*)
- Opioid Health Homes
  - Primary Care Utilization (*Population disparity compared to general population*)
- Primary Care
  - Lead Screening (*State Law; Room for improvement*)
- Accountable Communities
  - Non-Emergent Emergency Department Use (*Room for improvement; Increasing levels*)
- Certified Community Behavioral Health Clinics / Crisis Services
  - Timely Access to Services (*National core metric for service area*)

# Division of Licensing and Certification (DLC)

Bill Montejo, RN, Office Director  
Joseph Zamboni, Chief Operating Officer

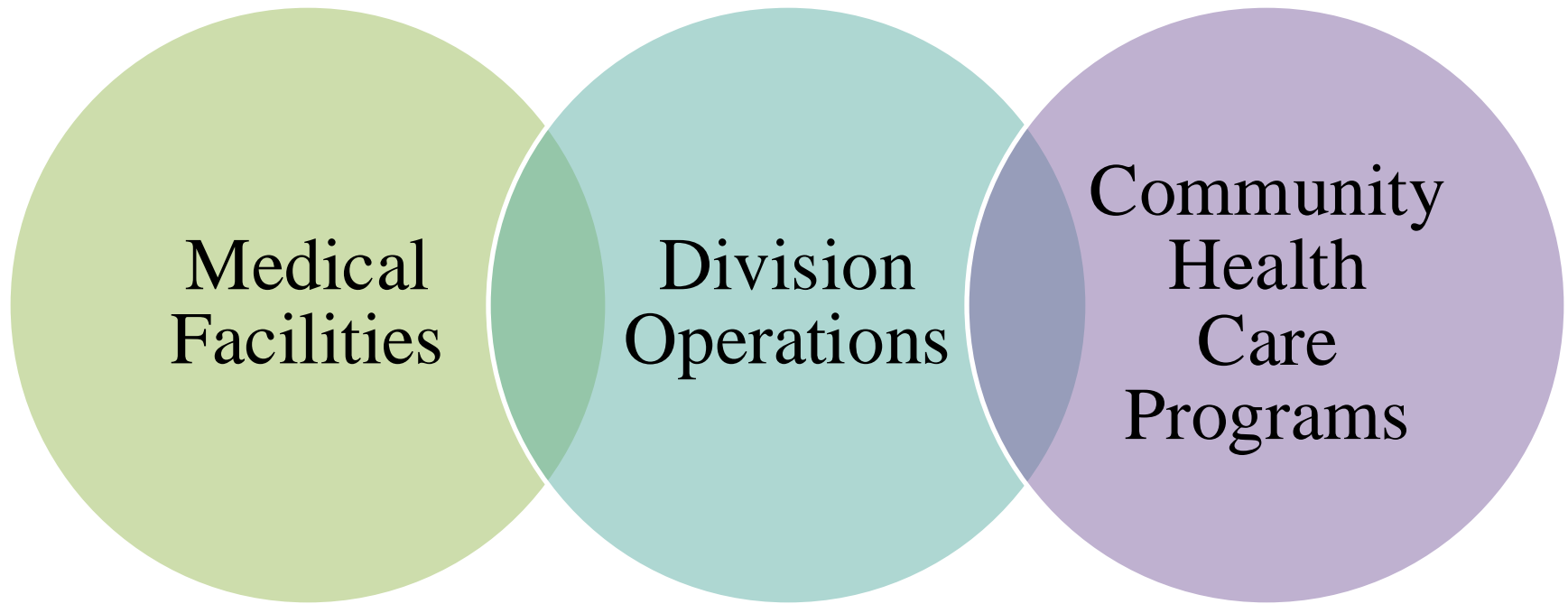
January 2025



## DLC's Mission

*The mission of the Division of Licensing and Certification (DLC) is to support access to quality and effective health care and social services for Maine people by developing and applying regulatory standards that help people have safe and appropriate outcomes.*

# DLC's Operational Divisions



# DLC's Leadership

**Bill Montejo, RN**  
Director

**Lynn Hadyniak**  
AD of Medical Facilities  
Staff: 32

Laboratories  
Long Term Care  
Acute Care (Hospitals, Intermediate Care  
Facilities for Individuals with Intellectual  
Disabilities, Home Health, Federally  
Qualified Health Centers, Hospice  
Agencies, Ambulatory Surgery Centers,  
Rural Health Clinics, Portable X-Ray  
Suppliers, and Outpatient Physical  
Therapy/Speech Pathology Services)

**Joseph Zamboni**  
COO  
Staff: 11

Division Operations  
CMS Compliance Quality Assurance  
Healthcare Compliance  
Certificate of Need  
Policy, Hearings  
Complaint Intake, Temporary Nurse  
Agencies

**Heather Hyatt**  
AD Community Health Care  
Programs  
Staff: 37

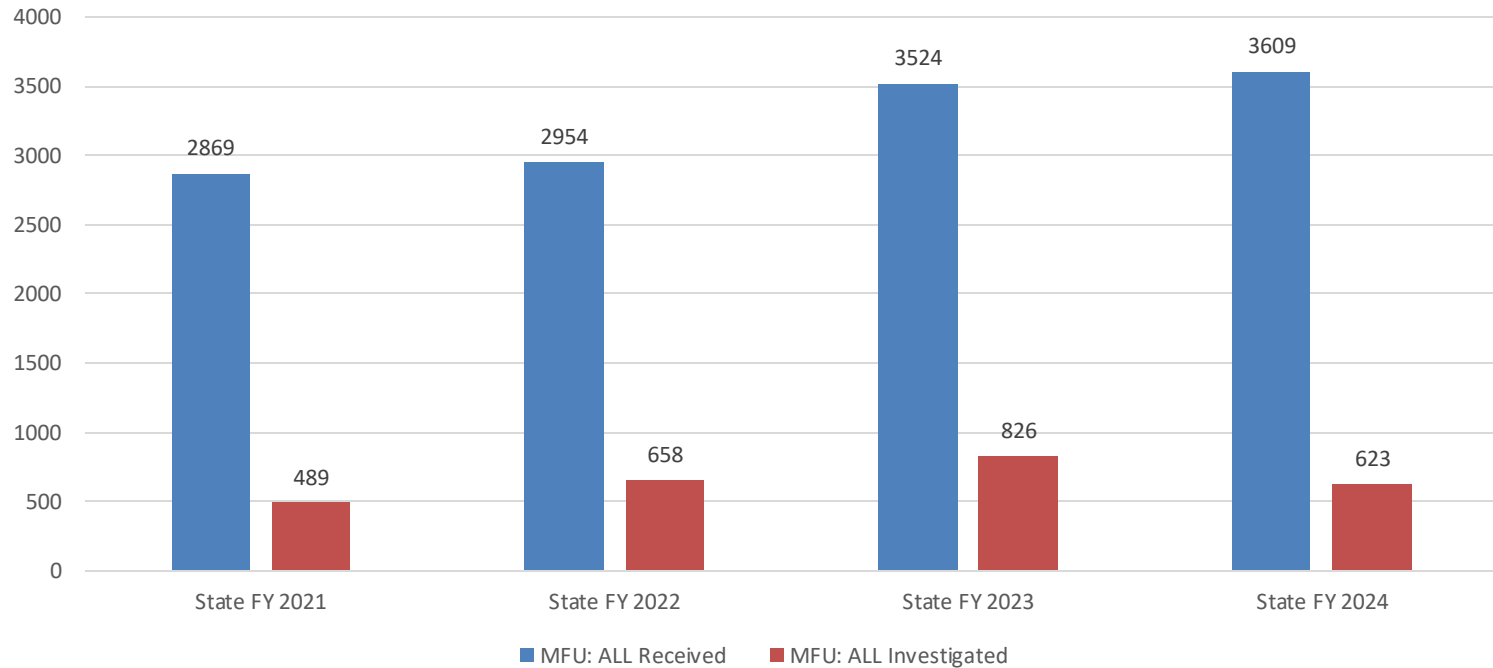
Assisted Housing (PNMIs, Residential Care,  
Assisted Living, Personal Care Agencies)  
Behavioral Health (Mental Health,  
Substance Use, Employee Assistance  
Programs)  
Sentinel Events  
Maine Background Check Center  
Direct Care Worker Registry, CNA  
Registry

# Complaint Investigations

- In State FY 2024, we received 8036 intakes/complaints alleging violations by facilities or agencies.
- Of these, we conducted 1486 investigations for possible regulatory violations.
- All intakes/complaints received are reviewed, triaged and investigated in accordance with policies based on federal standards outlined in the CMS State Operations Manual, Chapter 5.

# Complaint Intakes & Investigations

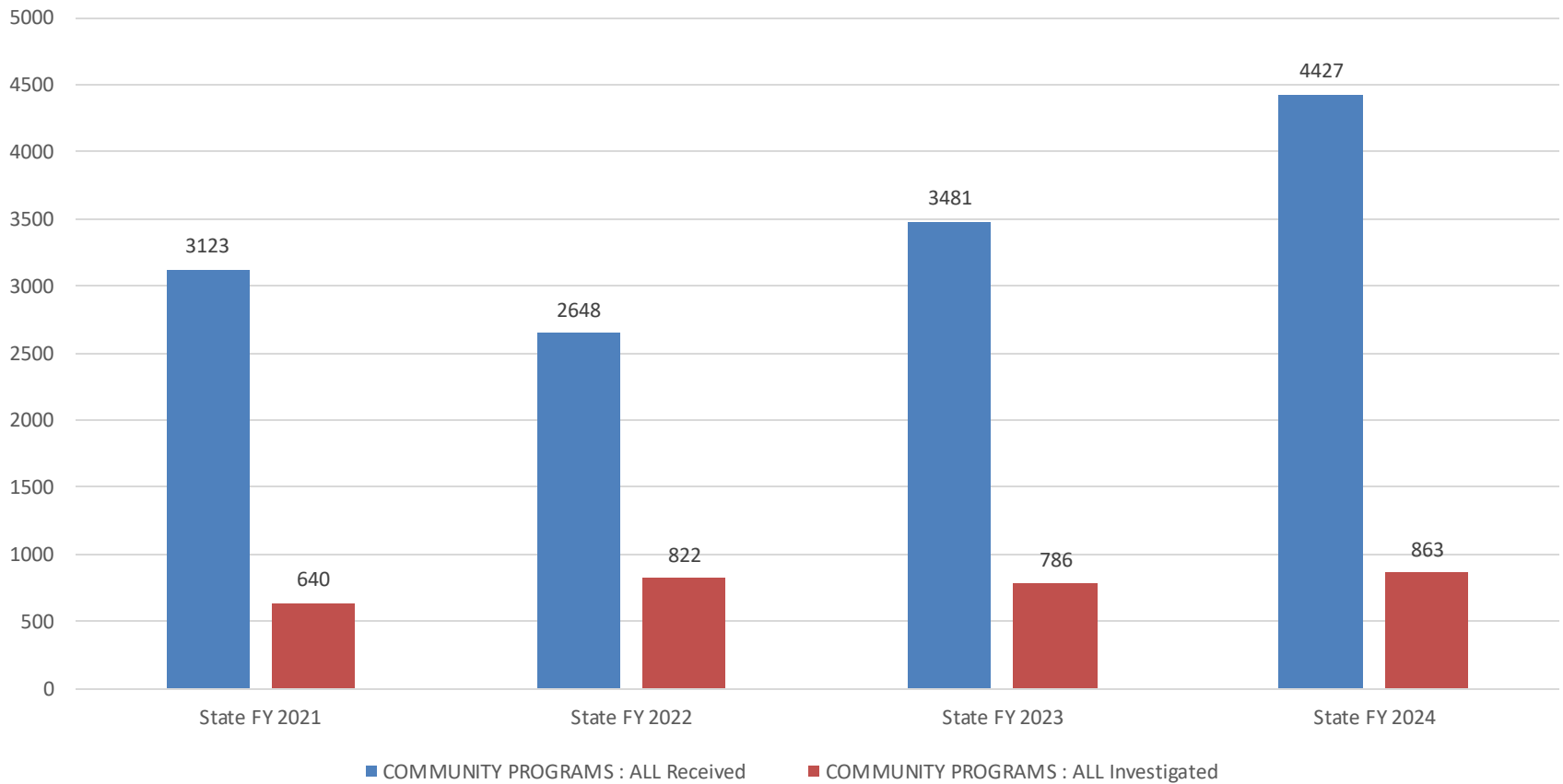
## Medical Facilities Unit: Complaints





# Complaint Intakes & Investigations

## Community Programs: Complaints



# Medical Facilities Unit (MFU)

DLC is the State Agency contracted to the Centers for Medicare and Medicaid Services ("CMS") for selected survey and certification oversight activity. The Medical Facilities Unit of DLC, specifically, is responsible for that federal work.

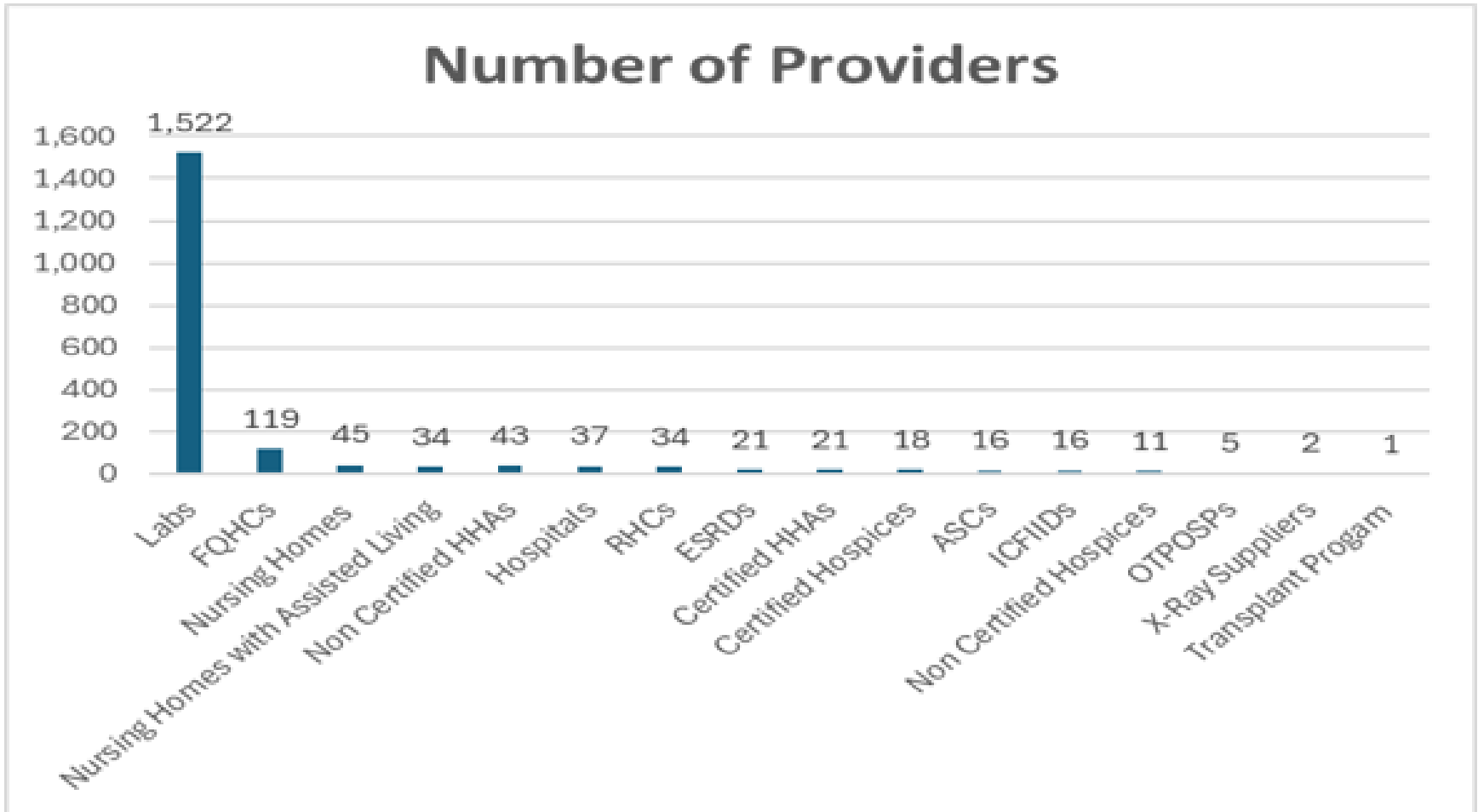
The Medical Facilities Unit also ensures healthcare providers comply with state licensing requirements.

Thus, the Medical Facilities Unit of DLC is responsible for the federal certification and/or state licensing of the following:

- **Long term care** – nursing and skilled nursing facilities; multi-level (nursing and assisted living) facilities; and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).
- **Acute care** – hospitals, home health agencies, ambulatory surgical centers, hospice agencies, dialysis centers, outpatient physical and speech therapy providers, portable x-rays, rural health clinics, a transplant center program, federally-qualified health centers, and clinical laboratories.

# Federally Certified Facilities by Type

The MFU is responsible for 1,945 Providers

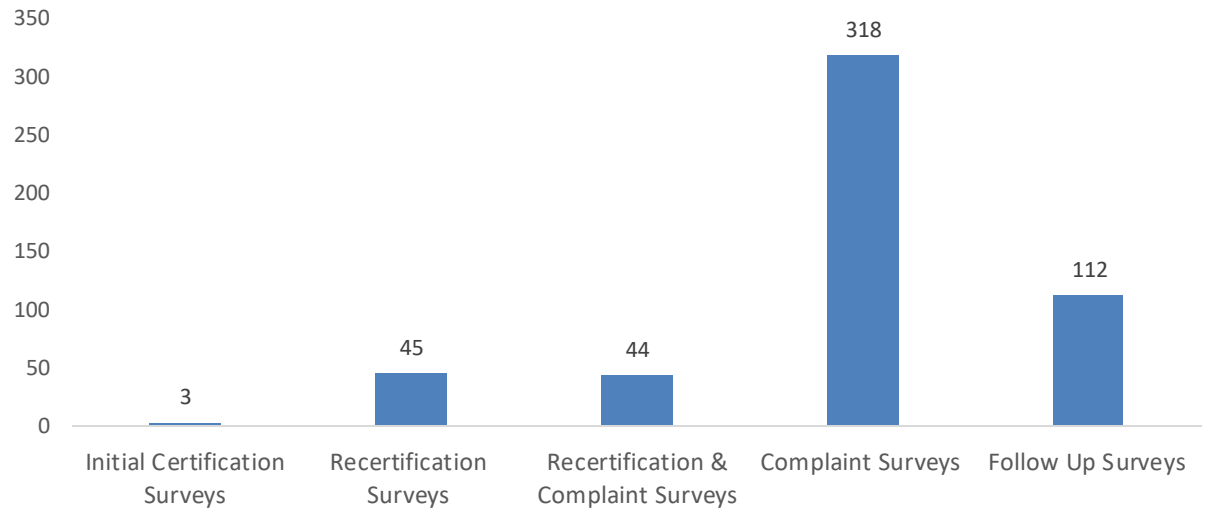


# Medical Facilities Unit

## Surveys Conducted

In State FY2024, the DLC's Medical Facilities Unit conducted a total of 522 federal surveys.

### MFU: Surveys Conducted (includes CLIA)



	Average Hrs to Complete	Average Team Size
<b>Recertification Surveys</b>	137	3
<b>Recert and Complaint Survey</b>	182	4
<b>Complaint Surveys</b>	44.5	2
<b>Follow Up surveys</b>	24.25	1

# District Operations: Healthcare Compliance and Operations

The **Healthcare Compliance and Operations** unit within DLC provides the following:

- Certificate of Need ("CON") - provides review and determination prior to major changes in Maine's healthcare landscape. Changes include:
  - ❖ Mergers/acquisitions;
  - ❖ New facilities/services;
  - ❖ Substantial capital investments in new equipment or facilities; and
  - ❖ Increases in bed complement.
- Continuing Care Retirement Communities ("CCRC") – Certifies to the State's Bureau of Insurance that applicants seeking to operate a CCRC have all the required licenses, a CON, and can provide services;
- Tracking of nursing home and Level IV residential care MaineCare beds.

# District Operations: CMS Compliance & Quality Assurance

## **DLC's CMS Compliance and Quality Assurance team is responsible for:**

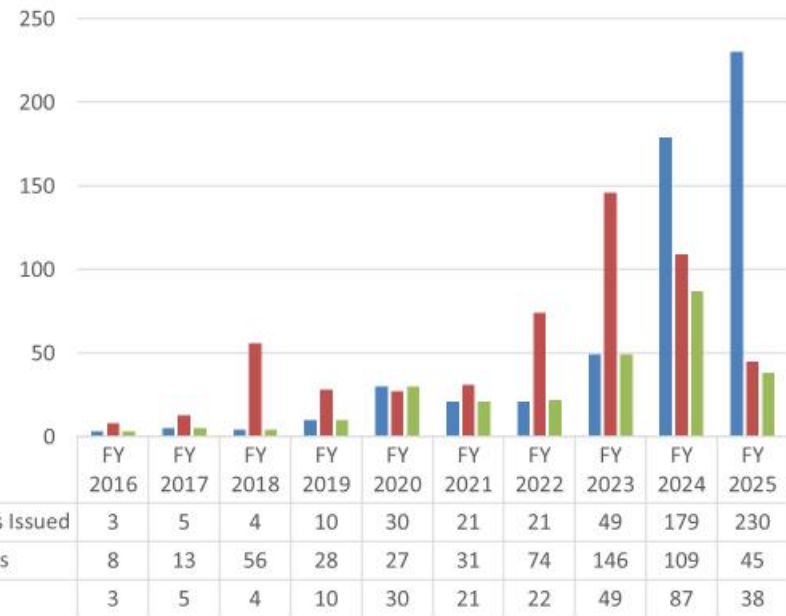
- Receiving and entering all intakes/complaints into the designated database;
- Monitoring the CMS website for regulatory changes and CMS Memos;
- Monitoring and reporting on DLC's performance in relation to the State Performance Standards outlined by CMS;
- Monitoring and reporting to CMS on a quarterly basis DLC's completed work based on the CMS' Mission and Priority Document;
- Receiving and completing required federal work for certified providers' change of ownership and administrative changes, and for providers seeking initial certification as a Medicare provider;
- Monitoring federal databases for accuracy and completeness;
- Monitoring and tracking federally required trainings for employees who conduct federal surveys; and
- Assisting field staff supervisors with Quality Assurance and Performance Improvement reviews (QAPI) consistent with CMS requirements for “Principles of Documentation” and CMS standards.

# District Operations: Temporary Nurse Agencies

On October 25, 2023, the Department began to regulate Temporary Nurse Agencies (TNAs) in Maine. Public Law 2023, Chapter 434, An Act to Ensure Transparent and Accountable Temporary Nurse Agencies, enacted 22 MRSA §2131 which enhanced:

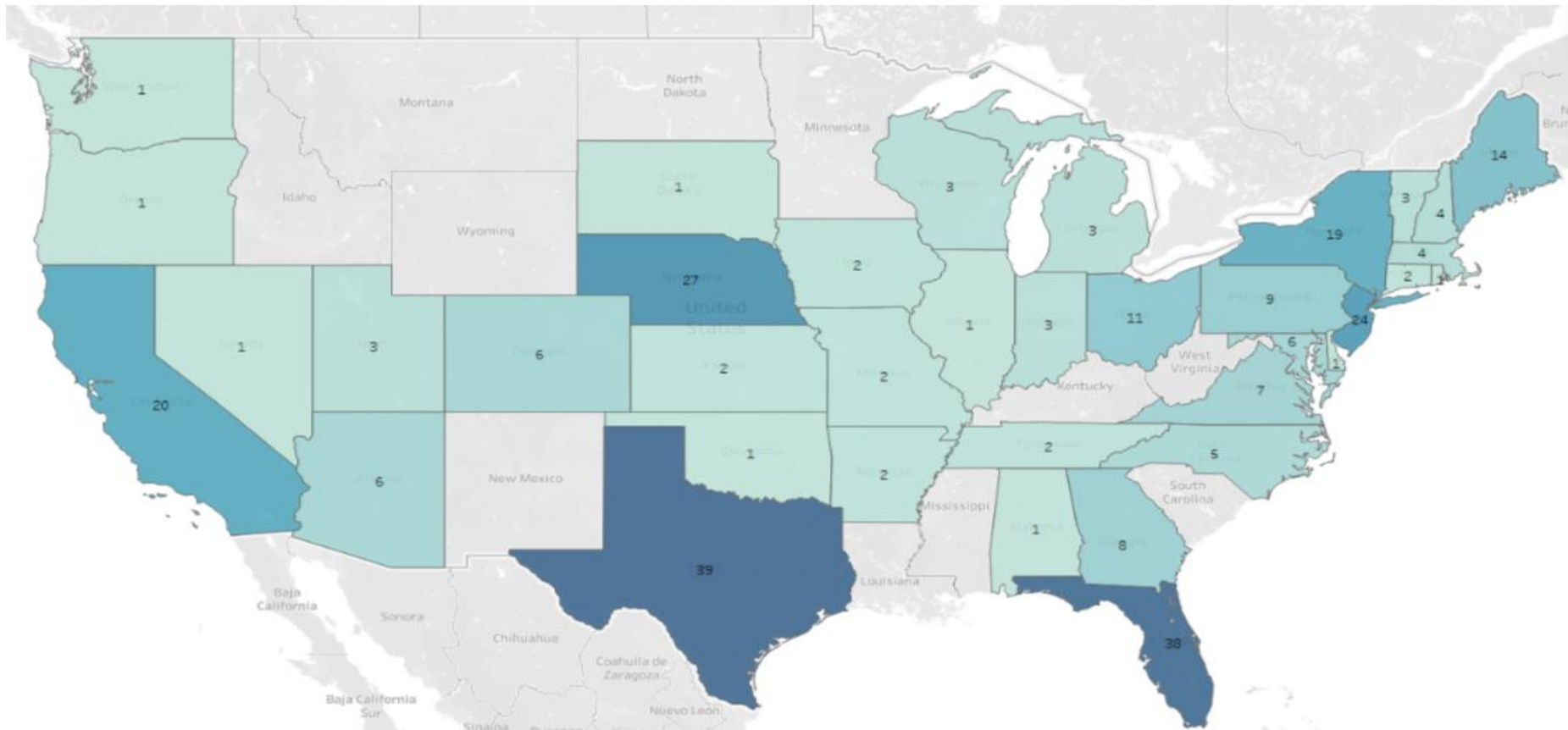
- DLC’s oversight of TNAs
- This included promoting employee quality assurance
- Prohibiting predatory recruitment practices by TNAs
- Requiring agencies to submit an annual report to the Department

**TNA Registration Patterns (FY: 2016-25)**



# District Operations: Temporary Nurse Agencies

As of 1/9/2025, there are 283 Temporary Nurse Agencies registered to operate in Maine. These agencies are based throughout the country.





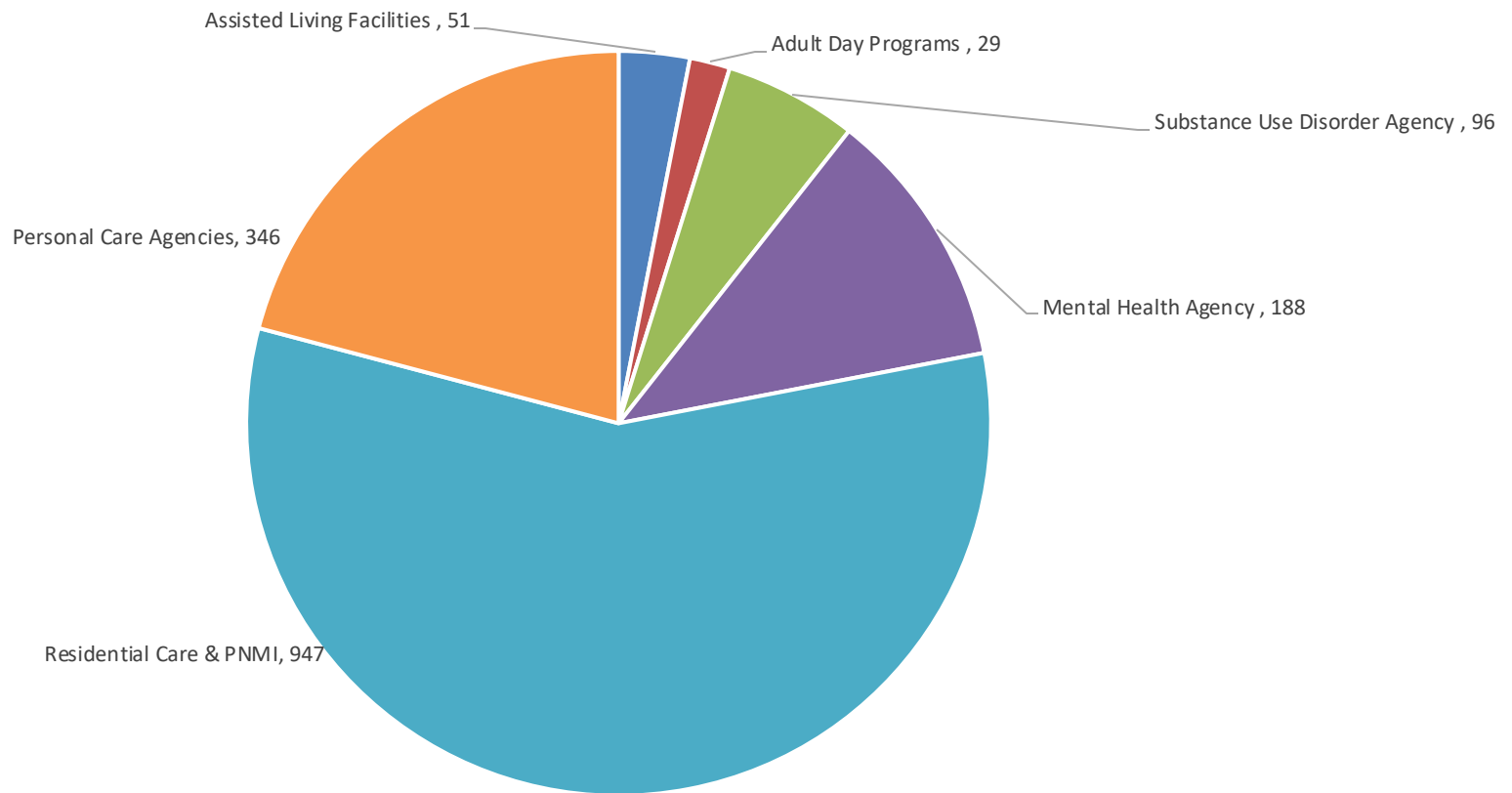
# Community Healthcare Programs

## Community Healthcare Programs– responsible for:

- ✓ State licensing and regulatory oversight of assisted housing (Residential Care, Assisted Living and Personal Care Agencies) and behavioral health facilities and organizations;
- ✓ Maine Certified Nursing Assistant (CNA) and Direct Care Worker (DCW) Registry;
- ✓ Maine Sentinel Event program which reviews facility reports of sentinel events for thoroughness and completeness and provides data, newsletters, and outreach to try and improve quality outcomes in healthcare facilities and reduce the probability of reoccurrences; and
- ✓ Maine Background Check Center: conducts criminal background checks for employers whose staff provide care and services to vulnerable Maine people.

# Assisted Housing and Behavioral Health Program

1,657 total Licensed Facilities & Agencies



# Community Healthcare Programs Unit

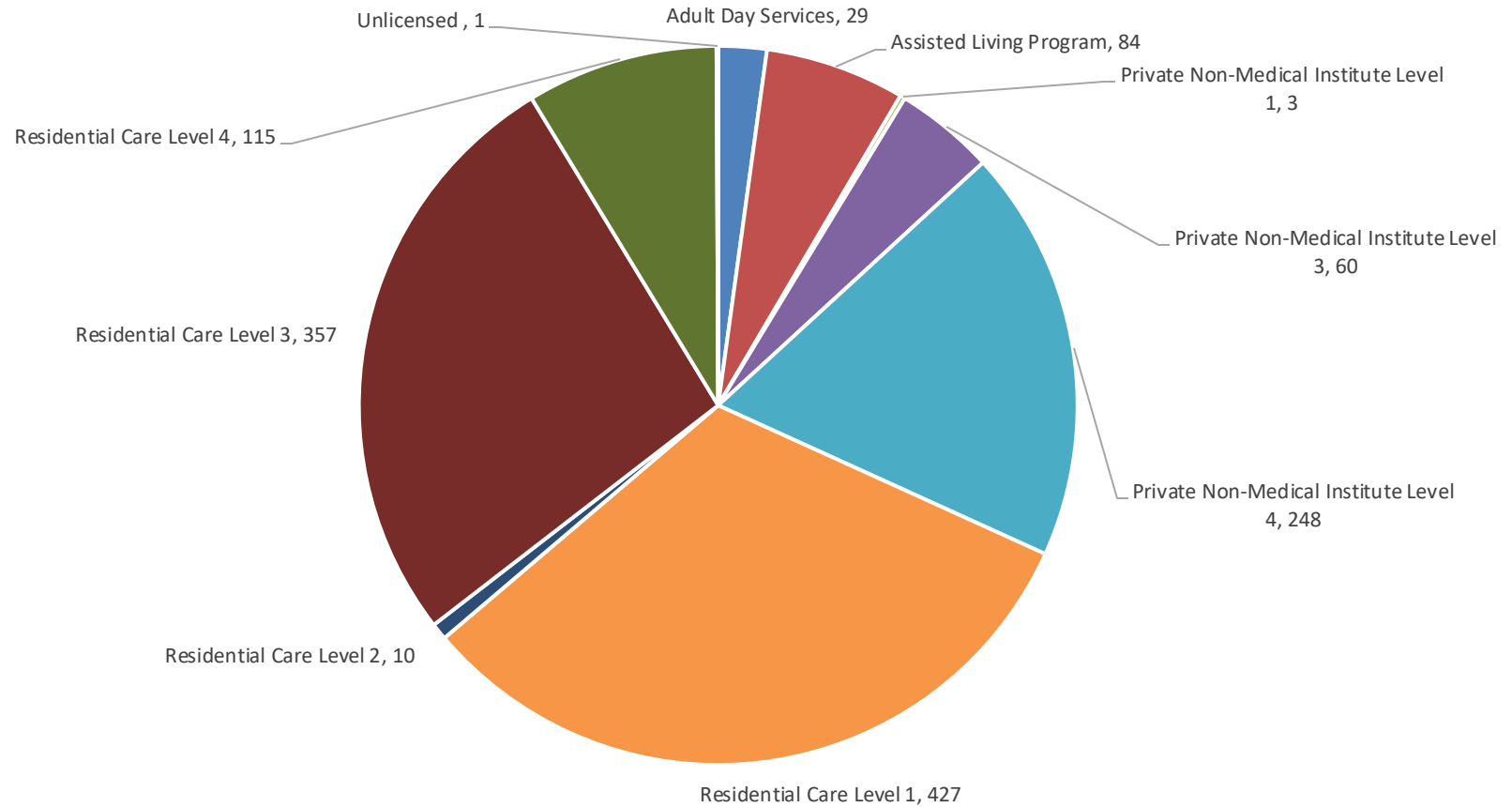
The Community Healthcare Programs section of DLC is responsible for ensuring compliance with State licensure and applicable regulatory compliance for:

**Assisted Housing** – Assisted living, adult day programs, and residential care facilities, including some Private Non-medical Institutions (PNMI). This program licenses more than 900 facilities that range in size from apartments with 1-2 residents, to large facilities with more than 125 residents.

<b>Assisted Living -- 51</b>	<b>Adult Day Programs --29</b>
<b>Level I Residential Care -- 445</b>	<b>Level I PNMI -- 0</b>
<b>Level II Residential Care --11</b>	<b>Level II PNMI -- 0</b>
<b>Level III Residential Care -- 325</b>	<b>Level III PNMI -- 21</b>
<b>Level IV Residential Care-- 65</b>	<b>Level IV PNMI-- 80</b>

**In SFY 2024, Assisted Housing surveyors completed 1,334 inspections of licensed facilities.**

## SFY 2024: Assisted Housing Inspections



Community Healthcare  
Programs Unit - Inspections

# Community Healthcare Programs Unit

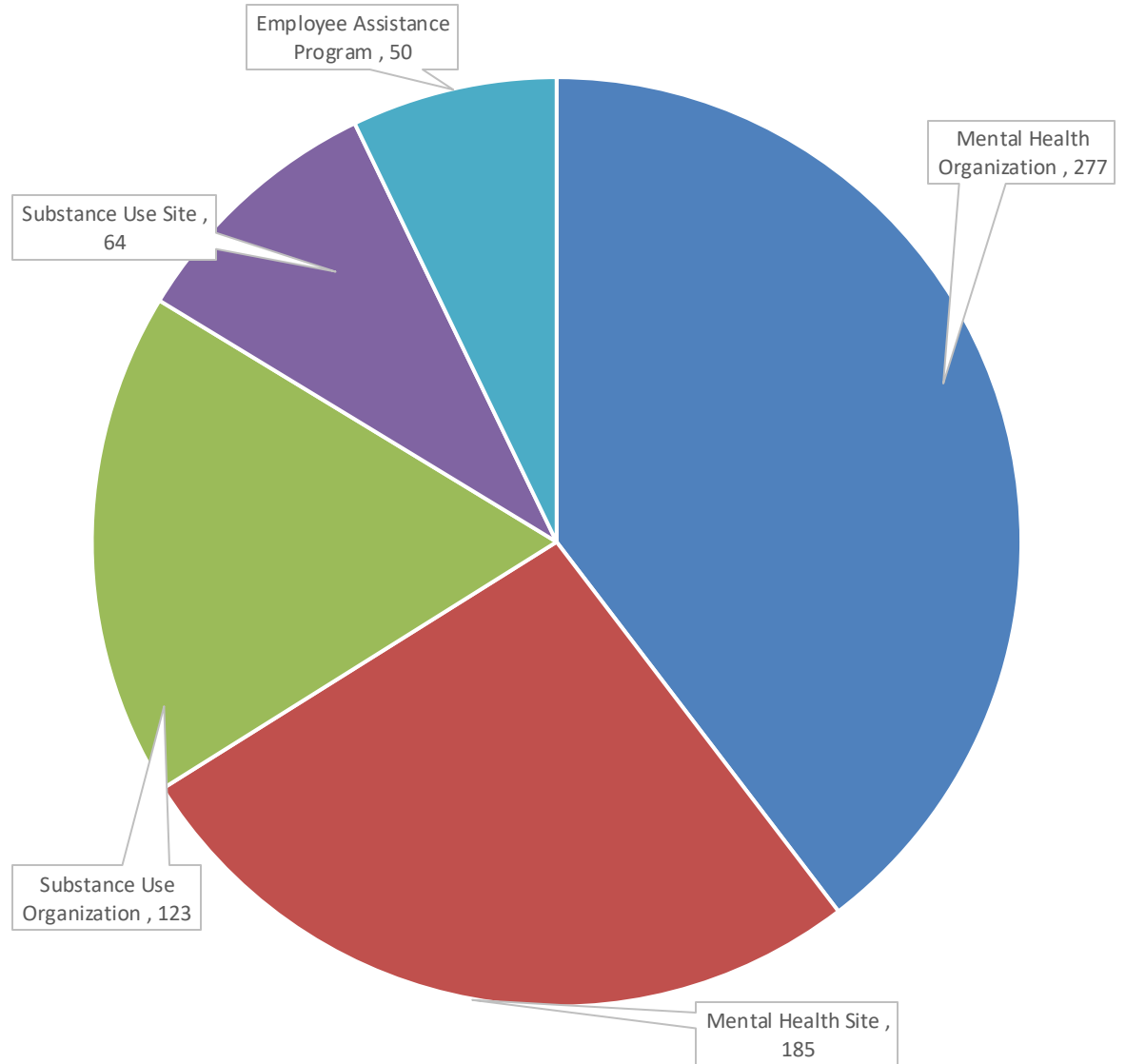
**Behavioral Health** - Mental health/substance use disorder agencies provide various services and are operated in more than 1,500 sites statewide.

- Mental Health Agencies – 174 agencies, 1184 sites
- Substance Use Disorder Agencies – 88 agencies, 388 sites

The Behavioral Health program also certifies **Employee Assistance Programs (EAPs)** for companies with more than 20 full time employees and that require substance abuse testing related to employment. There are currently 84 active EAP certifications in Maine.

**In SFY 2024, Behavioral Health surveyors completed 699 inspections of licensed and/or certified providers.**

# SFY2024: Behavioral Health Inspections



Community  
Healthcare  
Programs  
Unit

# Community Healthcare Programs Unit

**Workforce Development** – Operates the Certified Nursing Assistance (CNA) /Direct Care Worker Registry. Since 2019, DLC has seen approximately a 126% increase in CNA applications.

## New & Renewals

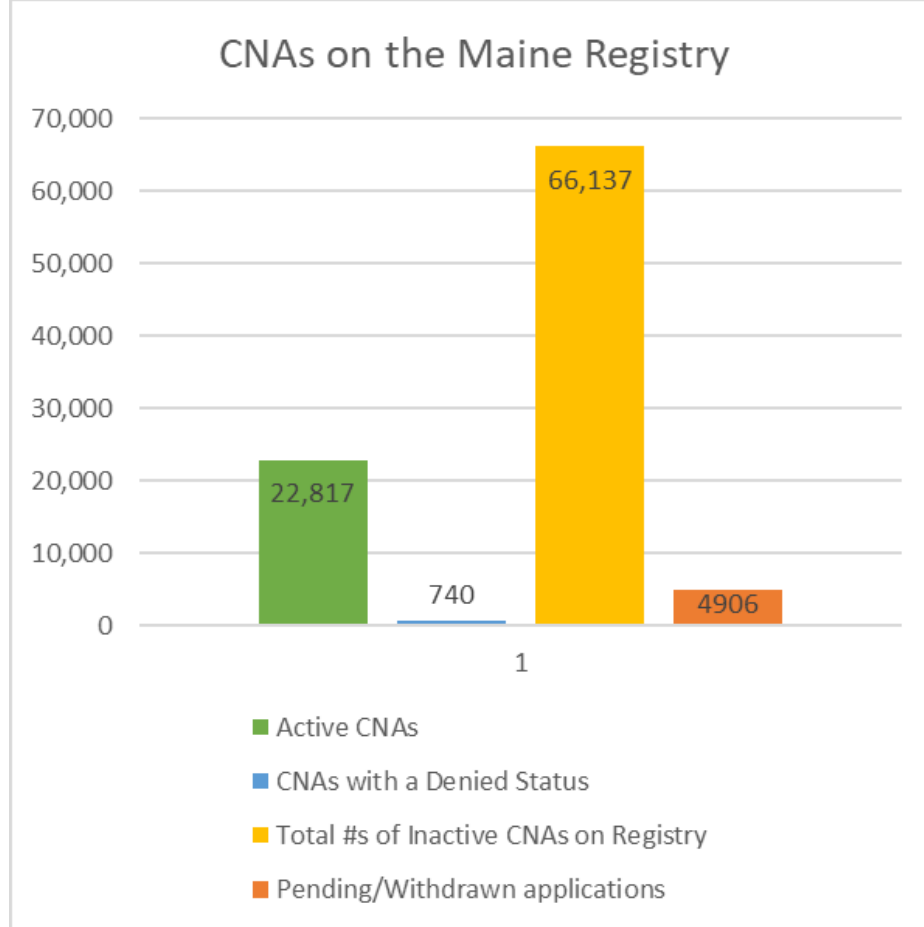
- ✓ 2019 – 5,985
- ✓ 2020 – 6,032
- ✓ 2021 – 9,022
- ✓ 2022 – 13,560
- ✓ 2023 – 13,139
- ✓ 2024 – 13,736

## Total Active in System

- ✓ 2019 – 15,239
- ✓ 2020 – 16,242
- ✓ 2021 – 17,348
- ✓ 2022 – 22,709
- ✓ 2023 – 24,778
- ✓ 2024 – 25,208

In addition to maintenance of the CNA Registry, the Workforce Development program manages training certifications for Personal Support Specialist (PSS) and Certified Residential Medication Aide (CRMA) staff.

# CNA & Direct Worker Registry

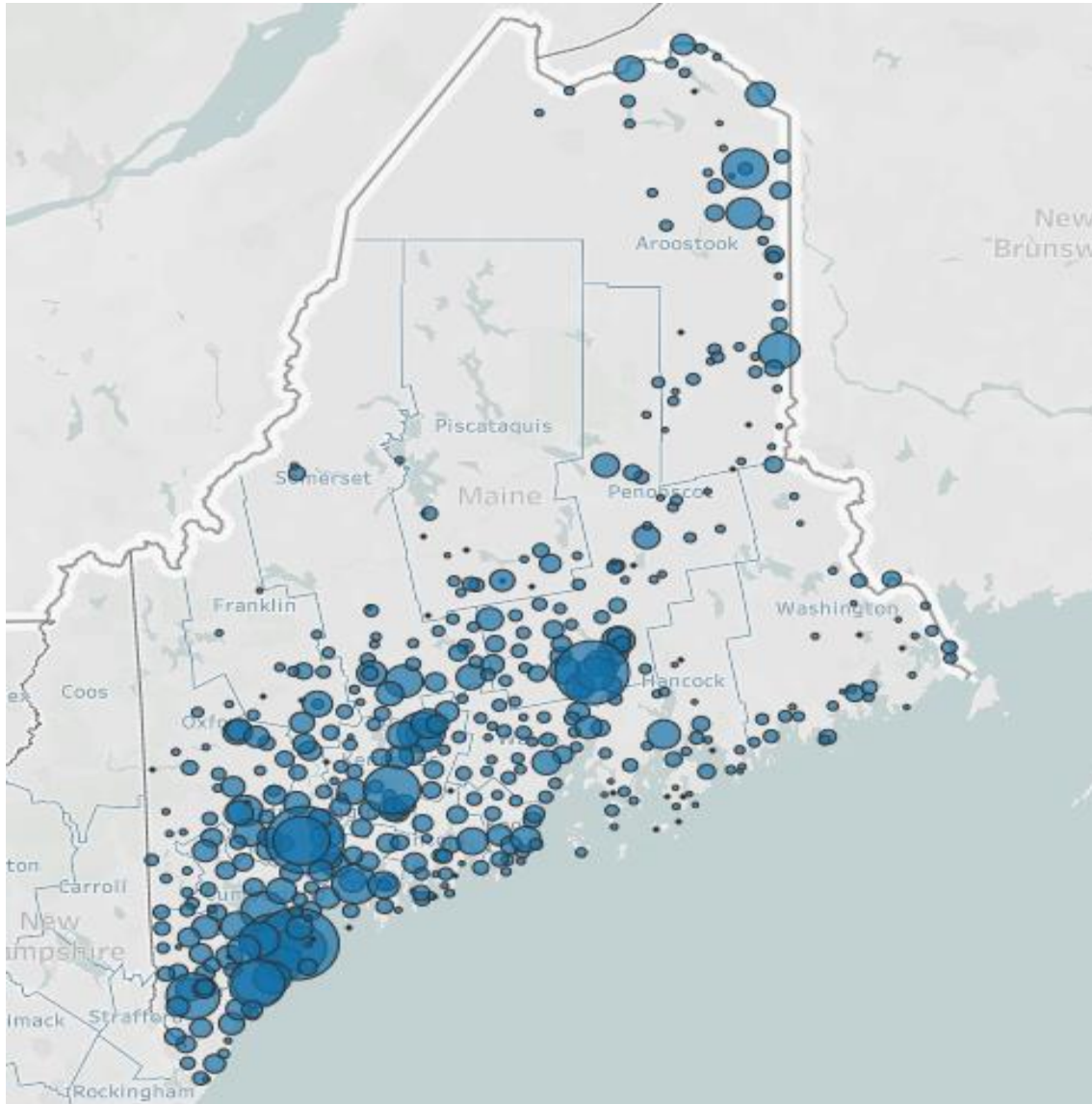


DLC maintains a Registry of more than 94,600 CNAs, of which 22,817 are active. This is an increase of 9,122 active CNAs from 2018. The Registry is publicly accessible and includes a listing of individuals who may no longer be certified as a CNA as the result of disqualifying criminal convictions or annotations for abuse, neglect, or misappropriation. Only direct care workers who have a disqualifying criminal conviction or annotation of abuse, neglect, or misappropriation will also be listed on the Registry.

*\*\* In January of 2019 the Maine State Board of Nursing amended their Chapter 5 rule regarding CNAs who have been educationally prepared in a state other than Maine. This change created a much easier path for those CNAs to apply for listing on the Maine CNA Registry. This is just one of the factors that has contributed to the increase in the # of applications the Registry now handles.*



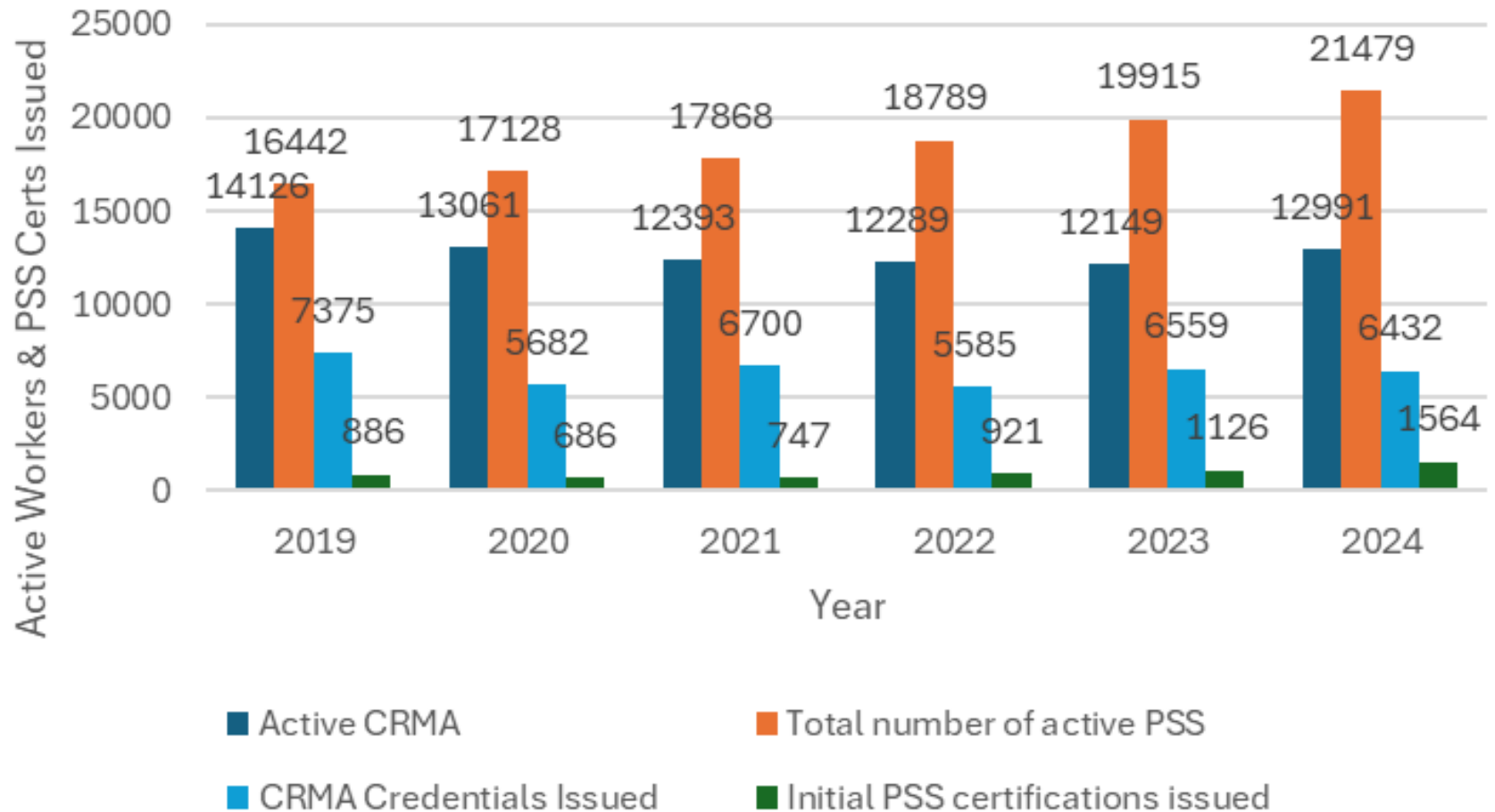
## Active CNAs in Maine



# CNA & Direct Worker Registry

# PSS & CRMA

## Active PSS/CRMA workforce



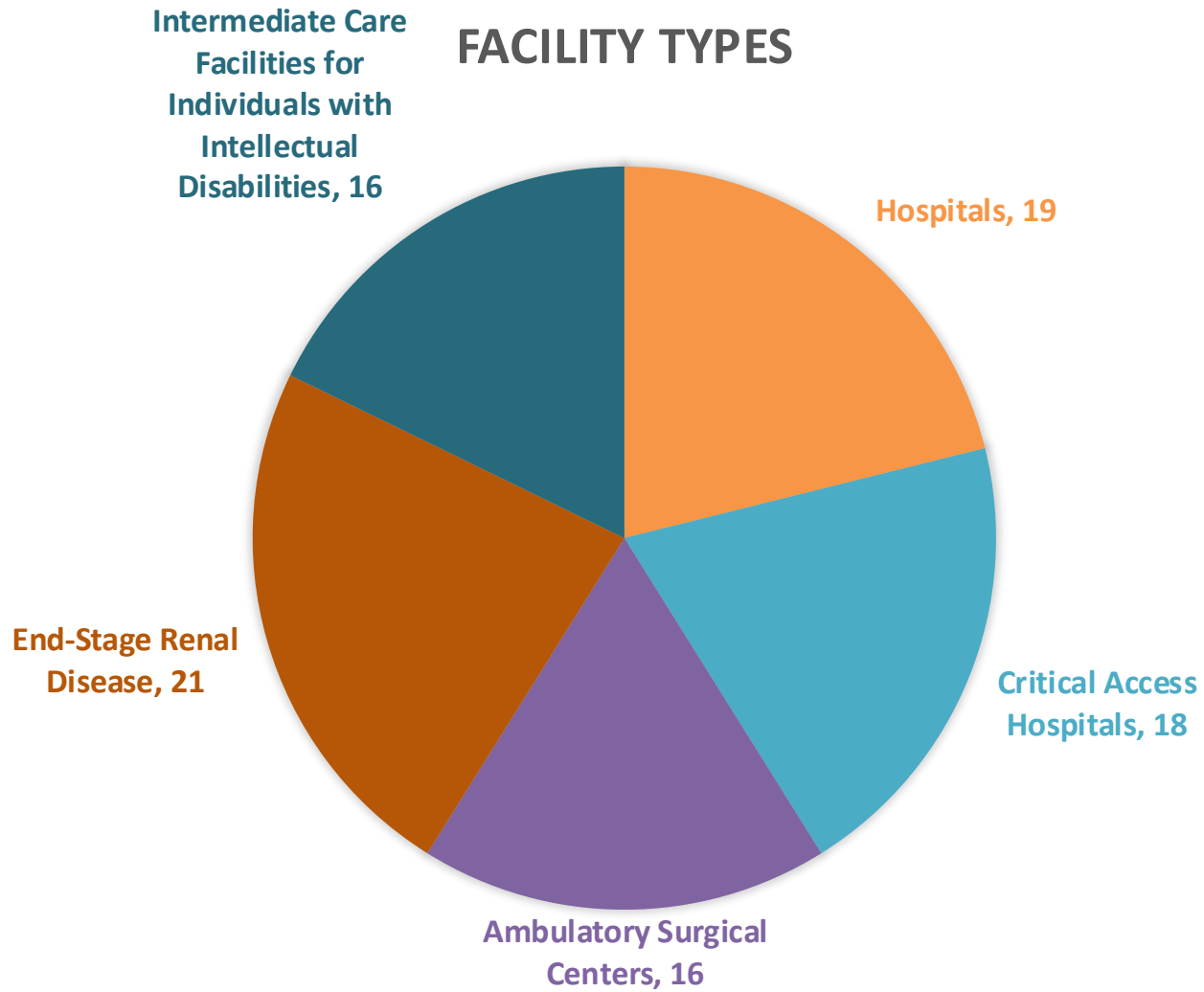
# Community Healthcare Programs Unit

**Sentinel Event program** - Maine is one of 28 states that has mandatory reporting of sentinel events by healthcare facilities. Covered providers are required to notify the Sentinel Event Team of serious adverse events within 24 hours of becoming aware of the event. Facilities must submit root cause analyses (RCA) for sentinel events within 45 days of the report. The healthcare facility reports and RCAs are confidential records and non-discoverable under 22 M.R.S. § 8754(3). The Sentinel Events Team maintains a database of sentinel events, causal factors and interventions. An annual report is sent to the Legislature.

Hospitals, ambulatory surgical centers, dialysis centers and ICF/IID facilities are included in the Sentinel Event program.

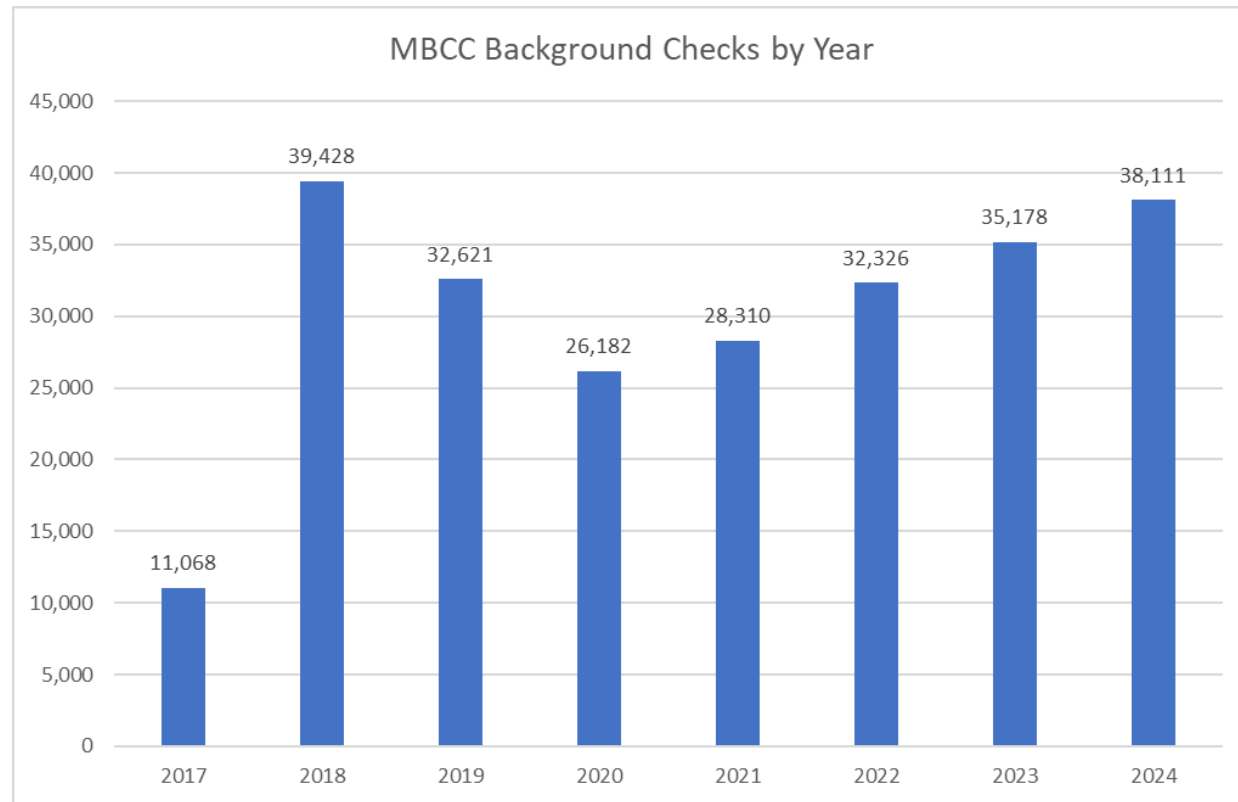
- In 2024, the Sentinel Event Team reviewed 431 reports, 255 of which were deemed sentinel events; 84 reports were deemed non-reportable, 86 were deemed near miss events, and 6 remain pending.
- The top 5 event categories in 2024 were pressure ulcers (105), falls with serious injury (44), sexual assault of patient or staff (16), retained foreign object after surgery/procedure (14), and wrong site surgery/procedure (11).

## FACILITY TYPES



Facilities Covered by Sentinel  
Event Program by Type

# Maine Background Check Center



**Maine Background Check Center** - Operating since March 2017, the Maine Background Check Center has developed an interactive website and program for employers in 15 different health-related fields to review the criminal backgrounds of prospective employees, ensuring residents and patients are protected. Since beginning operations, the Center has processed over 243,000 applications through December 2024.

# Questions ?

Bill Montejo, Director

Joseph Zamboni,  
Chief Operating Officer

Division of Licensing and Certification



# Maine Center for Disease Control and Prevention (Maine CDC)

Dr. Puthiery Va, Director  
Nancy Beardsley, Deputy Director  
January 2025



Maine Center for Disease Control and Prevention

# Maine Center for Disease Control and Prevention (Maine CDC)



Maine CDC, the public health agency within the Maine Department of Health and Human Services (DHHS), is responsible for providing essential public health services that preserve, promote and protect health.

Maine CDC is accredited by the Public Health Accreditation Board (PHAB).

63% of the funding for Maine CDC's programs is through grants.



# Maine CDC Staffing

Total State Positions: 420

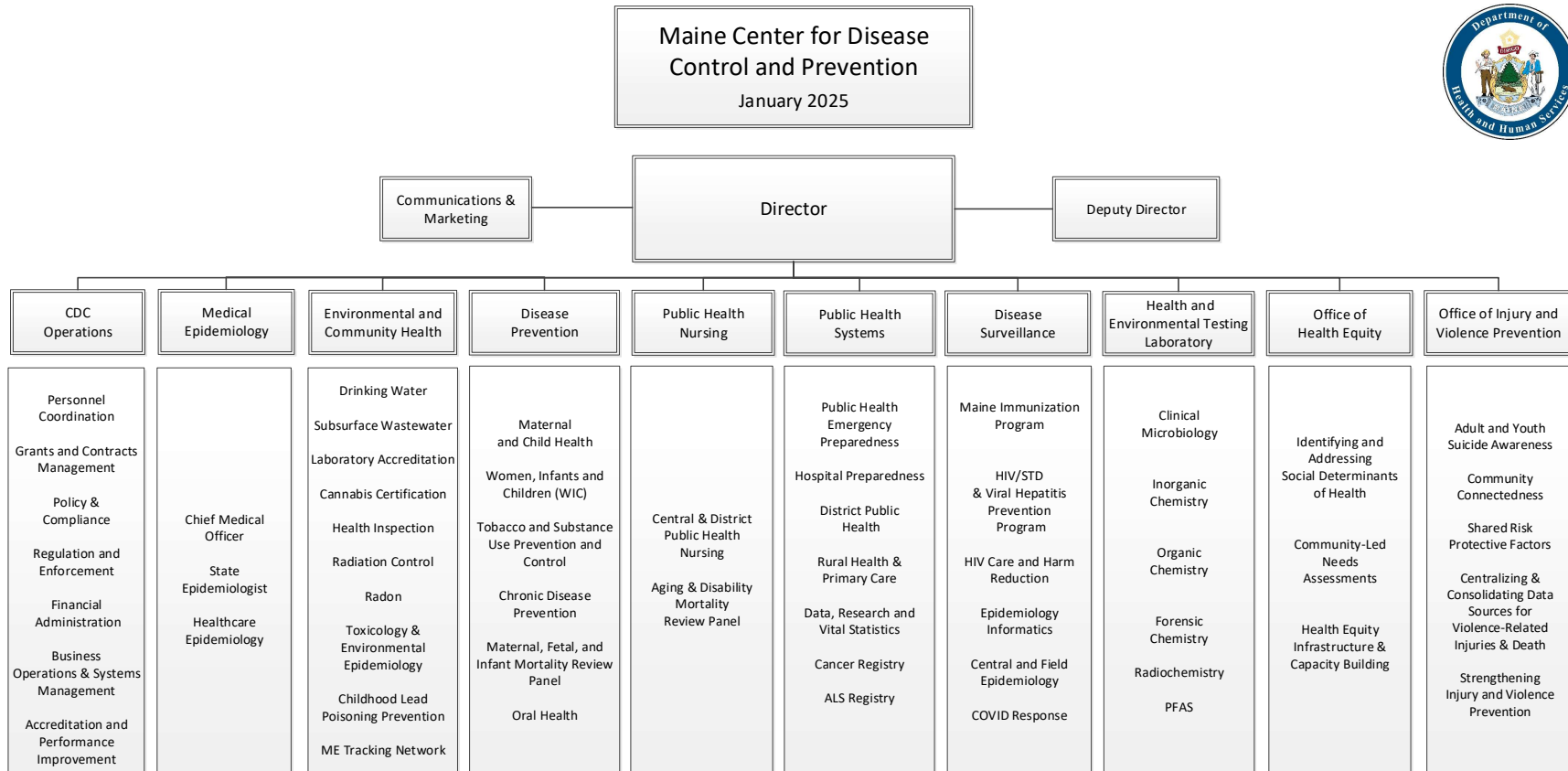
# Maine CDC State Public Health Structure



<a href="#">Aroostook - District 8</a>	Aroostook County
<a href="#">Central - District 5</a>	Somerset and Kennebec Counties
<a href="#">Cumberland - District 2</a>	Cumberland County
<a href="#">Downeast - District 7</a>	Washington and Hancock Counties
<a href="#">Midcoast - District 4</a>	Waldo, Lincoln, Knox, Sagadahoc Counties
<a href="#">Penquis - District 6</a>	Penobscot and Piscataquis Counties
<a href="#">Western - District 3</a>	Androscoggin, Franklin, and Oxford Counties
<a href="#">York - District 1</a>	York County
<a href="#">Wabanaki Public Health District</a>	5 Tribal Communities

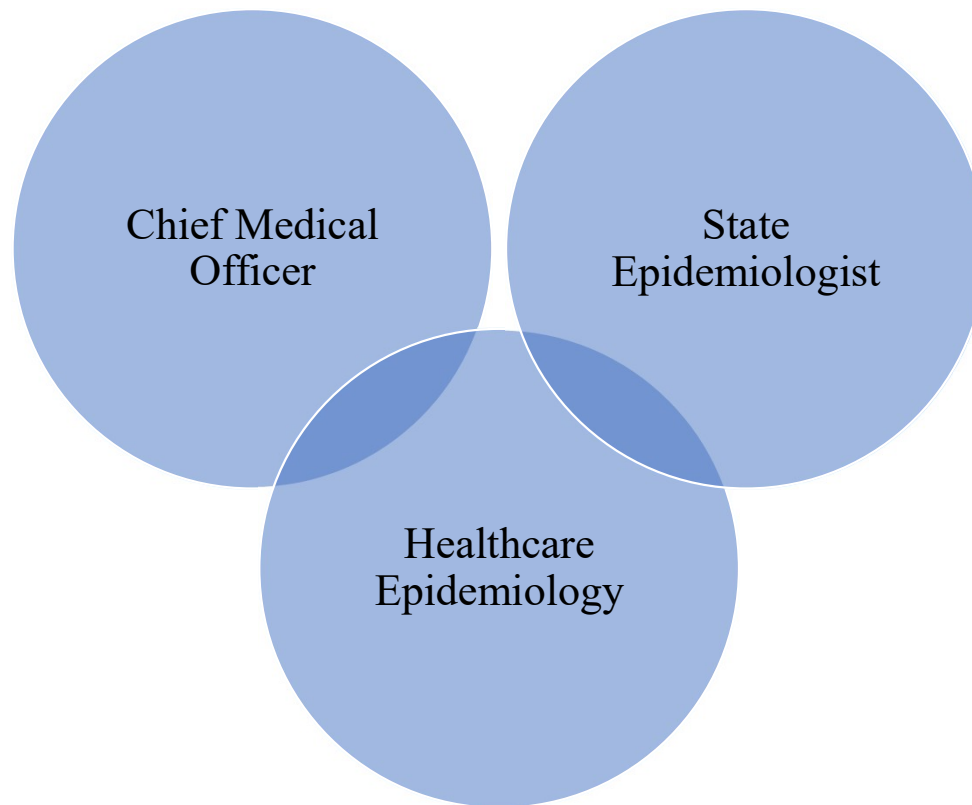
Maine Center for Disease Control and Prevention

# Maine CDC Organization



Maine Center for Disease Control and Prevention

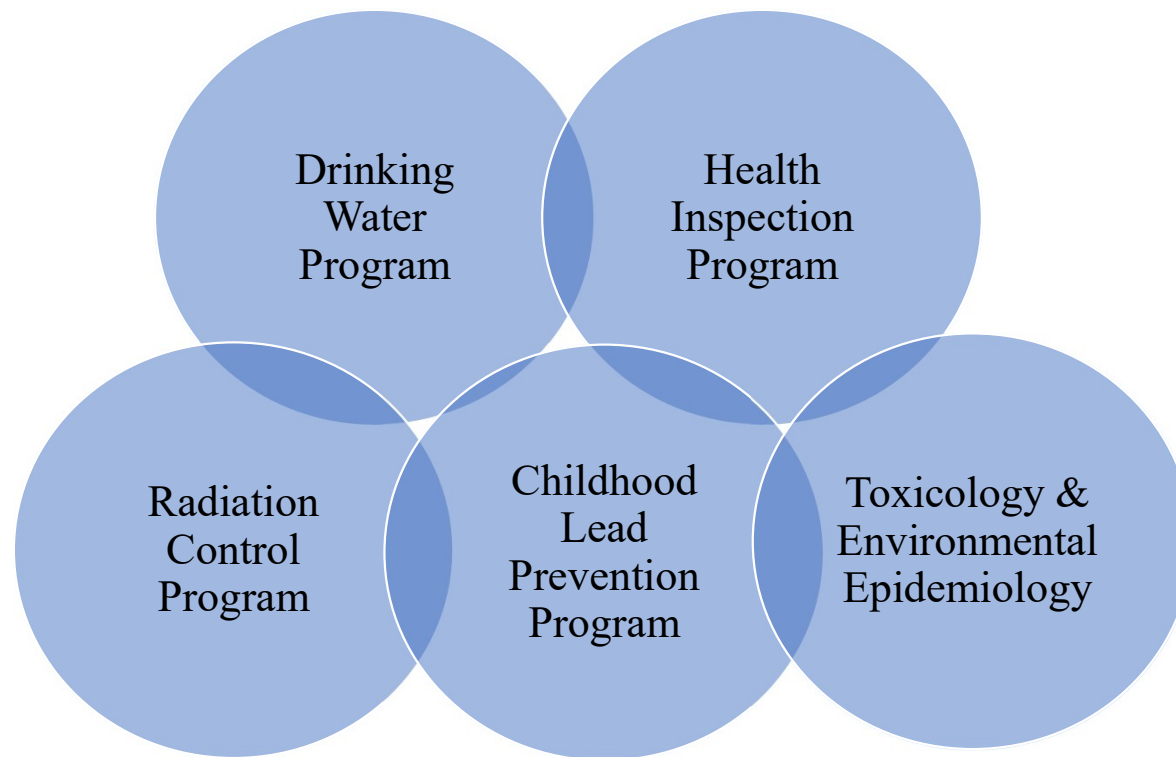
# Maine CDC Division of Medical Epidemiology



Maine Center for Disease Control and Prevention

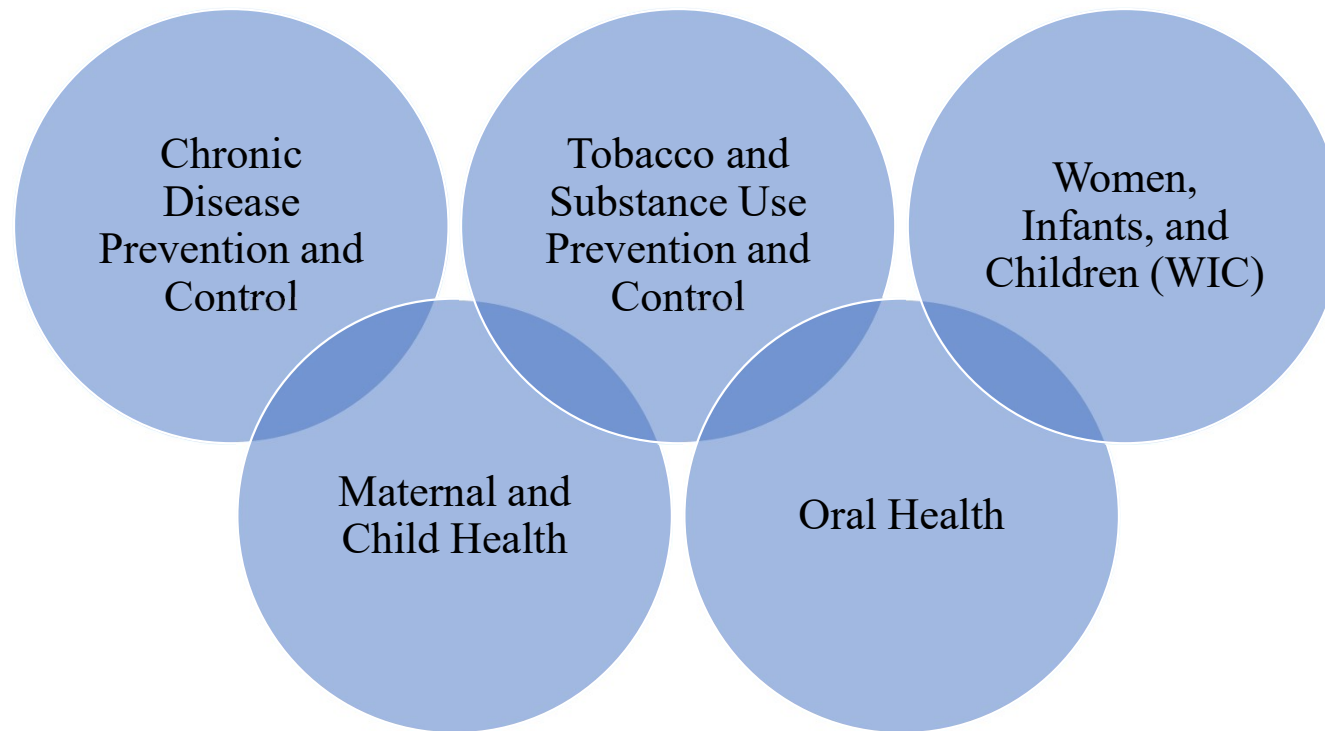
# Maine CDC

## Division of Environmental & Community Health



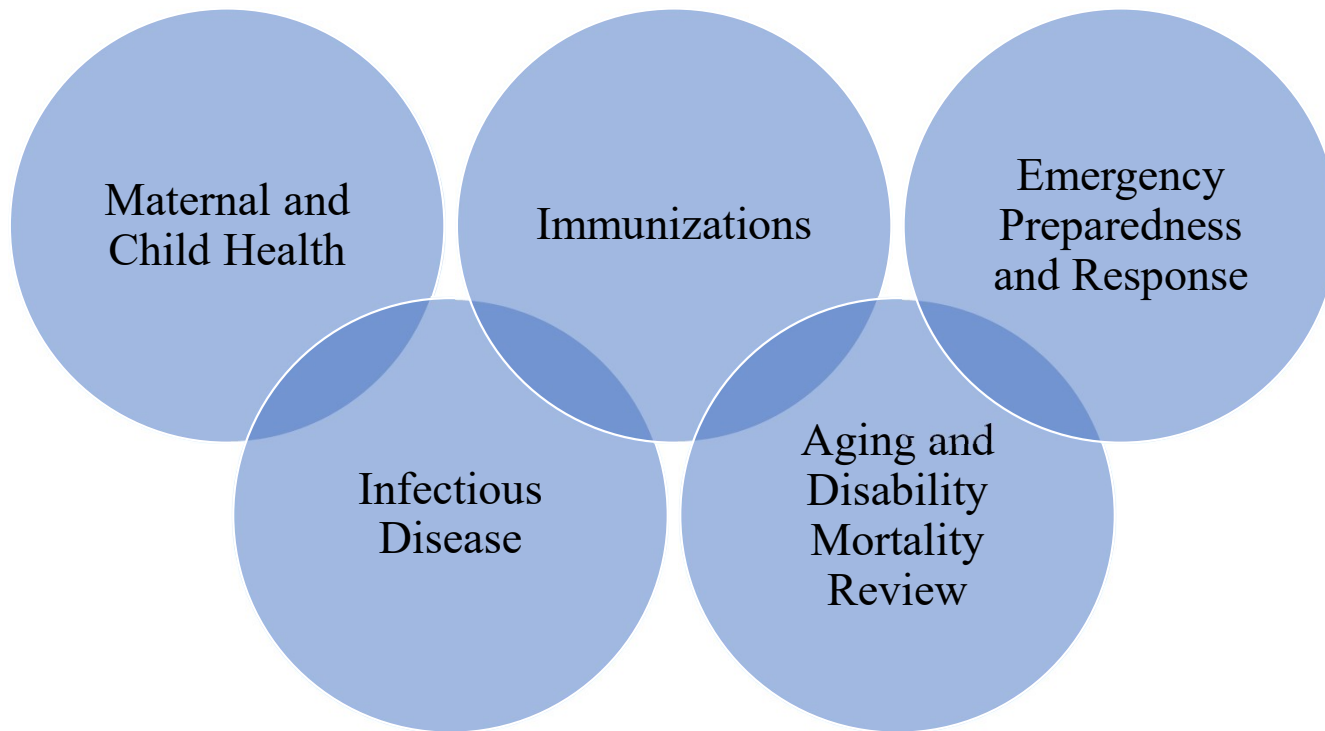
Maine Center for Disease Control and Prevention

# Maine CDC Division of Disease Prevention



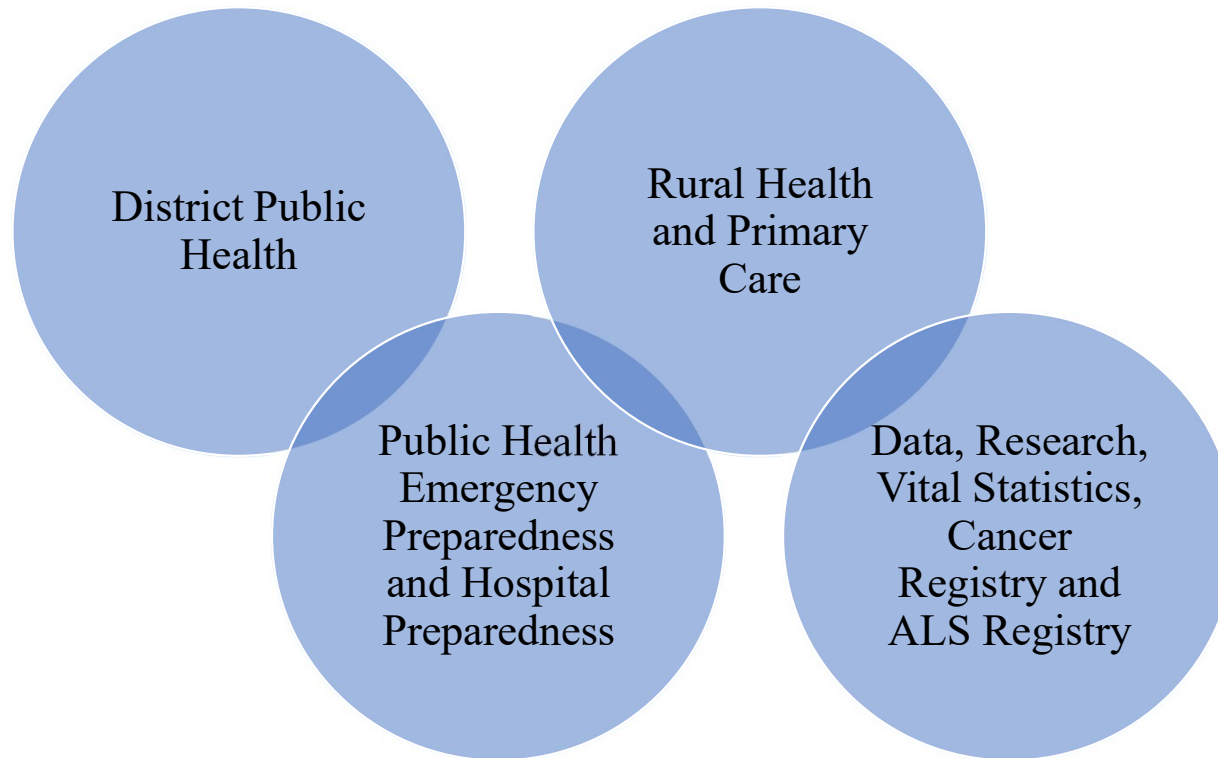
Maine Center for Disease Control and Prevention

# Maine CDC Division of Public Health Nursing



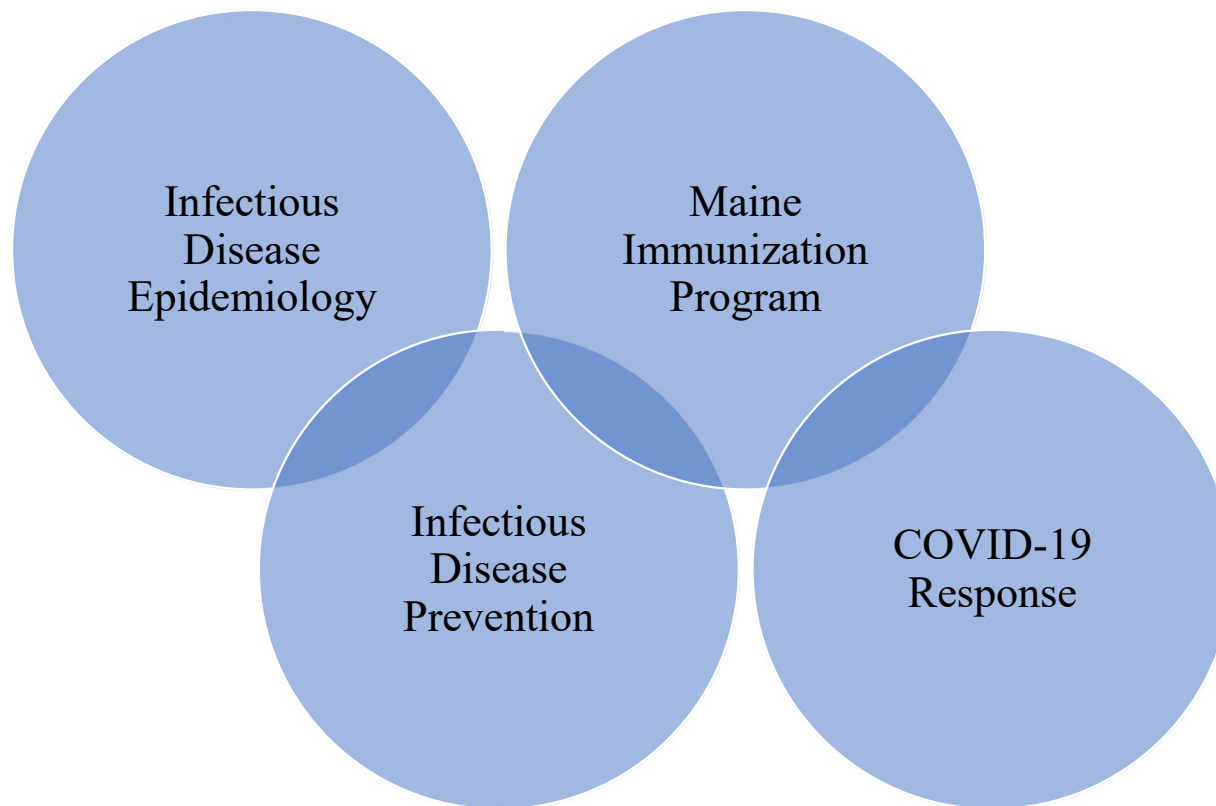
Maine Center for Disease Control and Prevention

# Maine CDC Division of Public Health Systems



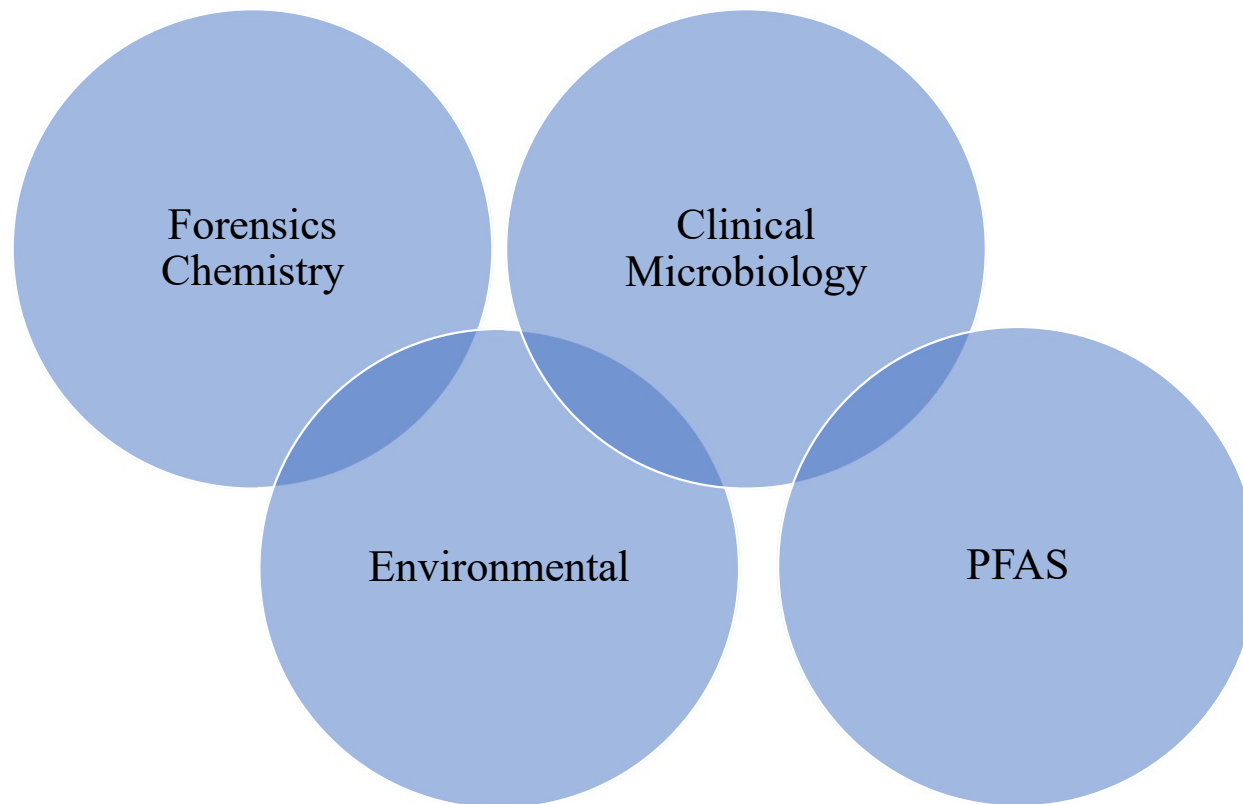


# Maine CDC Division of Disease Surveillance



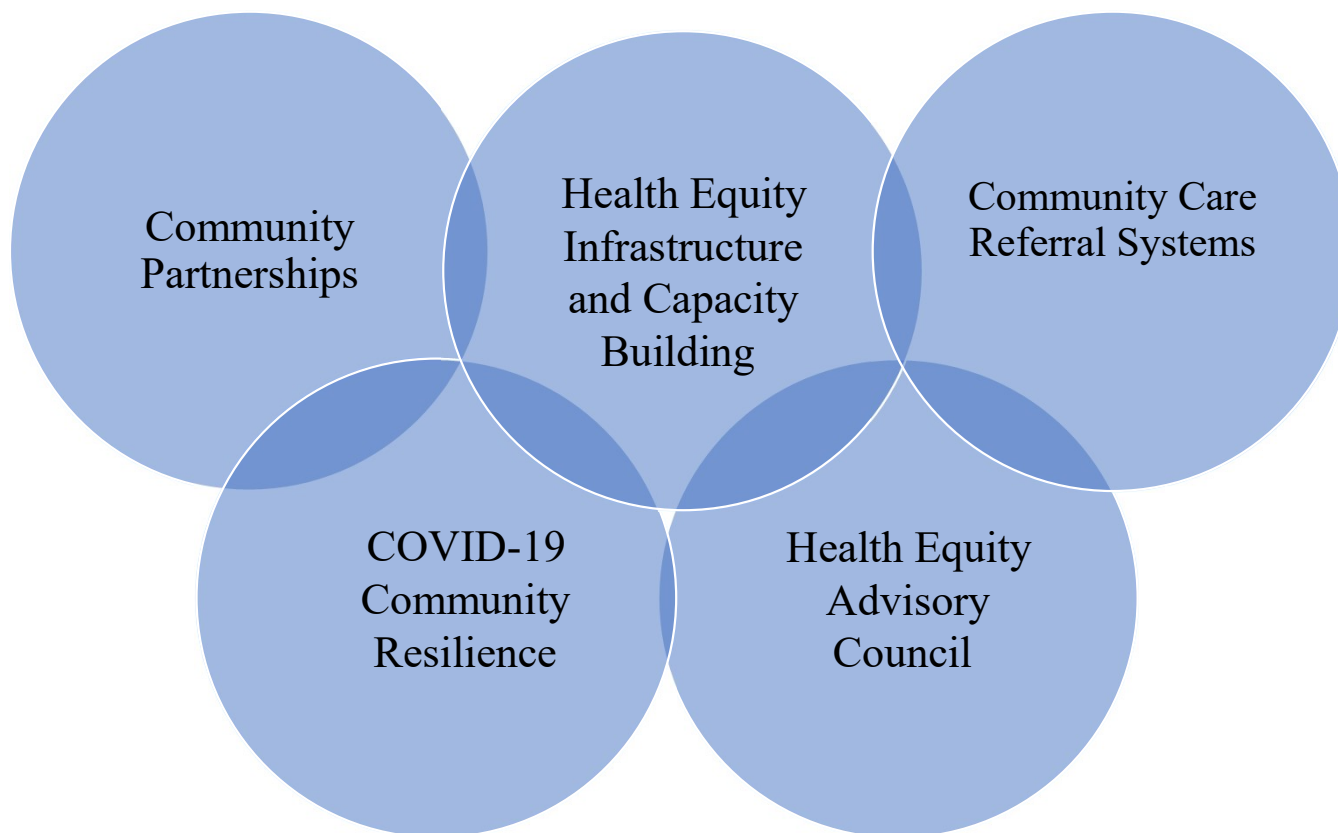
Maine Center for Disease Control and Prevention

# Maine CDC Health and Environmental Testing Lab (HETL)



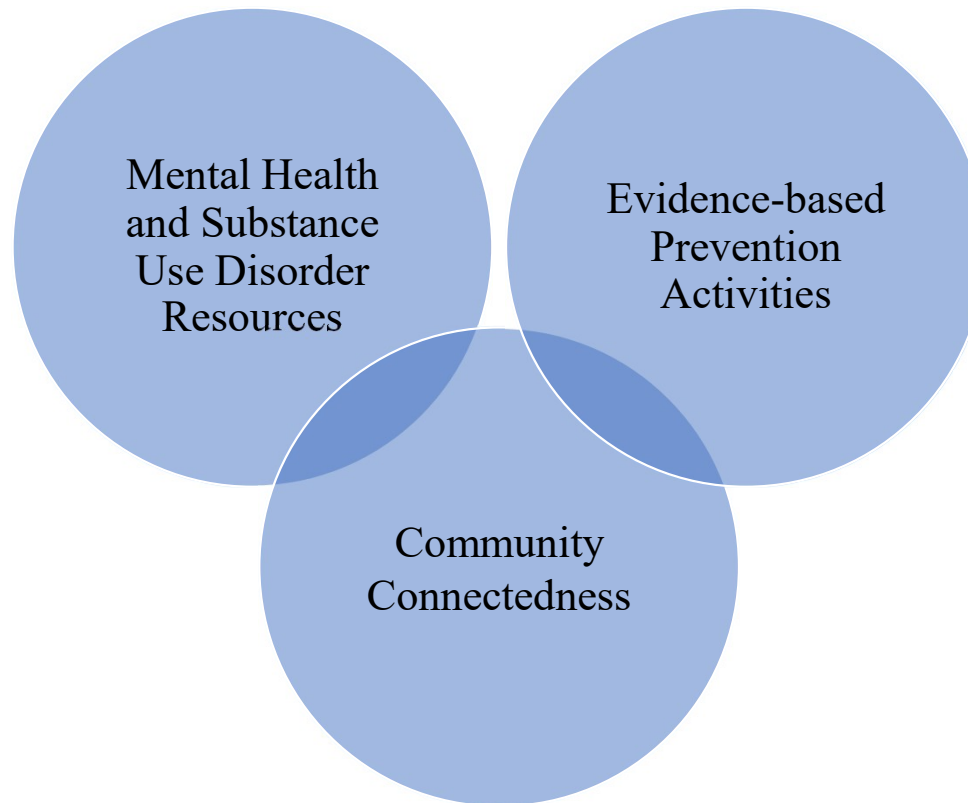
Maine Center for Disease Control and Prevention

# Maine CDC Office of Population Health Equity



Maine Center for Disease Control and Prevention

# Maine CDC Office of Injury and Violence Prevention



Maine Center for Disease Control and Prevention

# Maine CDC

## Delivering for the Community in 2024

**Public Health Emergency Preparedness, Readiness, + Response:** Maine CDC helps communities prepare, respond and recover from emergency situations like disease outbreaks, natural disasters, bioterrorism and industrial accidents. *Recent example:* Brunswick's incident with PFAS, or forever chemicals.

**Harm Reduction:** Maine CDC helps communities evaluate and integrate harm reduction services to lessen the harmful consequences of drug use and prevent fatal overdoses and spread of communicable disease such as hepatitis and HIV. *Recent example:* Bangor's HIV/hepatitis cluster.

**Chronic Diseases:** Maine CDC supports programs and partnerships that emphasize evidence-based interventions and community outreach and engagement to reduce chronic disease risk factors such as smoking, poor nutrition, physical inactivity and substance use such as alcohol, cannabis and opioids. *Recent example:* Shift to a community driven model in Maine's tobacco use cessation program.

**Maine Immunization Program** strives to ensure full protection of all Maine children and adults from vaccine-preventable disease. *Recent example:* Maine's K-12 schools reached the CDC's healthy goals for students, driven by state lawmakers and the Mills administration prioritizing vaccination rates.

# Maine CDC

## Delivering for the Community in 2025

**Public Health Emergency Preparedness, Readiness, + Response:** A director's priority in 2024 focused on relationships, connectedness and strengthening public health infrastructure to support core operations and timely response to community needs. *In 2025:* Focus on relationship building, strategic communications + marketing, and public health infrastructure. *Examples:* strategic plan, data modernization, workforce capacity and strengthening local infrastructure.

**School Based Health Centers:** SBHCs provide access to medical and mental health care for students, saving parents and caregivers time away from work and reducing student absenteeism. *In 2025:* SBHCs, with Maine CDC's support, will provide services to students such as general assessments, screenings, routine physicals, immunizations, counseling and treatment for injuries and illnesses. SBHCs are continuing to increase student enrollment, medical and behavioral health visits, and expanded oral health access for students.

# Maine CDC

## Delivering for the Community in 2025

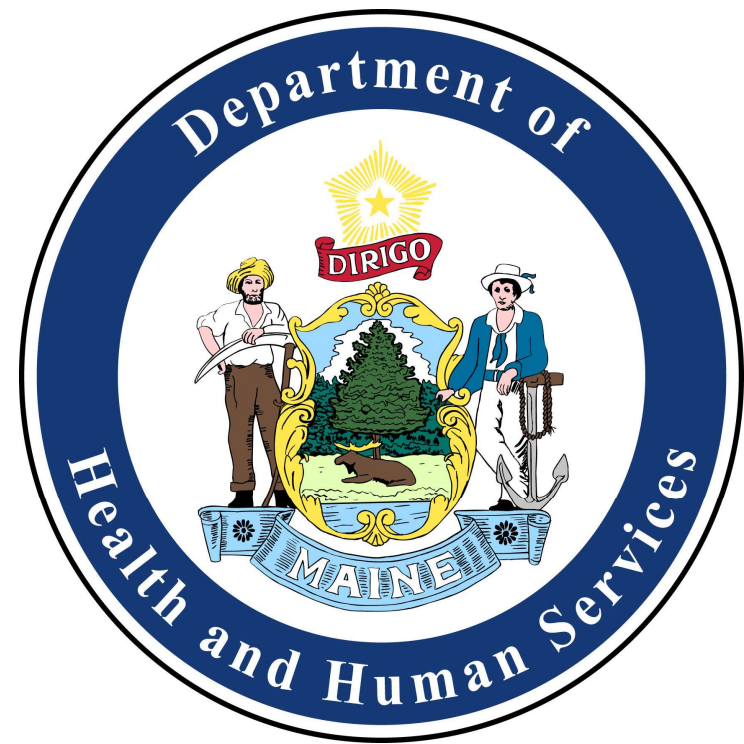
**Office of Injury and Violence Prevention:** This office was created by state lawmakers and the Mills administration in 2024. *In 2025:* OIVP, guided by Maine CDC, will focus on education and awareness, standing up a data hub to inform work, strengthening upstream prevention work related to shared risk and protective factors, suicide prevention services, safe storage best practices and laws related to injury and violence prevention.

**Maine State Health Improvement Plan:** The SHIP is a five-year plan designed for improving overall health outcomes, reducing health disparities and enhancing access to quality care. *In 2025:* Maine CDC, with community partners, will address key priorities including safe housing. *Recent example:* Maine CDC's Childhood Lead Prevention Program.

# Questions?

Dr. Puthiery Va, Director

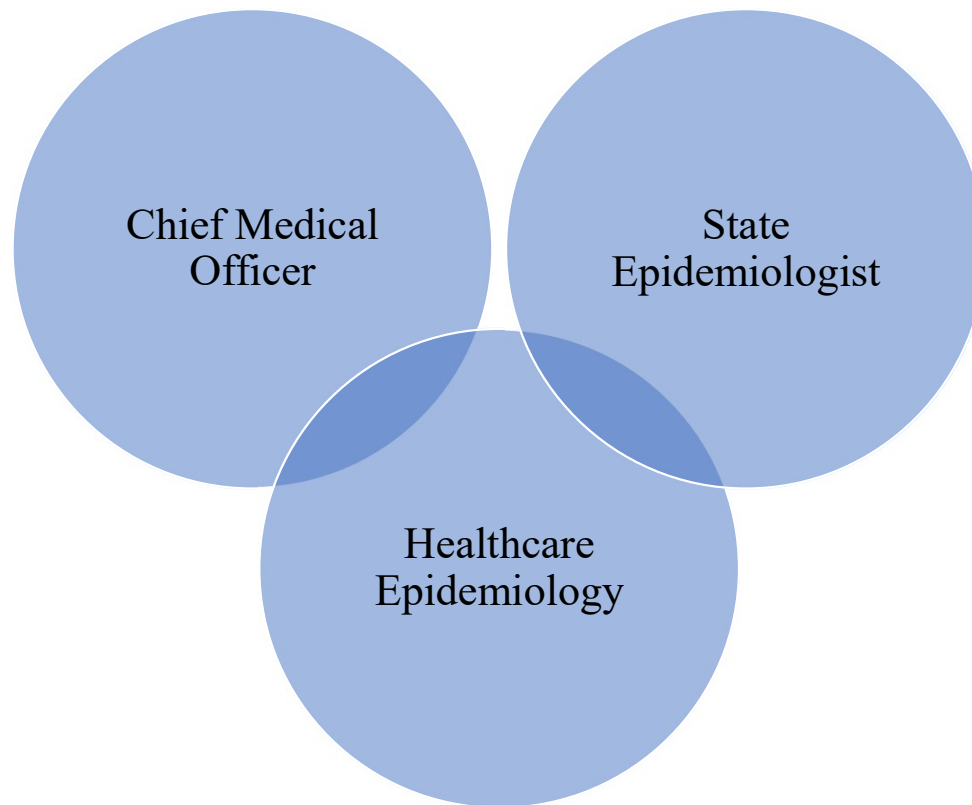
Nancy Beardsley, Deputy Director



Maine Center for Disease Control and Prevention



# Maine CDC Division of Medical Epidemiology



Maine Center for Disease Control and Prevention

# Maine CDC

## Division of Medical Epidemiology

### **Chief Medical Officer & State Epidemiologist**

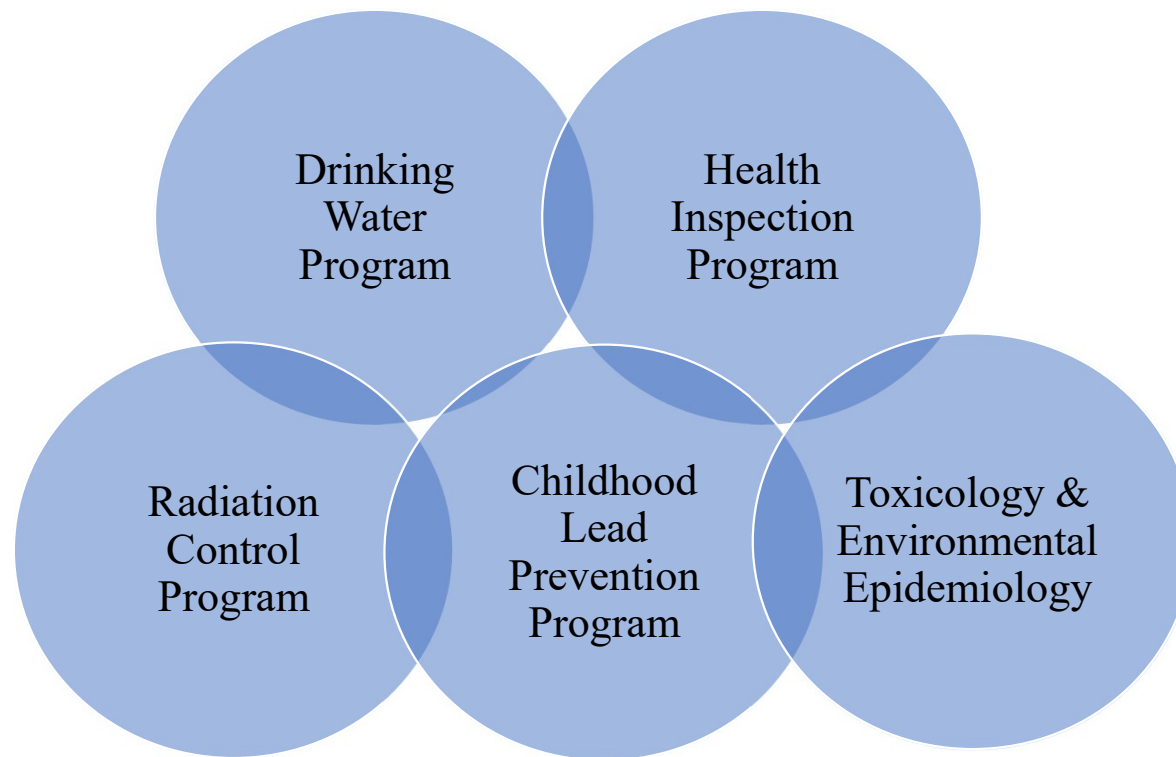
- Issue standing orders for vaccines and testing (e.g., COVID-19 tests)
- Senior medical epidemiologist supporting Director and divisions with regards to epidemiologic investigations and studies and clinical issues
- Liaison to U.S. CDC & other state health departments on matters that pertain to epidemiologic investigation (e.g., notifiable conditions)
- Liaison to clinicians, health systems, and healthcare associations

### **Healthcare Epidemiology (Healthcare-Associated Infections & Antimicrobial Resistance Program)**

- Improve the safety of healthcare in Maine's hospitals and nursing homes
- Conduct surveillance on healthcare-associated infections (HAIs)
- Conduct outreach and education related to antimicrobial stewardship
- Provide infection control guidance and support to healthcare facilities

# Maine CDC

## Division of Environmental & Community Health



Maine Center for Disease Control and Prevention

# Maine CDC

## Division of Environmental & Community Health

### **Drinking Water Program**

- Works to ensure safe and adequate drinking water for those served by the 1900+ Public Water Systems (PWS) in Maine, providing funding and technical assistance to address issues.
- Administers the State Revolving Loan program (Federal Grant + State Match) and other federal grants, providing funding for drinking water infrastructure improvements (wells, pipes and treatment); includes BIL supplemental funding for additional projects through 2026.
- Implemented PFAS sampling at all community PWS, schools and daycares, with ongoing follow-up to address contaminants in drinking water.
- Facilitated comprehensive school lead sampling at all K-12 Maine schools as well as lead service line inventory at all regulated PWS to reduce lead exposure to Maine children.
- Supports nearly 500 local plumbing inspectors in properly siting and constructing subsurface wastewater systems (septic systems).
- Oversees accreditation of water and wastewater testing laboratories to ensure data integrity.

# Maine CDC

## Division of Environmental & Community Health

### **Radiation Control Program**

- Registers and ensures competency of radon testers, labs and mitigators.
- Works with cancer prevention experts to limit exposure to radon.
- Inspects x-ray, mammography and nuclear medicine equipment to ensure proper operation and safety.
- Oversees new requirements for property owners to test for radon in drinking water and inform tenants of results.
- Oversees safety of nuclear waste stored at the former Maine Yankee site.
- Emergency response training with neighboring states to prepare for events involving radiation exposure.

# Maine CDC

## Division of Environmental & Community Health

### **Health Inspection Program**

- Ensures health and safety by conducting inspections at Maine's 8,700 licensed restaurants, hotels, motels, campgrounds, youth camps, public pools and body artist shops.
- Works with CDC epidemiologists and others to respond to foodborne and waterborne illness outbreaks or other health hazards (e.g., legionella).
- Responds to Imminent Health Hazards at licensed establishments to include fires, flood, water interruption, power outage and septic issues.
- Responds daily to complaints related to unhealthy or unsafe conditions at all licensed establishments, except for tobacco.
- Processes applications, renewals, and issues licenses for 1800 tobacco retailers and 66 compressed air licensees.
- Processes applications and issues licenses for mass gatherings within the State.

# Maine CDC

## Division of Environmental & Community Health

### **Toxicology & Environmental Epidemiology Program**

- Monitors environmental exposure risks including lead, PFAS, contaminants such as arsenic in private well water, and other chemical, environmental and climate hazards.
- Provides toxicological assessment to assist DEP, DACF, DMR, IFW with investigations of PFAS-impacted soil, water, crops, wildlife and determination of consumption advisories.
- Works with DWP to develop new State Maximum Contaminant Levels (MCLs) for six PFAS compounds in drinking water.
- Maintains environmental epidemiological capacity for identifying associations between emerging environmental contaminants and adverse health outcomes.
- Maintains the Maine Tracking Network, an online public health portal with data environmental exposures and related health outcomes.

# Maine CDC

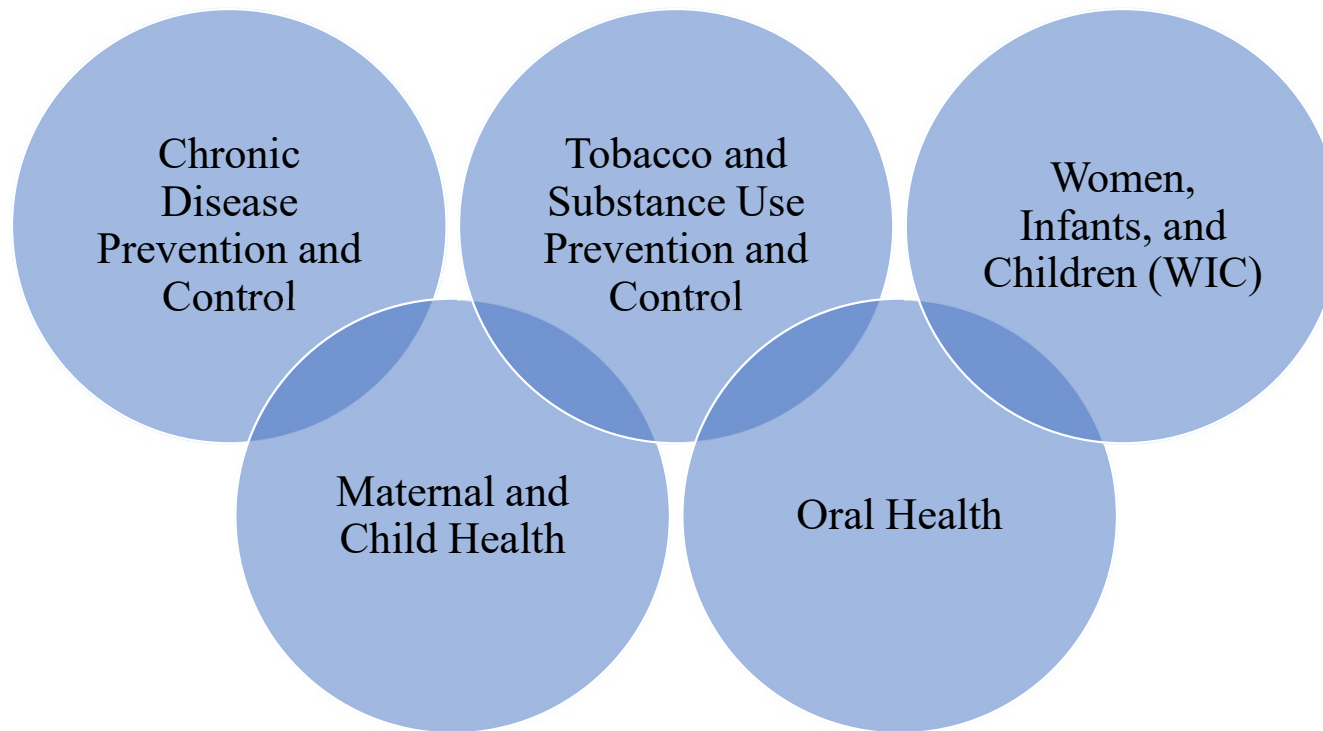
## Division of Environmental & Community Health

### **Childhood Lead Poisoning Prevention Program**

- Implements the Lead Poisoning Control Act (22 MRS Chapter 252).
- Promotes and monitors statewide blood lead screening tests.
- Coordinates health and environmental care for lead poisoned children.
- Orders inspections of dwellings for the presence of environmental lead hazards when a lead-poisoned child is identified or known presence of lead-based substances.
- Orders the removal of environmental lead hazards found in dwelling units to make them lead safe for current and future inhabitants.
- Supports community-based and statewide primary prevention activities aimed at helping families and property owners take actions to identify potential lead hazards and mitigate exposure to them before children are exposed.



# Maine CDC Division of Disease Prevention



Maine Center for Disease Control and Prevention

# Maine CDC

## Division of Disease Prevention

### **Chronic Disease Prevention**

Implement evidence-based interventions, strategies and activities to address the following chronic diseases:

- Comprehensive cancer
- Cardiovascular disease (heart disease and stroke)
- Diabetes, asthma, obesity
- Colorectal cancer
- Alzheimer's disease and related dementias

In 2024, the Division of Disease Prevention also:

- Finalized the Maine State Plan on Addressing Alzheimer's Disease and Related Dementias, with the Alzheimer's Coalition actively addressing recommendations from the plan.
- Received EPA's National Environmental Achievement Award in Asthma Management.
- Comprehensive Cancer and Breast and Cervical Health Programs collaborated with the 3 major health systems in Maine to develop a Pink and Pearl Proclamation that was signed by the Governor.

# Maine CDC

## Division of Disease Prevention

### **Maternal and Child Health**

- Reduce maternal, infant and fetal mortality.
- Implement safe sleep strategies.
- Address Children with Special Health Needs (CSHN) through the Blueprint For Change.
- Ensure newborn screenings are completed for every newborn baby.
- Continue collaborative relationships with home visiting (HV) and Public Health Nursing (PHN) for prevention.
- Support maternal anxiety mood disorder screening, referral and treatment.
- Continue supporting the Maternal Health Task Force and the Perinatal Quality Collaborative.
- Work on interoperability for the data systems used.
- Implement several maternal and child health related grants such as the MCH Block Grant, MIECHV, ECCS, newborn Hearing Grant and more.

# Maine CDC

## Division of Disease Prevention

### **Tobacco and Substance Use Prevention and Control**

- Through the Maine Prevention Network Services structure, implement evidence-based interventions to support youth engagement, healthy eating and active living and address use of tobacco, alcohol, cannabis, opioids and other substances.
- Provide oversight for the statewide Tobacco QuitLink services.
- Implement mass-reach media campaigns addressing tobacco and substance use prevention and control.
- Provide funding and oversight for suicide prevention interventions.
- Collaborate with Maine DOE and other state agency partners on adolescent health initiatives and the Maine Integrated Youth Health Survey.
- Coordinate and expand services at 20 Maine-state funded school-based health centers.
- Support communities and local organizations by creating and distributing prevention materials, including lock boxes, trigger locks and drug disposal pouches; develop resources like the Marijuana Prevention Education toolkit.

# Maine CDC

## Division of Disease Prevention

### **Women, Infants and Children Nutritional Services (WIC)**

- Provide nutritional services for pregnant women, infants and children up to age 5.
- Provide education, supplies and support for breastfeeding.
- Facilitate parenting support and referrals to other critical services needed for WIC participants.
- In 2024, the Maine WIC program assumed the Indian Township WIC program, providing services to the existing WIC participants.
- Increase consumption of fresh, local produce as well as support local food production via WIC Farmers' Market Nutrition Program.
- The electronic Farmers Market Nutrition Program (FMNP) redeemed \$245,000 in Maine grown fruits and vegetables during the 2024 Season.
- On January 8, 2024, Maine WIC moved MIS computer systems to Sweb, an online program for determining WIC participant eligibility and benefit distribution.
- 2025 brings a food package update and transition to new eWIC provider.

# Maine CDC

## Division of Disease Prevention

### Oral Health

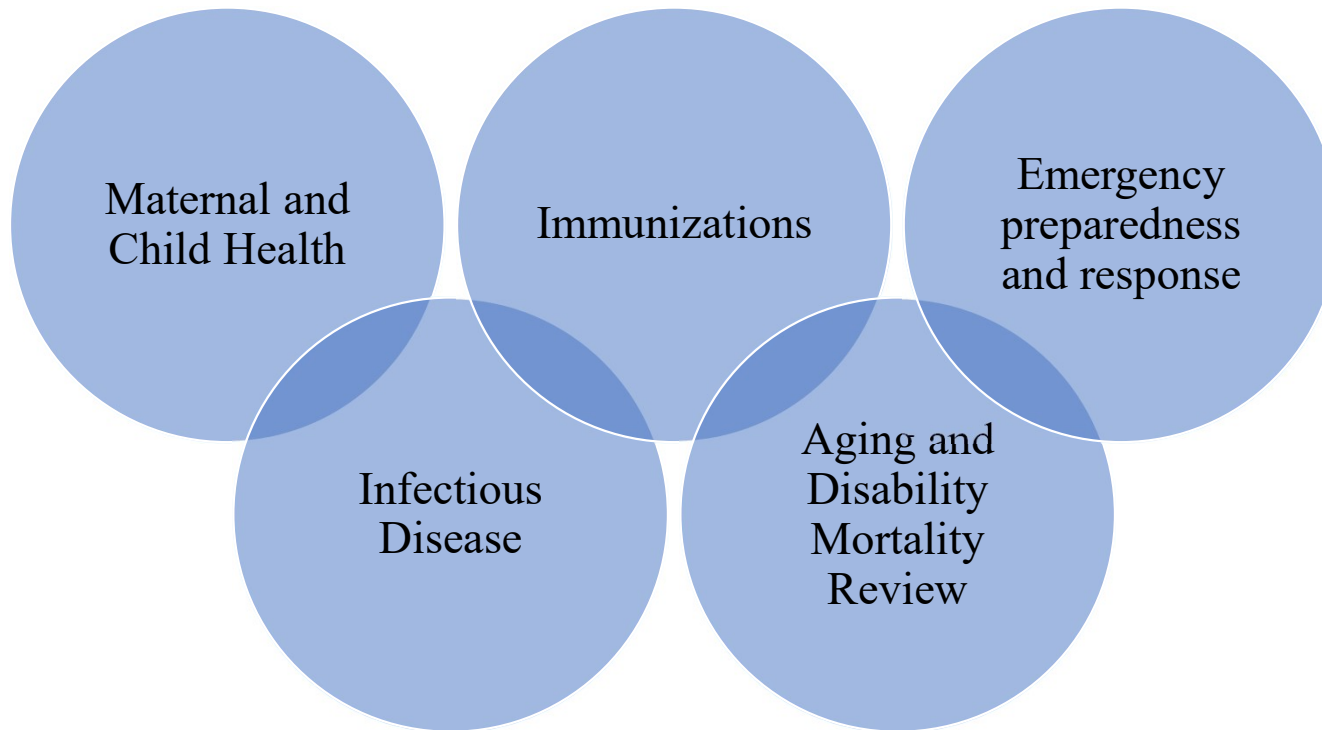
- Provide public leadership to empower communities in prevention, control and reduction of oral diseases.
- Develop, implement and evaluate oral health promotion and disease prevention programs.
- Coordinate community-based oral health services to enhance accessibility and remove barriers.
- Collect and coordinate data documenting oral health status and community need.
- Provide training, consultation and technical assistance to dental and other health professionals, community organizations and others on oral health topics and issues.
- Fund and support school-based oral health preventative programs, education and clinical services in community agencies.

The Program has a legislative charge to expand preventative oral health services through the Maine CDC School Oral Health Program (SOHP) to all schools, all grades in Maine by January 2025.

- Since July 1, 2022, **152** new schools have been added to the SOHP.
- As of December 31, 2024, **319** schools were enrolled in SOHP, with **12** schools pending enrollment.
- The schools encompass all **16** Maine counties.

# Maine CDC

## Division of Public Health Nursing



Maine Center for Disease Control and Prevention

# Maine CDC

## Division of Public Health Nursing

### **Maternal and Child Health**

- Administer CradleME Referral System
- Provide in-home nursing services for perinatal families:
  - Prenatal, postpartum, newborn/infant physical assessment
  - Breastfeeding support with Certified Lactation Consultants
  - Screenings and assessments for:
    - Perinatal mood disorders
    - Home safety & domestic violence
    - Child and growth development (ASQ)
    - Safe sleep / Cribs for Kids
  - Family/caregiver education on:
    - Signs and symptoms of preterm labor
    - AWHONN post-birth warning signs
    - Medication guidelines
    - Substance use/misuse

### **Infectious Disease**

- Assist with public health emergencies, including infectious disease outbreaks, natural disasters, and bioterrorism (HIV, H5N1)
  - HIV Counseling, Testing, Referral (CTR) Training
- Provide training and education to community partners related to Tuberculosis Infection Control
- Hold vaccine clinics for childhood immunizations and other outbreaks
- Partner with TB Control to provide treatment for active tuberculosis (TB) and latent tuberculosis clients

### **Emergency Preparedness**

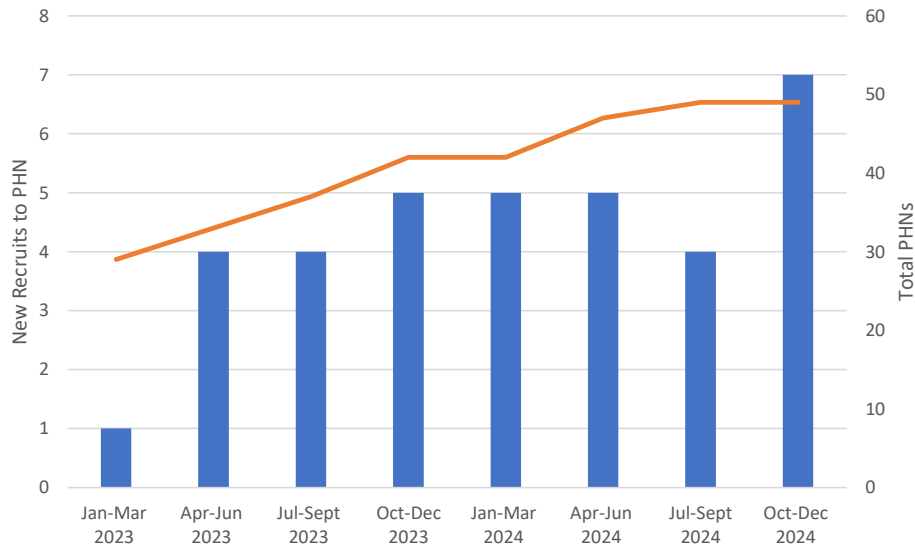
- Pediatric Disaster Response
- Medical Countermeasures; Point of Dispensing (POD), Planning and Response



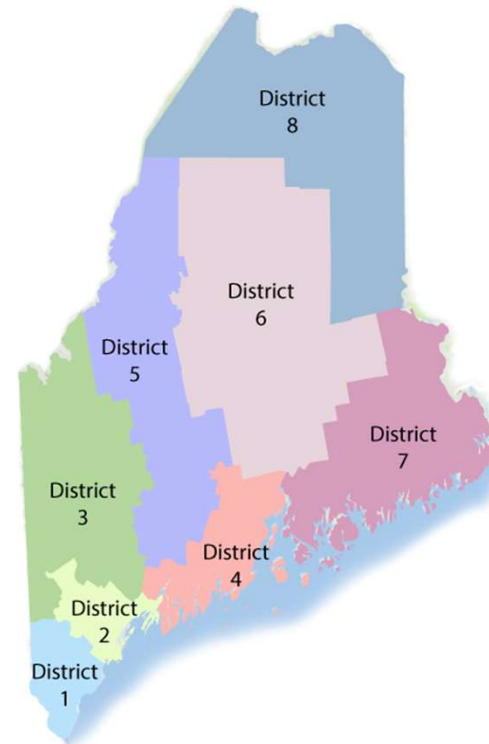
# Maine CDC Division of Public Health Nursing

## Recruitment

PHN Recruitment 2023-2024



## Statewide Capacity



District	Public Health Nurses
District 1&2	8
District 3	9
District 4	4
District 5	8
District 6	7
District 7	3
District 8	5
Central Office	5
<b>Total</b>	<b>49</b>

# Maine CDC

## Division of Public Health Nursing

### **Quality Improvements**

- Developed orientation and precepting plan and trained 35 RNs
- Perinatal Mood and Anxiety Disorder (PMAD) assessments & interventions
- Domestic Abuse and Violence assessments & interventions
- Safe Sleep assessment & Period of Purple Crying education
- Prenatal/Postpartum/Newborn physical nursing assessments
- Latent Tuberculosis (LTBI) & Tuberculosis (TB) criteria and care plans
- Ages and Stages Questionnaire – Child Growth and Development Screening
- Exposure Control Plan

# Maine CDC

## Division of Public Health Nursing

### **Aging and Disability Mortality Review Panel**

- Reviews at deaths/serious injuries of Mainers receiving services from the State which allow them to remain in the community
- Aims to identify opportunities for improvement to systems run/regulated by the State

#### Aging and Disability Mortality Review Panel Coordinator

- Receives notification
- Investigates
- Requests and reviews all records
- Facilitates quarterly meetings, annual report, maintains database

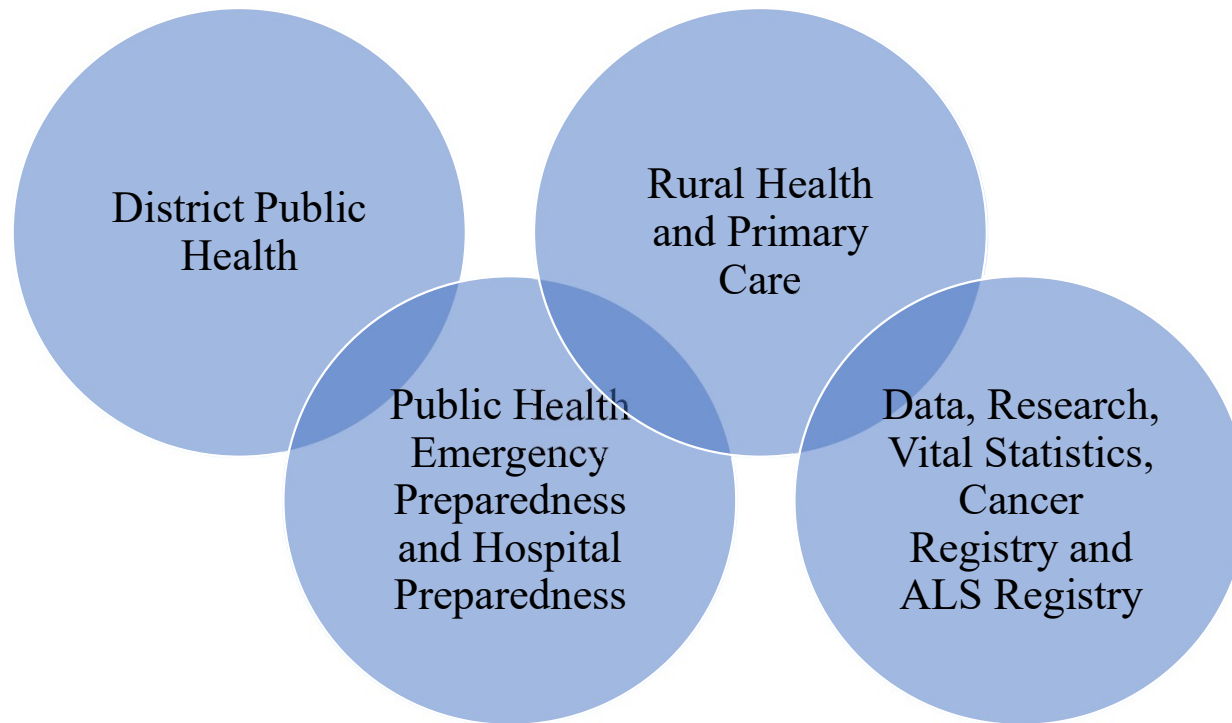
#### Annual Data

- Approx 750 deaths/injuries annually; 80 comprehensive reviews; 13-15 to panel

#### Partnerships

- Office of Aging and Disability Services (OADS); Adult Protective Service (AP

# Maine CDC Division of Public Health Systems



# Maine CDC

## Division of Public Health Systems

### **District Public Health**

- There are 8 geographically-based districts and one population-based district serving tribal members, Wabanaki Public Health District.
- District Liaisons (DL) embedded in each public health district assist with local coordination and planning to support and improve the local public health system, including coordinating with Maine CDC staff in the Public Health Unit.
- Implements the State Public Health System (SPSA) and Local Public Health System (LPHSA) assessments.
- Assists in the planning, training, and response to public health emergencies through partnership with Maine CDC's PHEP program and local emergency management staff (EMA directors, fire chiefs, etc.).
- Coordinates technical assistance and trainings to local health officers in their districts.

# Maine CDC

## Division of Public Health Systems

### **Public Health Emergency Preparedness (PHEP) & Hospital Preparedness Programs (HPP)**

- Coordinates Maine CDC's public health emergency response, including incident command training and exercises by public health personnel in coordination with healthcare coalitions, emergency management and local emergency medical services.
- Uses MaineHAN, a secure, web-based communication system, to exchange information about a specific incident or situation or important public health concern, ranging from nonemergent to critically urgent and requiring action.
- Maintains and credentials Maine CDC Public Health Emergency Volunteers through the MaineResponds Program.
- Partners with Tribal Health Centers to serve as a Point of Dispensing (POD) to administer medical countermeasures to Tribal members during a public health emergency.

# Maine CDC

## Division of Public Health Systems

### **Rural Health & Primary Care**

Promotes access to quality health care for residents living in all of Maine's rural and underserved areas by:

- Increasing resources and reducing costs for health care statewide with a focus on rural areas.
- Facilitating communication among stakeholders on rural health issues.
- Increasing access to primary, mental and dental health care services for underserved populations.
- Reducing geographic, financial, transportation and other barriers that prevent access to health care.

# Maine CDC

## Division of Public Health Systems

### Data, Research, and Vital Statistics

Data, Research, and Vital Statistics (DRVS) administers Maine's vital statistics system and provides quantitative information for surveillance, planning, policy development, program management and evaluation. The office consists of four units: Electronic Data, Statistical Services, Vital Records and Cancer Registry.

- **Electronic Data** maintains the electronic registration system for vital events, provides training for users and staffs a help desk during normal business hours to assist users with using the system and issuing records.
- **Statistical Services** conducts population-based surveillance systems, completes analysis of vital statistic data and will serve the statewide amyotrophic lateral sclerosis (ALS) registry. Provides detailed population estimates, compiles data on health status and health resources, and provides technical assistance and consultation on survey procedures and statistical analysis to other agencies in the Department of Health and Human Services.



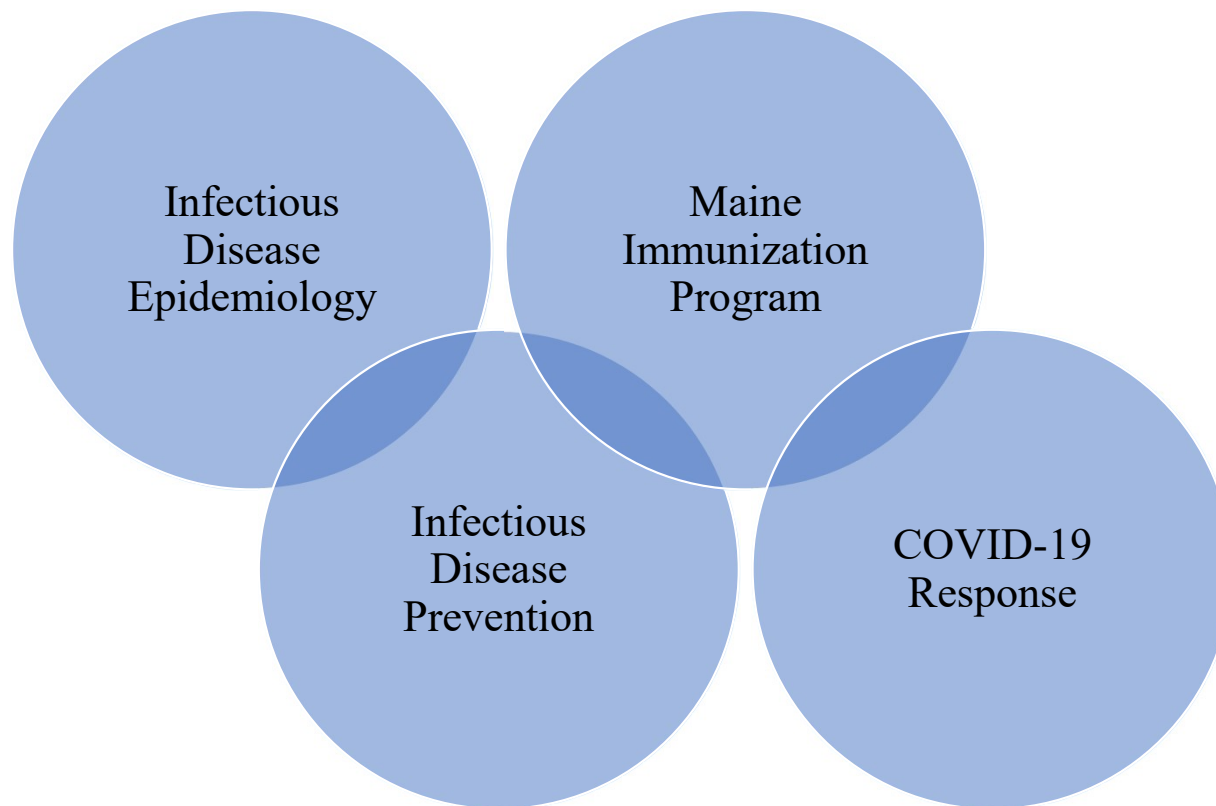
# Maine CDC

## Division of Public Health Systems

### Data, Research, and Vital Statistics (cont'd)

- **Vital Records** collects and maintains records of births, deaths, fetal deaths, marriages and divorces, and provides additional vital registration services. In addition, Vital Records houses all sealed adoptions and legitimizations.
- **Cancer Registry** is a statewide population-based cancer surveillance system. The Maine Cancer Registry (MCR) collects information about most newly diagnosed cancers in Maine residents.
  - Data is used to monitor and evaluate cancer patterns in Maine and improve cancer prevention
- **ALS Registry** is Maine's statewide population-based amyotrophic lateral sclerosis (ALS) surveillance system.

# Maine CDC Division of Disease Surveillance



Maine Center for Disease Control and Prevention

# Maine CDC

## Division of Disease Surveillance

### **Infectious Disease Epidemiology**

- Monitors, investigates and prevents nationally notifiable infectious diseases in Maine including any associated outbreaks.
- Includes but is not limited to COVID-19, rabies, influenza, vaccine preventable diseases such as pertussis, mumps, varicella (chicken pox), foodborne illnesses and vector-borne conditions such as Lyme disease.

# Maine CDC

## Division of Disease Surveillance

### **Infectious Disease Prevention**

- HIV/STD program works to monitor and assist individuals with HIV/STDs
  - Prevention and Case Investigation: monitors, investigates and prevents HIV, gonorrhea, syphilis and chlamydia.
  - HIV/STD education and outreach, point of care HIV/ hepatitis C testing and training, condom distribution and provider outreach.
  - HIV Care: supports individuals living with HIV in Maine through case management and the AIDS Drug Assistance Program (ADAP).
    - ADAP assists low-income people living with HIV with medication coverage, insurance, deductible, lab and copay assistance.
- Harm Reduction: manages the syringe service programs, overdose prevention patient navigators, and works collaboratively with the Office of Behavioral Health to support overdose work.

# Maine CDC

## Division of Disease Surveillance

### **Maine Immunization Program**

- The Maine Immunization Program (MIP) strives to ensure full protection of all Maine children and adults from vaccine-preventable disease.
- Through cooperative partnerships with public and private health providers as well as community members, MIP provides:
  - vaccine;
  - comprehensive education and technical assistance;
  - vaccine-preventable disease tracking and outbreak control;
  - accessible population-based management tools; and
  - support services that link individuals into comprehensive health care systems.

# Maine CDC

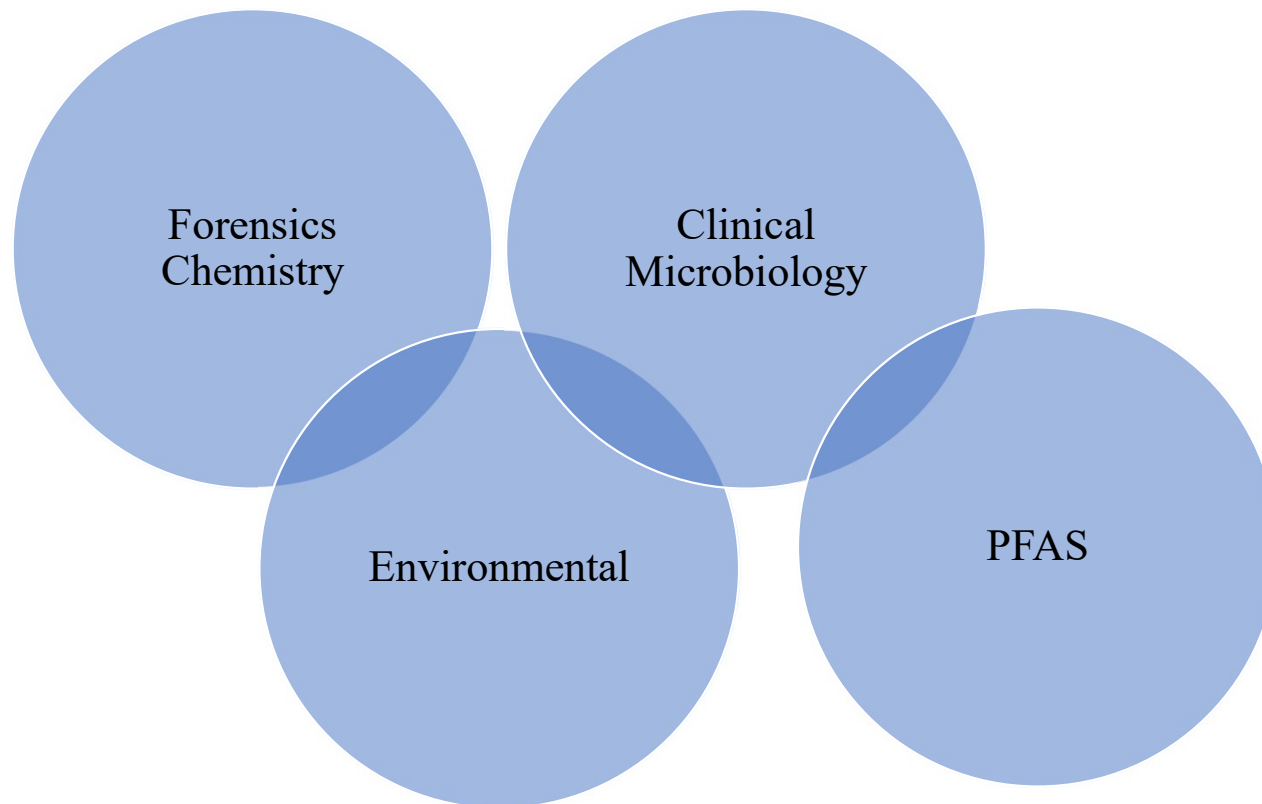
## Division of Disease Surveillance

### **Maine CDC COVID-19 Response**

Maine CDC has received reports of over 361,520 COVID-19 cases and 3,554 deaths.

- 2024 cases: 22,300
- 2024 deaths: 266
- As of December 23, 2024, 30.5% of Maine adults have received a 2024-2025 COVID-19 dose.
- Maine CDC epidemiologists have answered 41,161 requests for consultation from residents and health care providers seeking guidance.
  - 2024 consults: 364
- Maine investigated 2,968 confirmed and probable outbreaks:
  - 2024 outbreaks: 276
  - All COVID investigation data is as of January 4, 2025

# Maine CDC Health and Environmental Testing Lab (HETL)



Maine Center for Disease Control and Prevention

# Maine CDC Health and Environmental Testing Lab (HETL)

## **The Health and Environmental Testing Laboratory**

HETL is the State of Maine's public health laboratory.

- HETL works to isolate, identify, analyze and monitor biological, chemical and/or radiological hazards that can cause harm to human health and the environment, and coordinates with other agencies in the prevention, treatment and control of such hazards that threaten the community or environment.
- These essential services are provided cost effectively through a fee schedule established with the flexibility of making them available regardless of the public's ability to pay.



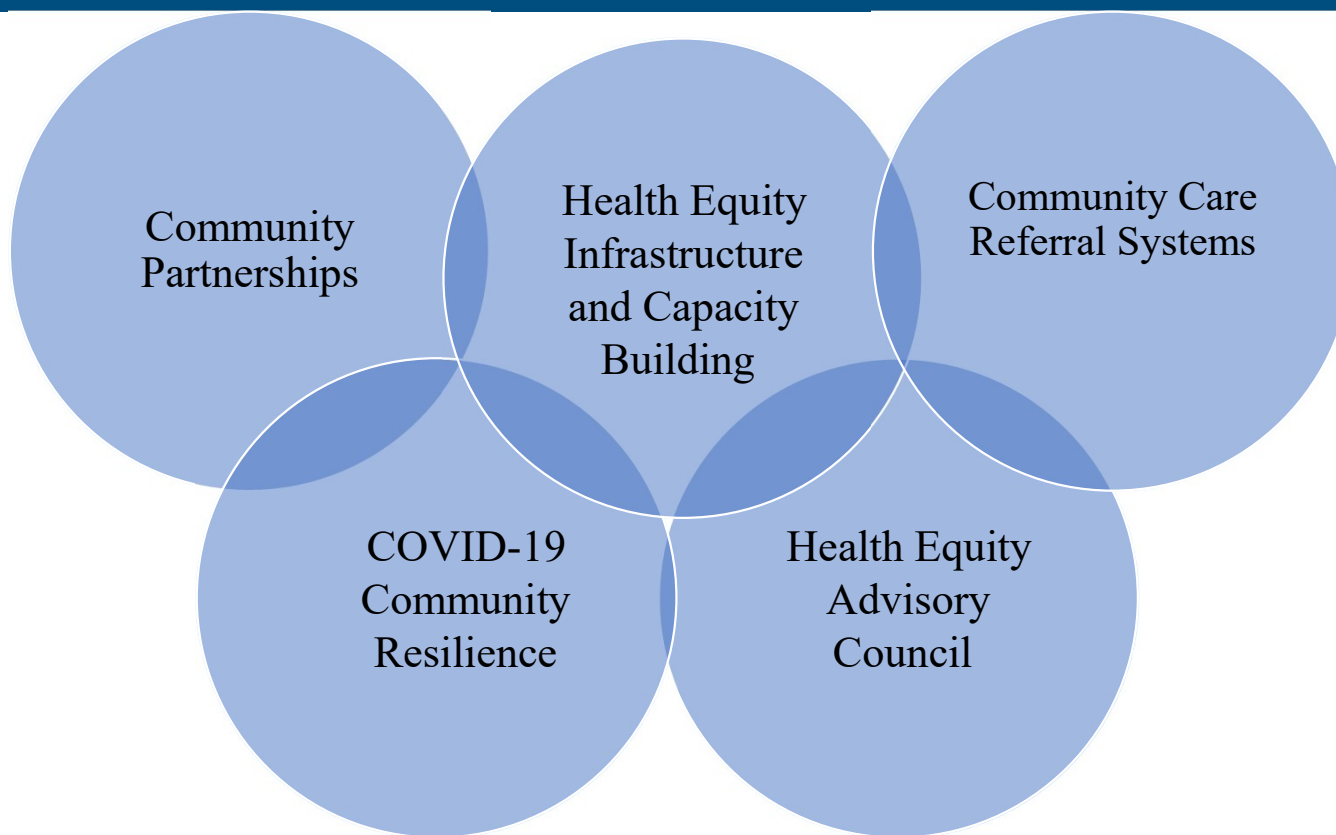
# Maine CDC

## Health and Environmental Testing Lab (HETL)

### **HETL has four sections:**

- **Forensics chemistry:** conducting toxicological drug testing in blood and urine; analyzing seized drug samples from State, federal and local law enforcement agencies; managing and calibrating intoxilizer instruments used by law enforcement throughout the State.
- **Clinical microbiology:** testing for many diseases including rabies, tuberculosis, childhood blood lead, foodborne pathogens, sexually transmitted infections, influenza, COVID-19, Ebola, measles and others.
- **Environmental:** HETL is the State primary laboratory for testing water served by public water systems and private wells for chemical, biological and radiological contaminants; testing water quality of lakes and streams; providing environmental lead wipe, paint and soil testing.
- **PFAS:** analysis of water and agricultural products to begin potentially in 2025.

# Maine CDC Office of Population Health Equity



Maine Center for Disease Control and Prevention

# Maine CDC Office of Population Health Equity

## **The Office of Population Health Equity (OPHE)**

- OPHE was re-established by Maine CDC in 2021.
- Collaborate with programs across Maine CDC, as well as external partners and community leaders, to ensure that public health initiatives are informed by and reflect communities;
- Promote health equity by identifying and addressing social, economic and other systemic barriers to care such as, poverty, environmental conditions, housing, employment, education and cultural and language differences that result in poor health outcomes;
- Support initiatives and partnerships with Maine CDC program offices that promote collaborative, community-informed actions to improve health equity; and
- Look for opportunities that provide greater access to high quality medical care and improve health outcomes.

# Maine CDC

## Office of Population Health Equity

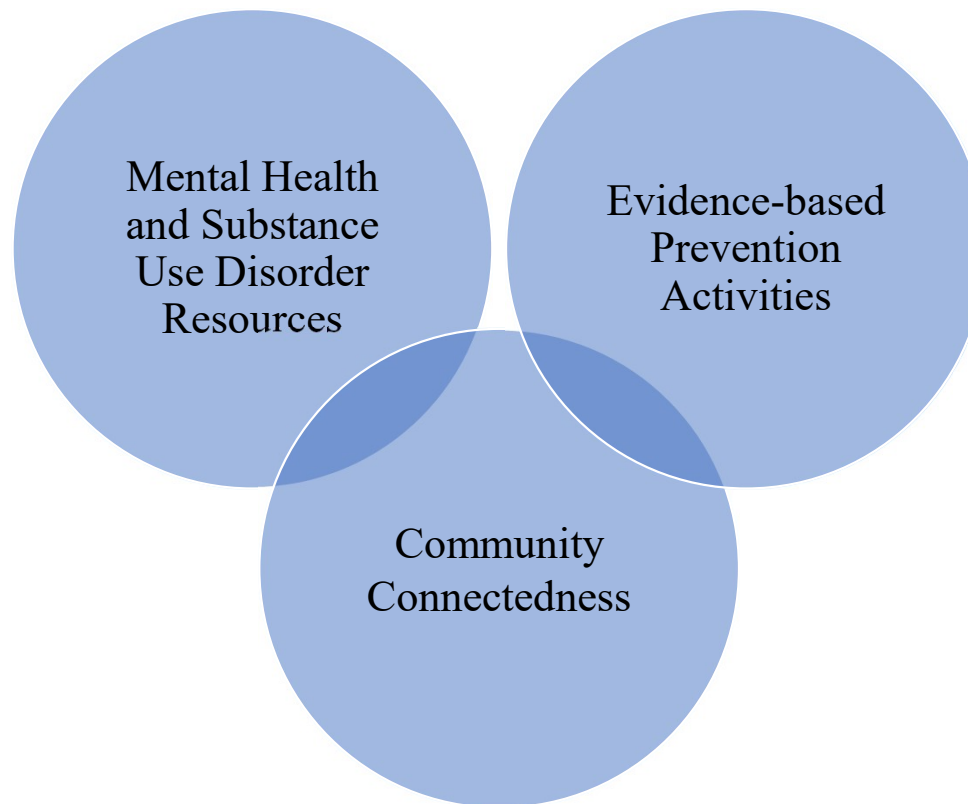
### Key Activities

- Health Equity Infrastructure and Capacity Building
- COVID-19 Community Resilience
- Community Care Referral System
- Health Equity Advisory Council

### Long-Term Priorities

- **Investing in Communities:** Develop long-term opportunities to sustain programming in Community-Based Organizations.
- **Fostering Community Partnerships:** Formalize the advisory council, conduct regular convenings, host an annual conference.
- **Building Internal Infrastructure:** Offer trainings across Maine CDC and provide support across divisions, long-term data roadmap.
- **Working Across Government:** Population centered community of practice, DHHS procurement improvements, language access study.

# Maine CDC Office of Injury and Violence Prevention



Maine Center for Disease Control and Prevention

# Maine CDC Office of Injury and Violence Prevention

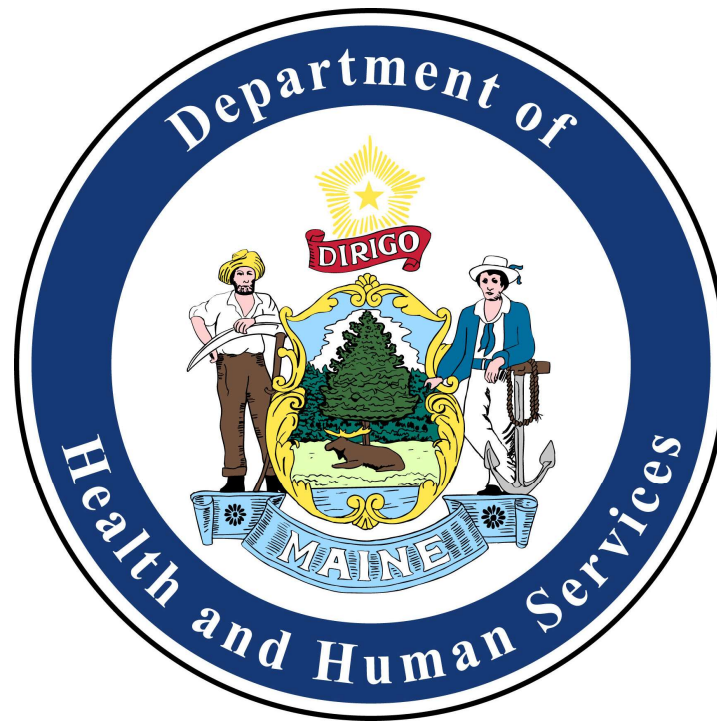
## **The Office of Injury and Violence Prevention (OIVP)**

Established by statute in 2024, OIVP will coordinate and promote effective efforts to reduce injury and violence.

Efforts to achieve that goal include:

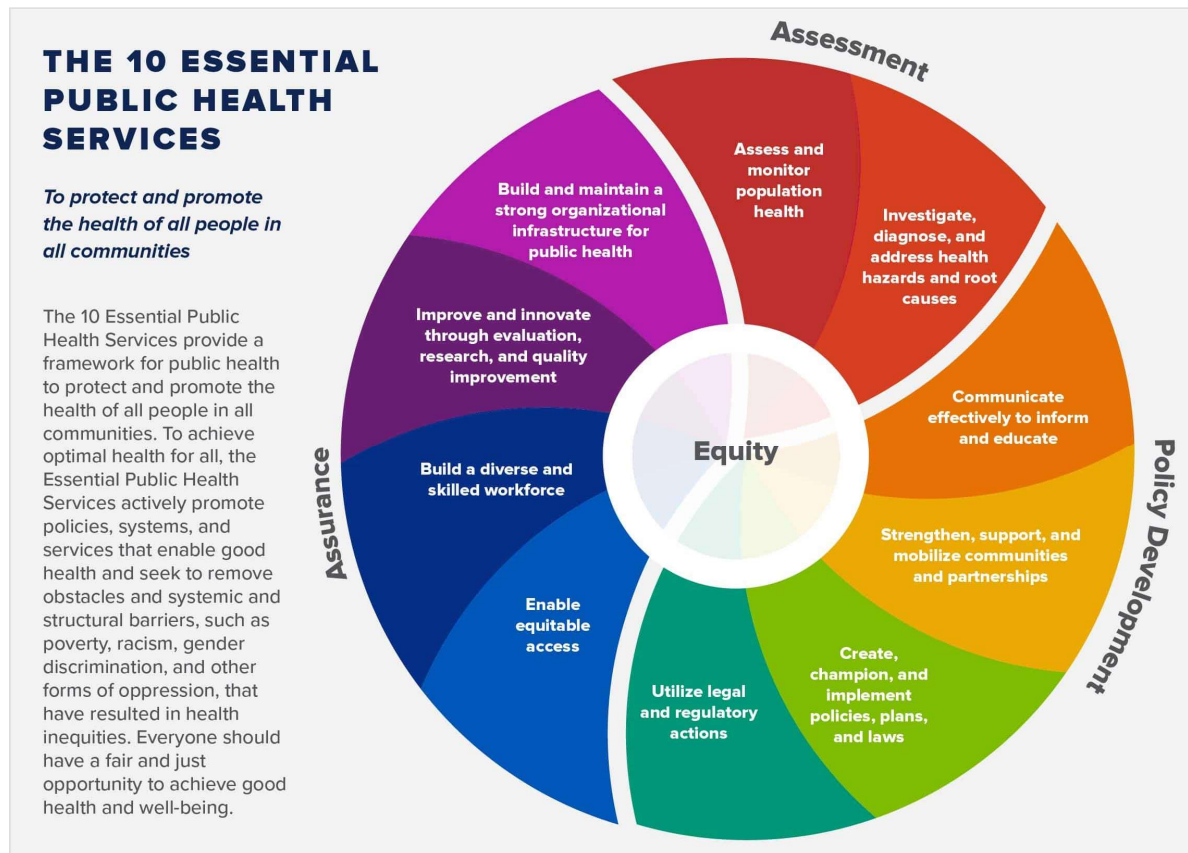
- Establishing a central data and information hub
- Increasing awareness of mental health and substance use disorder resources
- Educating the public on responsible gun ownership including safe storage best practice
- Fostering community connectedness
- Implementing evidence-based prevention activities to reduce risks and increase protective factors

# Addendum: Graphs & Charts



Maine Center for Disease Control and Prevention

# 10 Essential Public Health Services

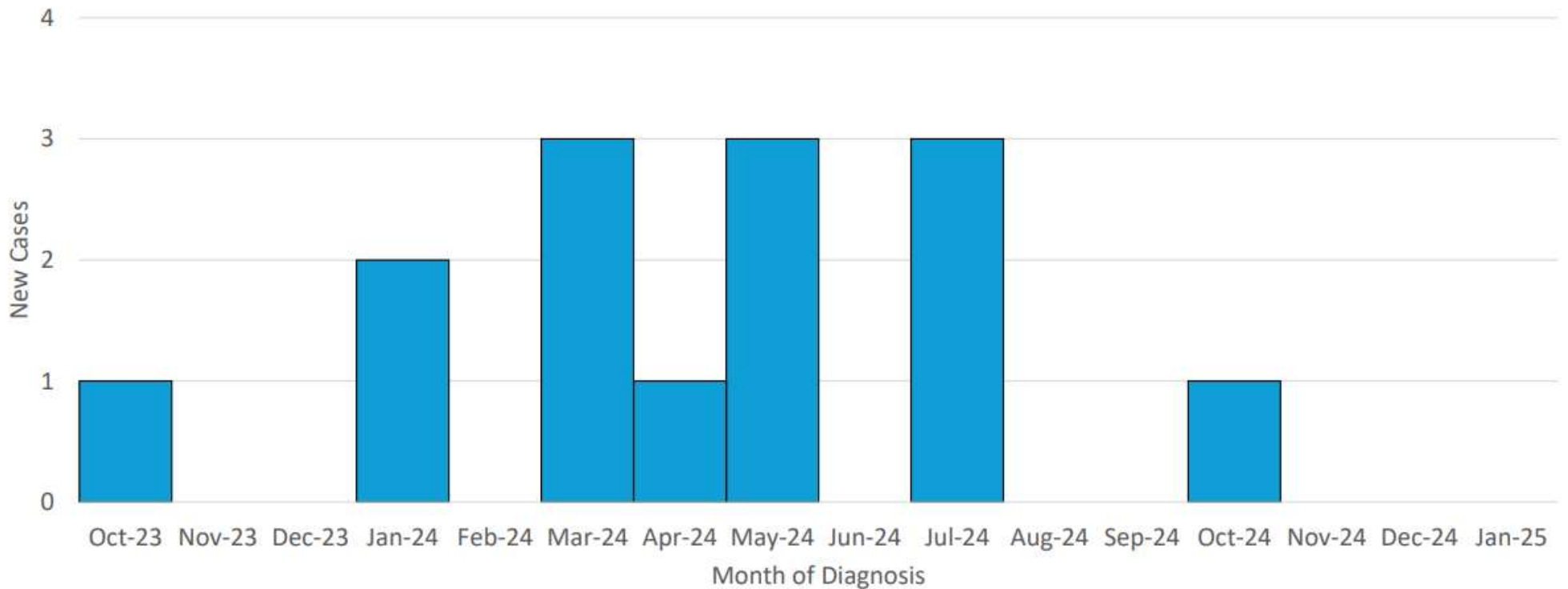


Maine Center for Disease Control and Prevention



# Harm Reduction: HIV/HCV Cluster Response Strategy

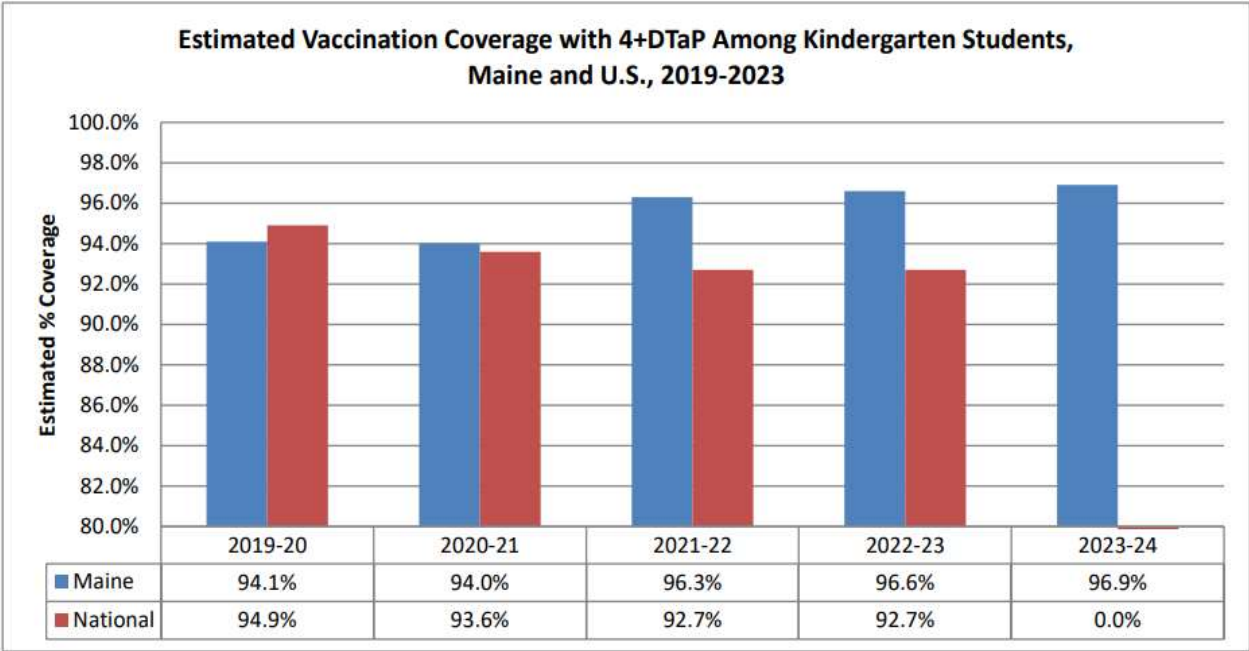
HIV Outbreak in Penobscot County



Maine Center for Disease Control and Prevention

# 4+DTaP Vaccine Coverage Among Kindergartners

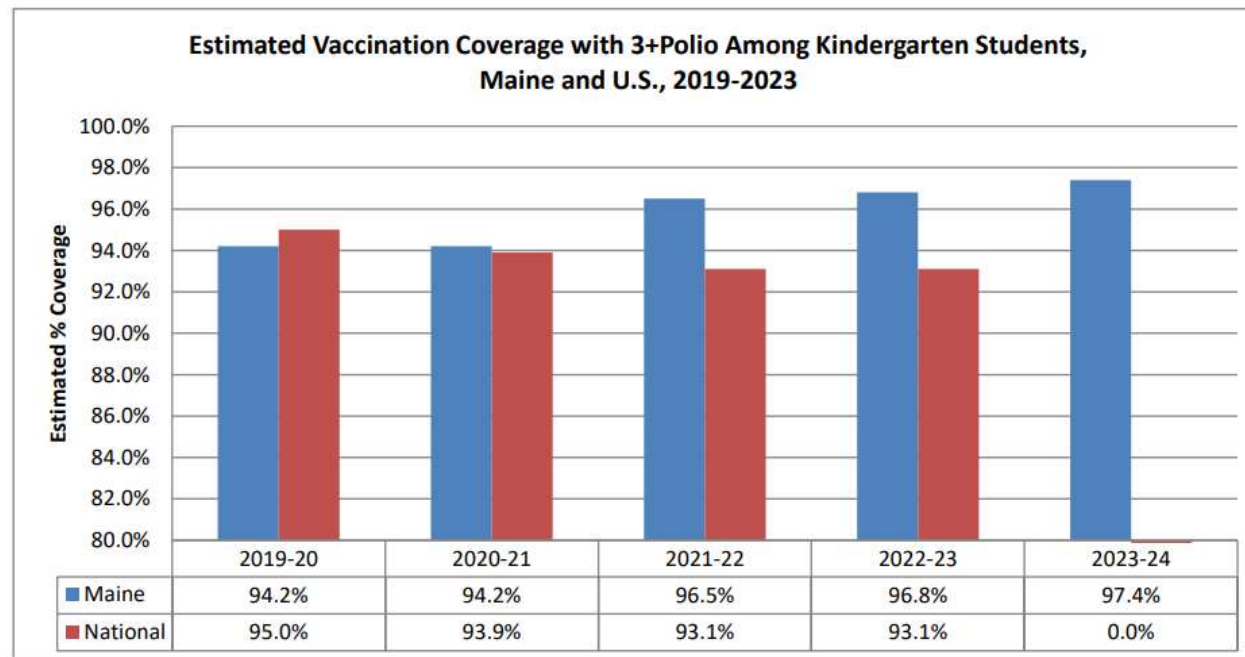
Figure 1: 4+DTaP Vaccine Coverage Estimate Among Kindergarten Students, Maine and U.S., 2019-2023



4+ DTaP ~ ≥4 doses of diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine.  
 2023-24 National Kindergarten 4+DTaP rates unavailable until Fall 2024.

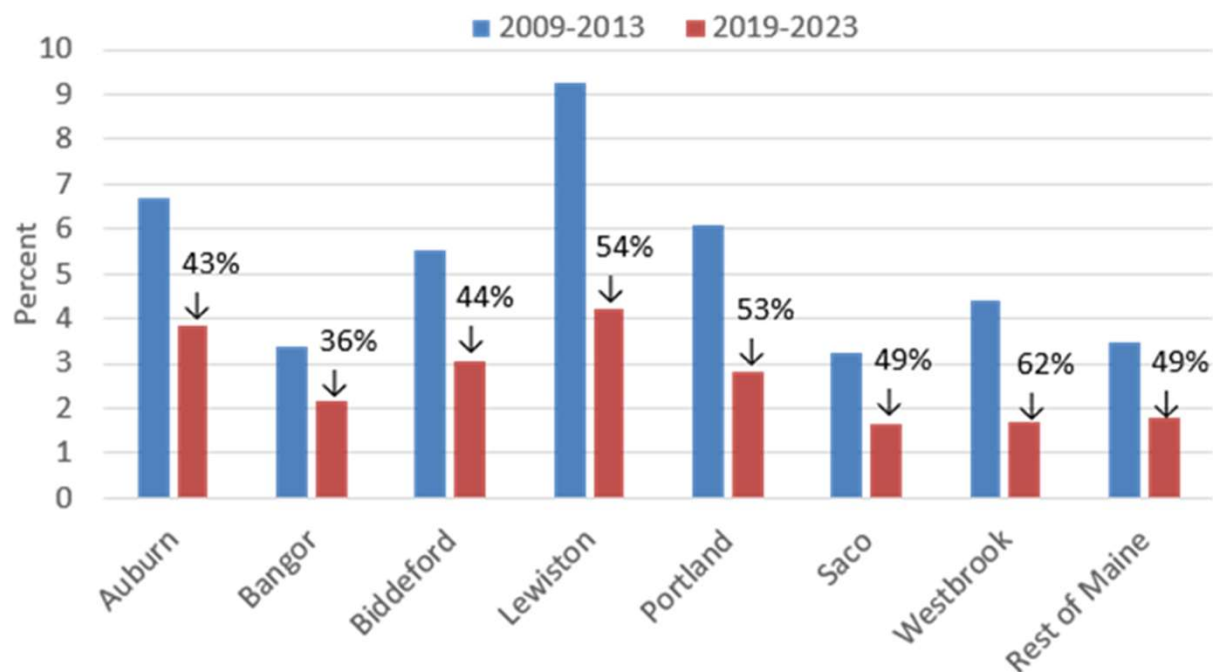
# 3+Polio Vaccine Coverage Among Kindergartners

Figure 2: 3+Polio Vaccine Coverage Estimate Among Kindergarten Students, Maine and U.S., 2019-2023



3+Polio ~ ≥3 dose of any poliovirus (IPV/OPV) vaccine.  
 2023-24 National Kindergarten 3+Polio rates unavailable until Fall 2024.

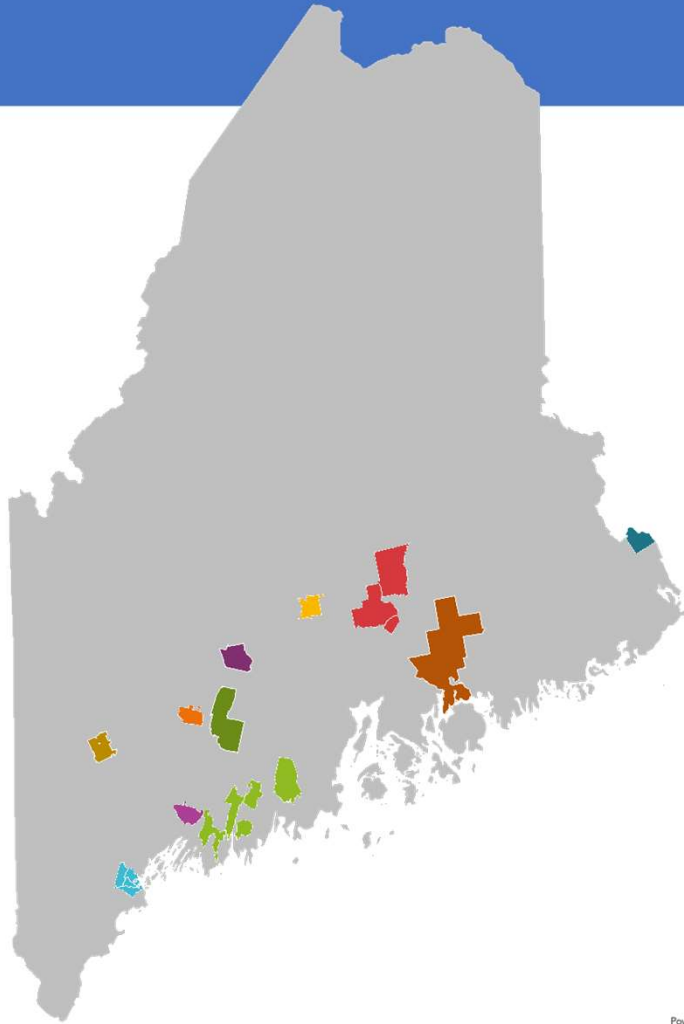
# Impact on Testing from COVID-19, LeadCare II Test Kit Recalls



Reductions in the estimated percentage of children with a blood lead level of 5 µg/dL or higher, by high-risk area, comparing 2009-2013 to 2019-2023

# ALL SBHCs IN MAINE

2024-2025 School Year



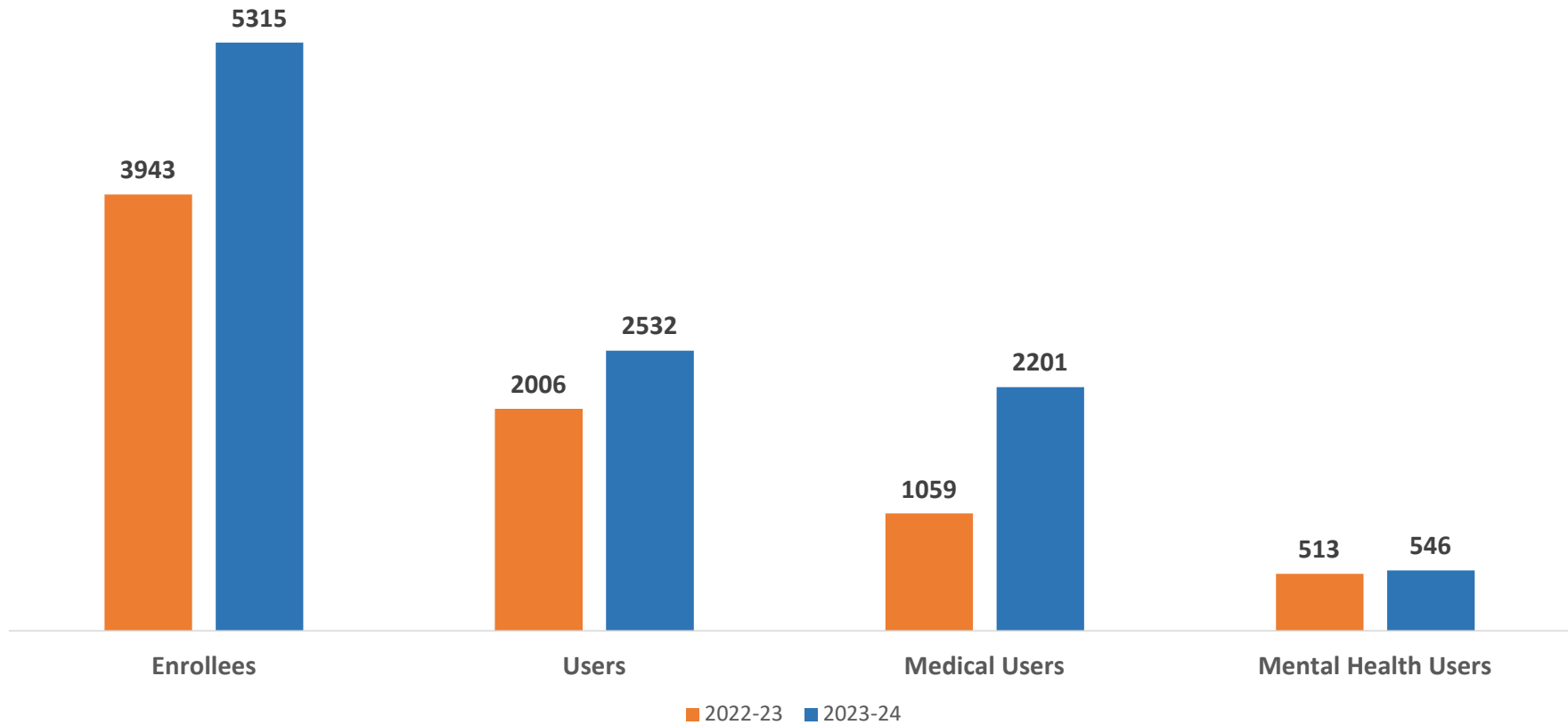
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	<b>Greater Portland Health</b>	Casco Bay High School Deering High School King Middle School Portland High School South Portland High School Westbrook High School <i>South Portland Middle School</i>
	<b>Hometown Health</b>	Nokomis Regional High School
	<b>Lincoln Health</b>	Boothbay High School Medomak Valley High School Lincoln Academy Morse High School <i>Wiscasset Middle High School</i>
	<b>RSU #38</b>	Maranacook Community Schools
	<b>MSAD #75</b>	Mt. Ararat High School
	<b>Penobscot Community Health Center</b>	Brewer Community School Brewer High School <i>Bangor High School</i> <i>James F. Doughty Middle School</i> <i>William S. Cohen Middle School</i> <i>Leonard Middle School*</i> <i>Old Town Elementary School</i> <i>Old Town High School*</i>
	<b>Calais School Department</b>	Calais Middle and High School
	<b>Western Maine Pediatrics</b>	Oxford Hills Comprehensive High School Oxford Hills Middle School
	<b>Augusta School District</b>	Cony High School
	<b>Bucksport Regional Health</b>	Ellsworth High School
	<b>HealthReach</b>	<i>Lawrence High School</i>

*Non-state funded schools shown in grey italics*

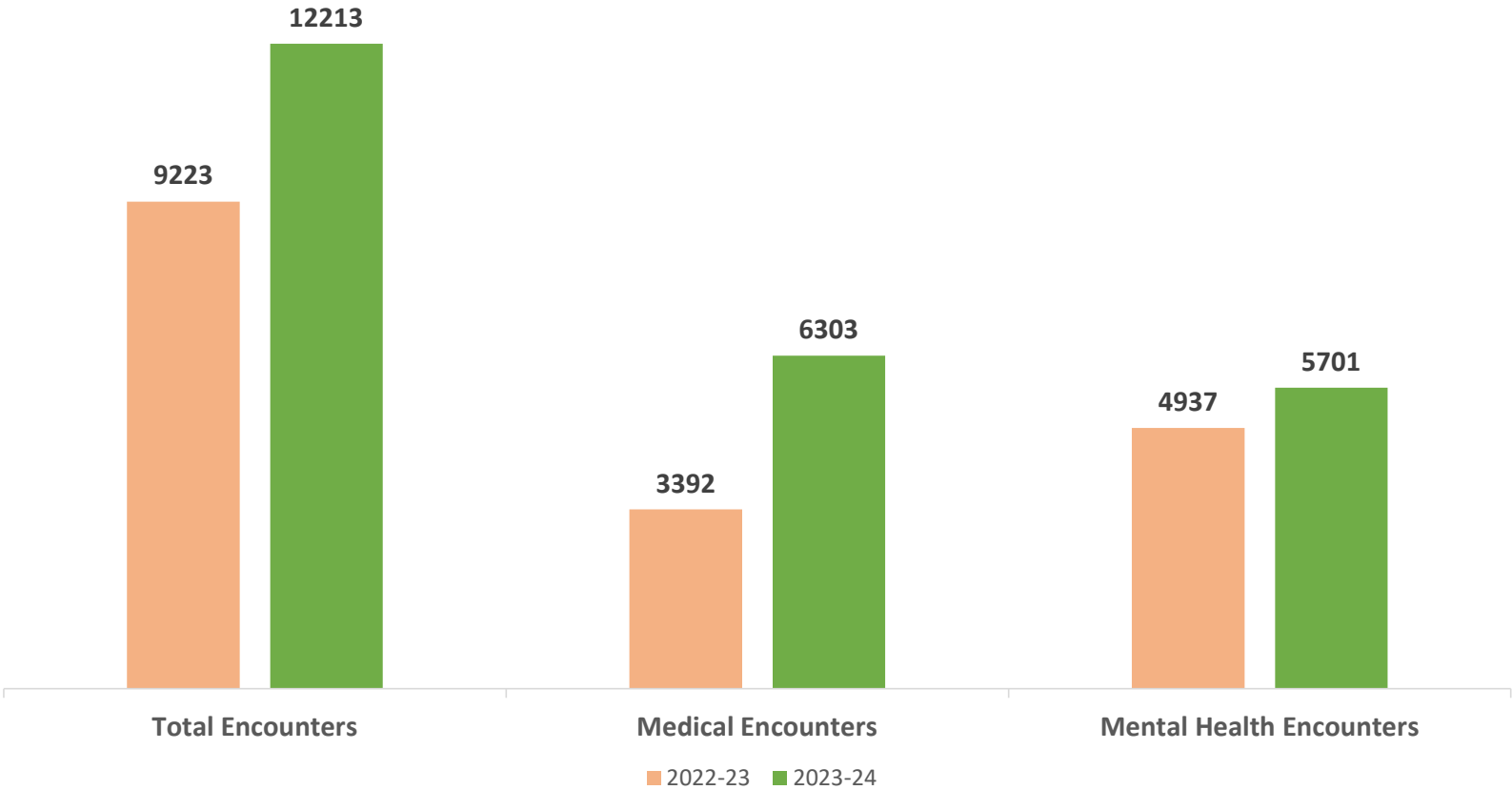
*\*Indicates school provides mental health services only with medical services referred to Old Town Elementary School*

# Students Served by SBHCs



Maine Center for Disease Control and Prevention

# Care Provided by SBHCs

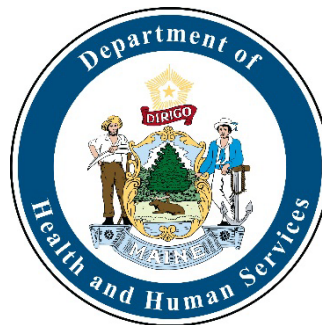


Maine Center for Disease Control and Prevention

# Office for Family Independence (OFI)

Ian Yaffe, Director

January 2025





# Office for Family Independence

OFI connects Maine residents to services and programs that foster health, safety, resilience, and opportunity and help them to meet a wide variety of needs.

Permanent Positions: 859  
Limited Period Positions: 74  
General Fund SFY26: \$90.6 million  
All Funds SFY26: \$427.8 million

# Overview of Programs and Services

- **OFI provides healthcare, food, and basic needs benefits for one third of Maine's population and offers supports to reach sustainable employment through:**
  - Integrated eligibility for MaineCare, SNAP, and TANF
  - Employment and training programs
  - Oversight and support for the Municipal General Assistance Program
- **Division of Support Enforcement and Recovery (DSER)** helps establish, enforce, and collect child support payments, locate parents, and establish paternity.
- **Disability Determination Services (DDS)** processes disability claims on behalf of the Federal Social Security Administration.
- **Fraud Investigation and Recovery Unit (FIRU)** investigates allegations of fraud and pursues administrative or criminal sanctions in cases of intentional program misuse.

# OFI By the Numbers

## **2024 Annual Activity:**

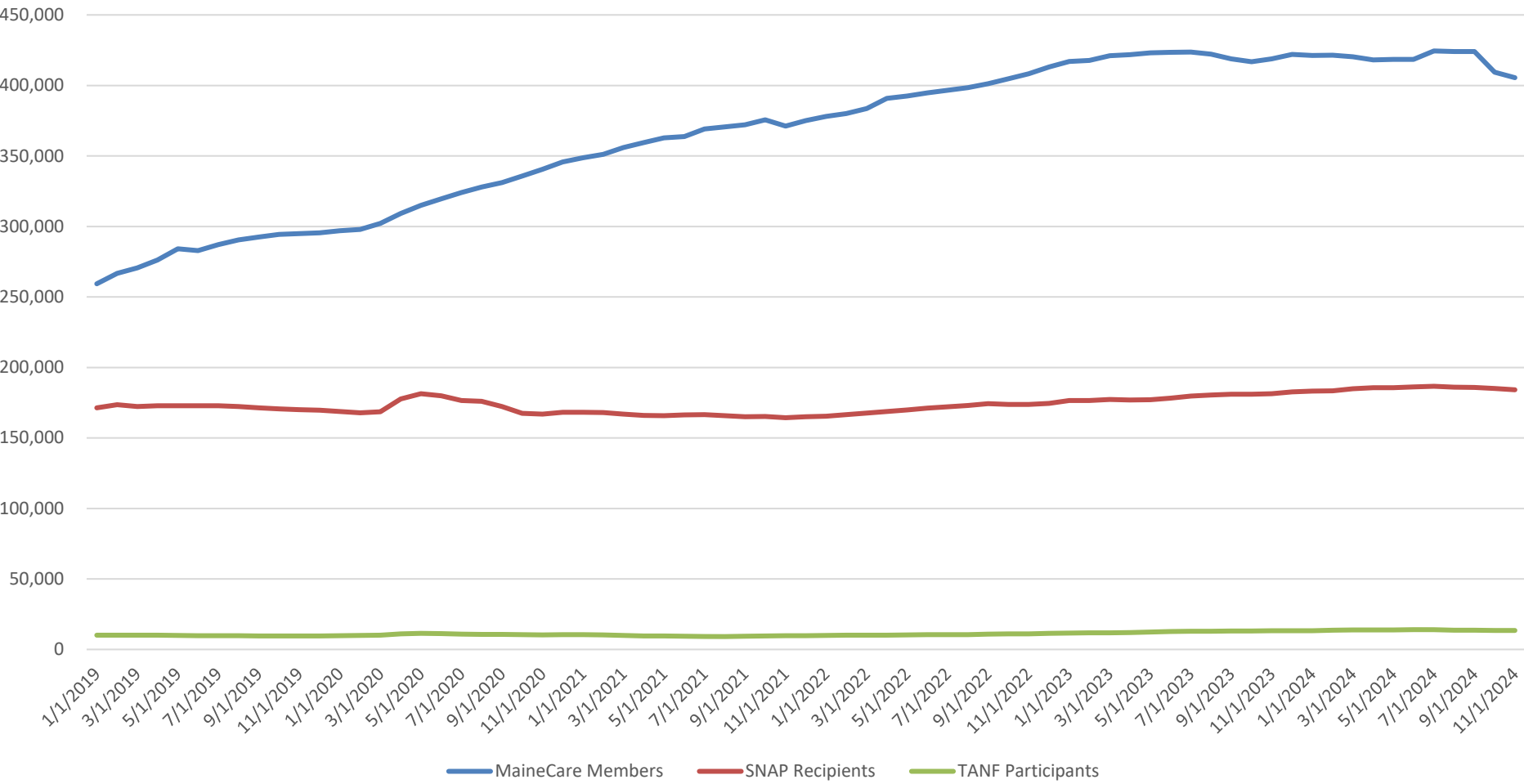
- Office visits: 97,892 (+1%)
- Phone calls: 711,643 (+1%)
- Eligibility Applications: 34,521 (+17%)
- Eligibility Renewals: 201,793 (+25%)
- Disability Claims Processed: 16,070 (+3%)
- Child Support Collections: \$92 million (-2%)

## **November 2024 Participation (Individuals):**

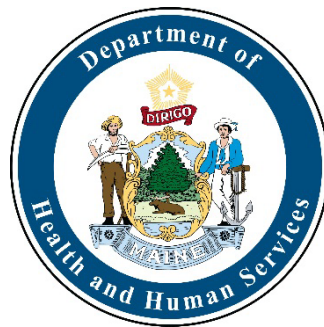
- MaineCare Members: 405,395 (45% also qualify for SNAP)
- SNAP Recipients: 184,145 (96% also qualify for MaineCare)
- TANF Participants: 13,441 (generally also qualify for SNAP and MaineCare)

# MaineCare, SNAP, and TANF Enrollment

Individual Enrollment by Program - November 2024



# Eligibility 101



# MaineCare

## MaineCare is income-based health insurance

- **MAGI MaineCare** for individuals, families, children
- **SSI-Related MaineCare** for people who are disabled or over age 65
- **Medicare Savings Program (QMB and QI)**
- **Prescription-only coverage (MaineRx and DEL)**
- **Long Term Care** for people who need supported living

**OFI and the Office of MaineCare Services** closely collaborate to administer MaineCare; OFI is responsible for eligibility and enrollment while OMS is responsible for benefit administration once members are enrolled.

Income eligibility ranges between 100-300% FPL based on household size and individual criteria such as age, pregnancy, and/or disability status. Some eligibility groups also require an asset-test.

# SNAP

## SNAP is an income-based food assistance benefit.

- SNAP benefits supplement a household's existing food budget and are received monthly on an EBT card to purchase food items at participating retail stores.
- Benefits are generally 100% Federally funded, with \$398 million in annual benefits supporting 182,369 individuals. Administrative costs are split State/Federal.
- While SNAP income is limited to under 200% FPL, most individuals receiving SNAP have an income under 120% FPL.

## Related Programs:

- **Maine Harvest Bucks:** Nonprofit partnership to provide additional SNAP dollars to be spent at farmers' markets
- **SNAP-Education and SNAP Employment & Training**
- **SUN Bucks (Summer EBT)**

# TANF/ASPIRE

- The **Temporary Assistance for Needy Families (TANF)** provides a cash benefit to families with children in the household.
- TANF has both an income (133% FPL) and asset test for eligibility.
- TANF participants work with the **Additional Support for People in Retraining and Education (ASPIRE)** program for assistance with education, training, and employment preparation.
- ASPIRE services are provided through the Department's contractor, Fedcap. In December 2024, Fedcap assisted over 4,500 participants engaged in activities leading to employment and over 1,200 participants actively working.
- **Alternative Aid** and **Emergency Assistance** are also short term TANF based programs that help families experiencing financial hardships.





# Multiple Ways to Submit Applications

Online using My Maine Connection

On the phone

In Person at a Regional Office

With a paper Application via Mail, Email, or Fax



**Do you want help filling out this application? Do you have questions? Call us at 1-855-797-4357 or Maine Relay 711 (TTY). We can help!**

### How do I apply?

Fill out this application by answering as many questions as you can. If you are applying for SNAP, we encourage you to fill out as much of the application as possible. We will accept your application if it is submitted with a name, address, and signature. The date we get this information will establish a start date for benefits and begin your application.

### Apply faster online.

Visit [www.mymaineconnection.gov](http://www.mymaineconnection.gov) to apply for benefits.

### Who can complete the application?

The application should be filled out by you or an adult member for your household. If you would like to appoint an authorized representative to apply for benefits and act on behalf of the household, you may do so by filling out an Authorized Representative form found in Appendix B.

### What other information may I need to provide?

We will attempt to verify the information you provide through electronic data matches. We will contact you to request additional verification if needed.

### Do I need an interview?

SNAP and TANF both require an interview before we can determine if you are eligible for assistance. If you mail the application to us, we will schedule an interview for you.

### Where do I return the application?

You can bring it in to a local DHHS office, mail, or fax it to us.

Mail: Office for Family Independence  
State of Maine – DHHS  
114 Corn Shop Lane  
Farmington, ME 04938

Fax: 1-207-778-8429

### How can I get help with this application?

- Phone: Call us at 1-855-797-4357 or Maine Relay 711 (TTY)
- In-Person: Visit your local Office for Family Independence (OFI).  
Office locations:  
<https://www.maine.gov/dhhs/about/contact/offices>

If you need help in your language (including an interpreter) or a disability accommodation, call 1-855-797-4357 or Maine Relay 771 (TTY). These services are free.

### Program Information

#### **Supplemental Nutrition Assistance Program (SNAP)**

Helps low-income households buy food.

#### **MaineCare (Medicaid) and CHIP (Children’s Health Insurance Program)**

Provides free or low-cost health insurance to cover doctor’s visits, emergencies, prescription drugs, and more.

#### **Temporary Assistance for Needy Families (TANF), Parents as Scholars (PaS), Alternative Aid (AA), or Emergency Assistance**

Provides cash assistance or voucher payments for a limited number of months, to families with children in need of support.

#### **Child Care (TANF Related)**

Helps families that have received or are receiving TANF or PaS with childcare costs required to participate in work and/or education activities.

#### **State Supplement**

A MaineCare program that provides a small cash payment to people over age 65, who are blind, or people with a disability who get SSI or would be eligible for SSI.

#### **Medicare Savings Program (Buy-in)**

Helps pay Medicare premiums, and in some cases, deductibles, coinsurance, and copayments.

#### **Limited Family Planning Services**

Limited MaineCare benefit for reproductive and sexual health care.

#### **Special Benefit Waiver**

Provides a limited MaineCare benefit for individuals living with HIV or AIDS.



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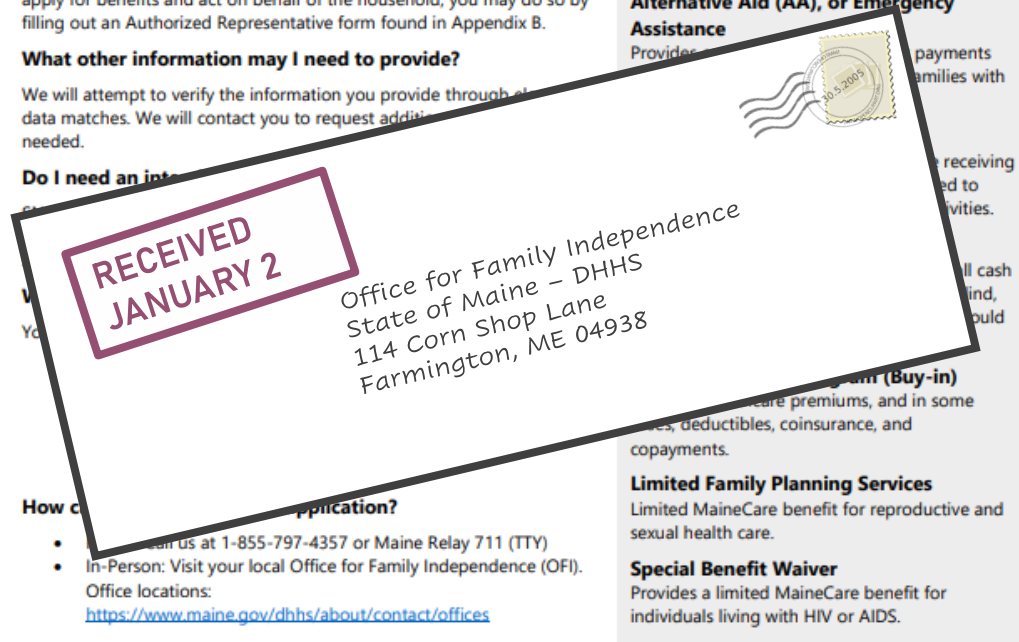
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**Do I need an interpreter?**

- Call us at 1-855-797-4357 or Maine Relay 711 (TTY)
- In-Person: Visit your local Office for Family Independence (OFI). Office locations: <https://www.maine.gov/dhhs/about/contact/offices>



**Program Information**

**Supplemental Nutrition Assistance Program (SNAP)**  
Helps low-income households buy food.

**MaineCare (Medicaid) and CHIP (Children's Health Insurance Program)**  
Provides free or low-cost health insurance to cover doctor's visits, emergencies, prescription drugs, and more.

**Temporary Assistance for Needy Families (TANF), Parents as Scholars (PaS), Alternative Aid (AA), or Emergency Assistance**  
Provides...

**Health Insurance (Buy-in)**  
Provides health insurance premiums, and in some cases, deductibles, coinsurance, and copayments.

**Limited Family Planning Services**  
Limited MaineCare benefit for reproductive and sexual health care.

**Special Benefit Waiver**  
Provides a limited MaineCare benefit for individuals living with HIV or AIDS.

If you need help in your language (including an interpreter) or a disability accommodation, call 1-855-797-4357 or Maine Relay 711 (TTY). These services are free.

# Systems and Process

Tina's paper application arrives in Farmington on January 2

**RECEIVED  
JANUARY 2**

**30**

**45**

**30**

**SNAP**

**decision by**

**February 1**

**MaineCare**

**decision by**

**February 15**

**TANF**

**decision by**

**February 1**

# Verifications

## Non-Financials

- **Identity**
  - Government forms or verifications
- **Social Security Number**
  - Required if one is available
- **Citizenship or Immigration Status**
  - U.S. Citizenship can be verified through Social Security
  - Noncitizen status is verified with USCIS systems or documents
- **Residency**
  - Maine residents
- **Household Composition**
  - Assistance Groups
    - MaineCare: Biological or legal relationship, or tax dependency (depending on program)
    - SNAP: Biological or legal relationship, as well as who buys and eats food together
    - TANF: Biological or legal relationship



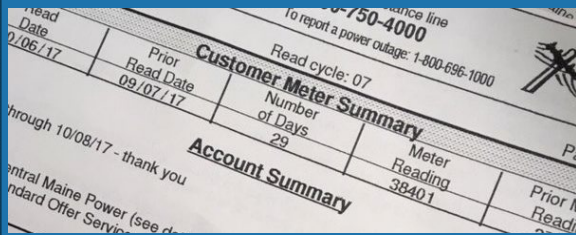
# Verifications

## Non-Financials

- Identity
- Social Security Number
- Citizenship or Immigration Status
- Residency
- Household Composition

## Financials

- **Assets (sometimes)**
  - Bank accounts, vehicles, retirement accounts, property, RVs, etc.
- **Income**
  - Money from work, pensions, Social Security, self-employment, gifts, child support, etc.
  - Verification required for all programs
- **Expenses (sometimes)**
  - MaineCare: Medical expenses and pre-tax deductions, depending on program
  - SNAP and TANF: Shelter expenses, sometimes medical expenses



Workplace Inc		123 Anystreet, Augusta, ME 04330		EARNINGS STATEMENT			
Employee Name		Tina Applicant					
Social Security No	Pay Period	Pay Date		Employee #			
XXX-XX-1234	March 1-March 7	March 8		A1234			
Income	Rate	Hours	Current Total	Deductions	Total	YTD Total	
Gross Earnings	\$14.50	40	580	FICA - Medicare	\$3.71	\$18.56	
				FICA - Social Security	\$7.54	\$37.70	
				Federal Tax	\$87.00	\$435.00	
				State Tax	\$23.20	\$119.00	
YTD Gross	YTD Deductions	YTD Net Pay	Total	Deductions	Net Pay		
\$2,900.00	\$607.26	\$2,292.74	\$580.00	\$121.45	\$458.55		

# Letters

OFI often requests additional verification before issuing a Notice of Decision regarding benefits.

	Maine Department of Health and Human Services Office for Family Independence	Regional Office Address 890 MAIN ST. SUITE 208 SANFORD, ME 04073
		Re: Tina Applicant ID: XXXXXXXX LE-CMF063 Rev. 03/21/2022
TINA APPLICANT 1 TENTH ST APT 1 AUGUSTA, ME 04330-1234		
<b>Notice of Missing Verifications</b>		
<b>Why Am I Getting This Letter?</b> _ _ _ _ _ You need to give us documents to verify information that was reported.		
<b>What Do I Need To Do?</b> _ _ _ _ _ Provide us the following:  Please provide proof of one month's income (for example: two biweekly pay stubs or four weekly pay stubs, a written statement from your employer, etc.)		
<b>Where Do I Need To Send Them?</b> _ _ _ _ _ Please send verifications to the address listed at the bottom of the page. For your convenience, you can also email or fax us your verifications:  Email: Farmington.DHHS@maine.gov Fax: 207-778-8429		
<b>When Do I Need To Send Them In By?</b> The documents need to arrive by January 14, 2024 OR YOUR BENEFITS MAY BE DELAYED OR DENIED.		
<b>What If I Have Questions Or Need Help?</b> _ _ _ _ _ Call us at 855-797-4357 if you need help in getting verifications.  USDA and HHS are equal opportunity providers and employers.		
<b>?</b> Questions? Call 855-797-4357 (TTY call Maine relay 711) You can call Monday through Friday, 8:00am to 4:30pm To receive your notices electronically, go to <a href="http://www.maine.gov/mymaineconnection">www.maine.gov/mymaineconnection</a> <b>Please mail your documents or inquiries to the following address:</b> Department of Health and Human Services Office for Family Independence 114 Corn Shop Lane Farmington, ME 04938		
Page 1 of 2		

# Additional Compliance



**DSER, PATERNITY,  
& CHILD SUPPORT**

MaineCare & TANF

**FEDCAP & ASPIRE**

TANF



**WORK  
REGISTRATION  
& ABAWD**

SNAP

**REPORTING**

All Programs



# Getting in Touch with OFI

## By Phone

ELIGIBILITY  
1-855-797-4357



## By Email

[farmington.dhhs@maine.gov](mailto:farmington.dhhs@maine.gov)

## By Mail

DHHS-OFI  
114 Corn Shop Lane  
Farmington, ME 04938



## In Person

Regional Office



# Client-Facing Improvements

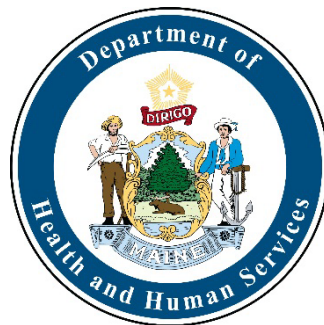
## **Completed in 2023 and 2024:**

- First in Line (FIL) call queue functionality and unwinding surge staffing significantly improved call center wait times and reduced abandoned phone calls.
- Client text notifications for more timely and clear communication for MaineCare renewals/events.
- Automatic MaineCare renewals at the individual level (80% of members Nov-Dec 2024).
- My Maine Connection was updated to include HOPE and Emergency Assistance program applications and new functionality for Authorized Representatives.

## **Planned for 2025:**

- Collaborate with our technology contractor using a Federal grant to significantly expand our text and email campaigns to keep clients better informed and reduce unnecessary calls and in person visits.
- Additional Eligibility Specialists added in SFY24-25 Supplemental Budget have completed training this month. OFI will increase call center staffing in February 2025.
- Automatic Referral Project 22 MRS §3110 – enabling clients to receive automatic referrals to other programs such as LIAP and to enable other agencies to utilize OFI data to verify income eligibility.
- Administer a TANF/ASPIRE participant survey to gather feedback and consider client informed adjustments to the TANF/ASPIRE programs.
- Expand the use of outreach locations where clients can meet with an Eligibility Specialist at a community-based location in addition to regional offices.

# Additional Programs and Services



# SNAP-Ed and SNAP-E&T

- **SNAP Education**

- Statewide nutrition education program operated by University of New England and 17 sub-recipient agencies.
- Last year, 40 nutrition educators taught 7,460 classes and reached 19,814 unique participants across K-12 schools, childcare centers, and community centers.
- Evaluation showed youth participants eating more fruits and vegetables and adults reported increased confidence in buying and cooking nutritious foods on a budget.

- **SNAP Employment and Training**

- Statewide and optional program for adults receiving SNAP benefits that provides job search training and assistance, post-secondary and vocational education tuition assistance, case management, and support services.
- Last year, served 299 participants.
- Implemented by three partner organizations.

# HOPE

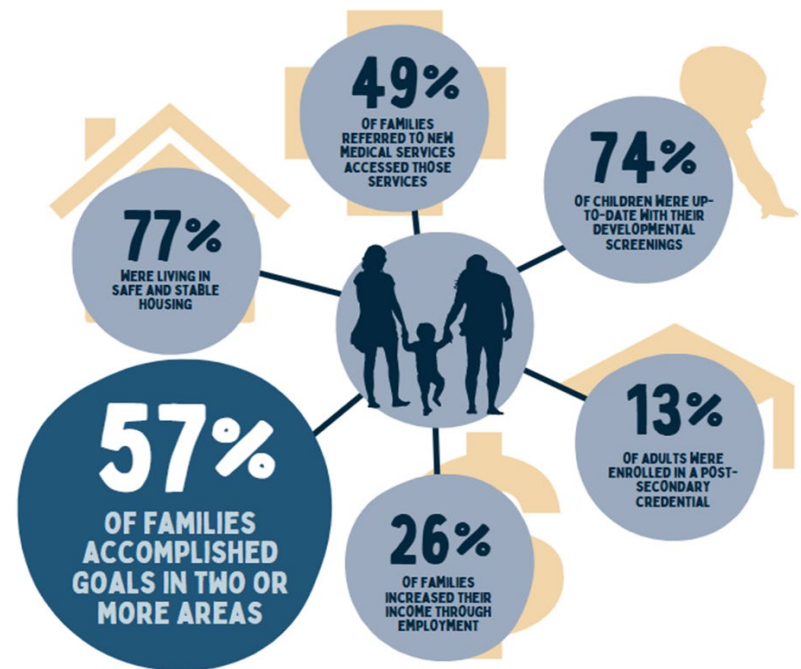
- **Higher Opportunity for Pathways to Employment (HOPE)** is a workforce development program which helps qualifying low-income parents with financial supports for education-related costs.
- **Who can qualify?** Maine parents and specified relatives of minor children who are accepted to or enrolled in an eligible postsecondary education program and meet income requirements.
- HOPE is currently supporting 551 students.
  - 293 are pursuing associate degrees.
  - 167 are in bachelor's programs related to health care, technology or engineering.
  - 91 are in short-term occupational training.



# Whole Family Services

- Multi-generational, strengths-based coaching programs where families define their goals
- Coaches help families access housing, healthcare, education, employment and more based on individual selections and needs
- Available to families under 200% FPL with children
- Contracted with 11 service providers to serve all 16 counties
- Total program capacity is around 400 families

**641 Families**  
**969 Parents**  
**1,381 Children**



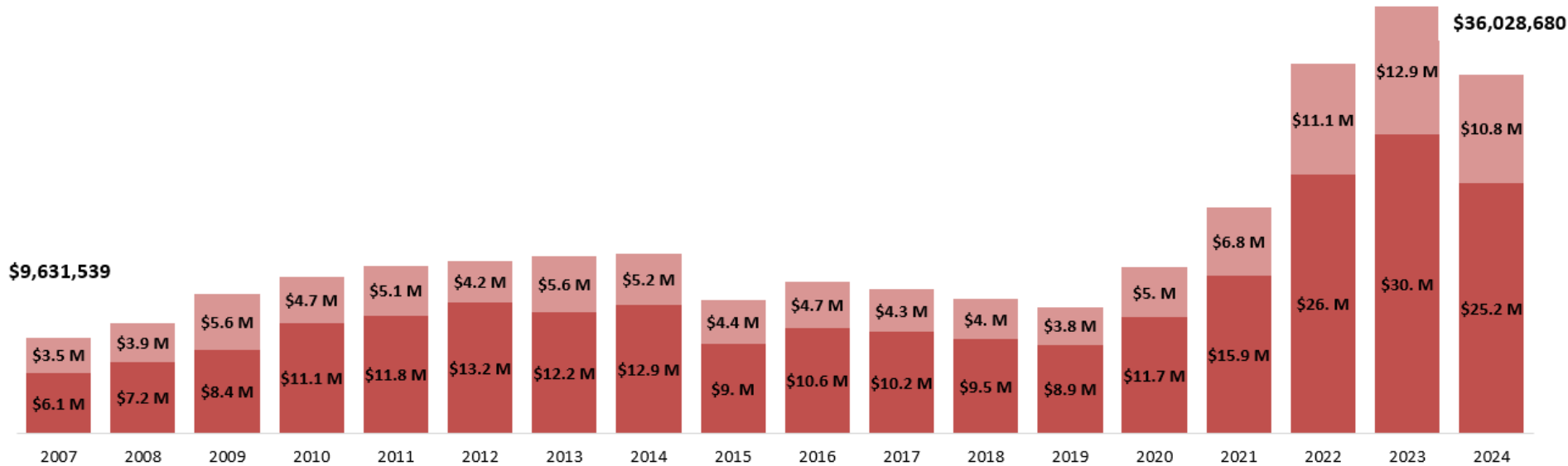
# General Assistance (GA)

General Assistance is administered by municipalities. Municipalities determine eligibility based on State law and rules and share the cost of providing the benefit. The State pays 70% of the cost as of July 2015. Municipalities are responsible for the remaining 30%.

The State portion of total GA reimbursements requested for SFY24 was \$25 million.

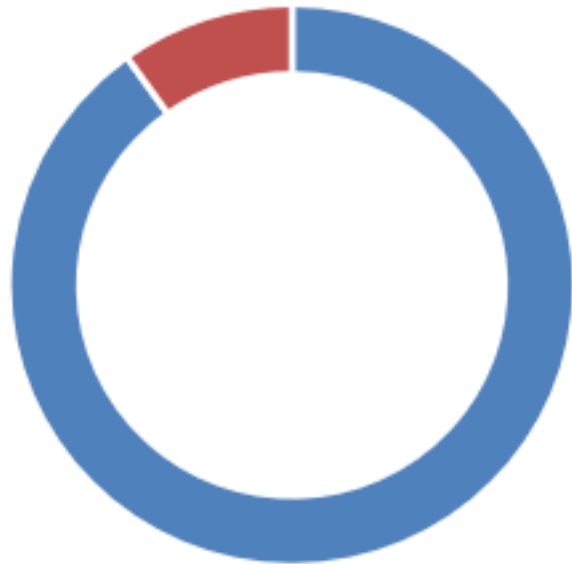
General Assistance Cost 2007 - 2024

■ State ■ Municipality



# GA Expenditure Breakdown

## General Assistance Expenditures SFY24



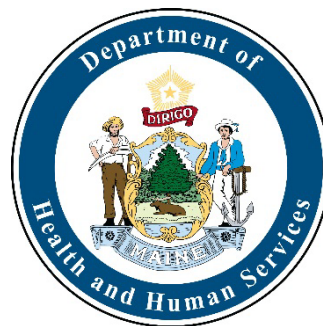
■ Housing ■ Non-Housing

**Historically, approximately 80% of General Assistance dollars have been utilized for housing or housing related expenses.** This increased to 91% in SFY22 and remains at 90% in SFY24.

**Housing** costs include emergency and non-emergency housing expenses such as rental assistance, shelter costs, or hotel/motel.

**Non-housing** costs can include heating, food, medical, and other personal expenses. GA also helps cover the cost of burials for eligible individuals.

# Additional Divisions





# Division of Support Enforcement and Recovery (DSEER)

## Purpose

- Locates parents and establishes paternity for children of unwed parents
- Establishes, modifies and, enforces child support orders (50,000 enforcement actions annually)
- Collects and distributes child support to custodial parents

## Outcomes (2024)

- Collected \$92 million in current and past due child support
- Established parentage for 656 children born out of wedlock
- Established and modified 707 child support orders
- Managed 34,172 child support cases, serving 47,116 children eligible for support

***Example collection activities:*** wage withholding, tax returns, unemployment offsets, insurance settlements, garnishments, passport denials, lottery/gambling intercepts.

# Disability Determination Services (DDS)

- Provides the medical determination portion of applications for Social Security Title 2 (SSDI) and Title 16 (SSI) disability claims.
- Collects and develops medical records, reviews evidence in collaboration with in-house Medical and Psychological staff, analyzes vocational histories, and makes policy compliant determinations on initial and reconsideration claims.
- Also provides medical determinations on continuing disability reviews to ensure those receiving disability benefits continue to meet the threshold of needing these benefits.

## DDS in 2024:

- Processed 14,555 total claim types
- 39.5% of initial claims resulted in an allowance of benefits
- Achieved an initial claim decisional accuracy rate of 98.8%

Case Processed by Claim Type in 2024		
Initial Claims		8,922
Reconsider Claims		2,112
Continuing Disability Reviews		2,390
CDR Cessation Hearings		498
Other Types		633

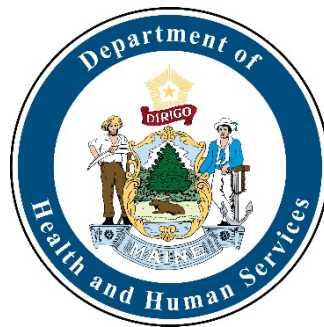
# Fraud Investigation and Recovery Unit

- Fraud Investigation and Recovery Unit (FIRU) received 3,080 tips, complaints, and referrals for fraud.
- FIRU completed 146 Intentional Program Violation investigations which were sent for a hearing.
- FIRU has begun tracking reports of Electronic Benefit Theft (skimming, electronic theft) and will continue to monitor this emerging and growing trend in fraud.

Criminal Referrals by FIRU  
2020-2024

Referred to:	Cases Referred	Alleged Theft
Maine Attorney General	21	\$408,925
US District Attorney	52	\$94,159
Federal Prosecutors	4	\$228,297

# Special Projects and New Initiatives



# MaineCare “Unwinding”

On December 11, 2024, the Maine Department of Health and Human Services (DHHS) released an update on the conclusion of MaineCare (Medicaid) eligibility reviews after the COVID-19 Public Health Emergency, known as "unwinding."

At the conclusion of the 15-month Unwinding period (from May 2023 through October 2024), the Department's efforts [resulted](#) in over **345,000** or **80% of MaineCare members successfully renewing and retaining** coverage.

30% of members were renewed automatically without having to complete a renewal form, through electronic verification tools and income data already available to DHHS, called passive or "ex parte" renewal.

Maine's renewal plan relied on four key components:

1. Procurement of additional temporary staffing to assist with mail and phone volume,
2. Temporary suspension of disenrollment for procedural reasons,
3. A robust communication and outreach strategy, and
4. Engagement with community-based organizations.

# Launch of SUN Bucks

## **SUN Bucks (also known as Summer EBT)**

- Maine's Summer Nutrition Program for school aged children (at least age 6 but under 17) which began June 2024.
- In summer, kids lose access to school breakfast and lunch programs making it harder to get nutritional meals.
- The funds can be used to buy groceries everywhere that Supplemental Nutrition Assistance Program (SNAP) benefits are accepted.
- Most children who qualify for free or reduced-price school meals through a school meal application or receive SNAP, are automatically enrolled.

## **SUN Bucks Success**

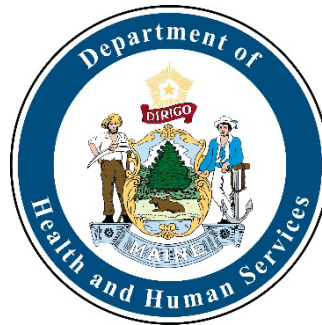
- Collaborative effort with multiple agencies such as MDOE, GOPIF, Good Shepard Food Bank, and more.
- 102,000 Maine children were issued a one-time SUN Bucks payments of \$120 for food for June, July and August 2024 (\$40/month). \$12 million dollars issued.
- 99% of recipients enrolled automatically based on available data sources.

# TANF Work and Family Well-Being Pilot

- In November 2024, **Maine was selected as one of five states to take part in six-year bi-partisan pilot** to test employment, earnings, and well-being measures in determining success in the TANF Program.
- From 2025-2030, Maine will not be subject to the existing Work Participation Rate requirements (WPR) and will maintain a sanction process for households that refuse to engage in required activities.
- Maine will focus on Barrier Remediation, Employment Skills Gain, Asset Building, and Maternal and Infant Health as ways to **increase TANF Participants' job retention, earnings, and income.**
- Over the next six months, Maine will determine final performance measures with ACF and begin pilot implementation in October 2025.

# Questions

**Ian Yaffe, Director**





# Office of Aging and Disability Services (OADS)

Paul Saucier, Director  
January 2025



# Office of Aging and Disability Services

## What We Do

### **Mission**

*We promote the highest level of independence, health, and safety for older adults and adults with disabilities throughout Maine.*



**Health • Independence • Respect**

# Office of Aging and Disability Services

## Community Programs for Adults

### Aging and Physical Disability

- Older Americans Act Programs
- MaineCare- and State-funded Home Care
- Homeward Bound Grant
- “Level of Care” assessments for home care, residential and nursing homes

### Intellectual and Developmental Disability (IDD) and Brain Injury

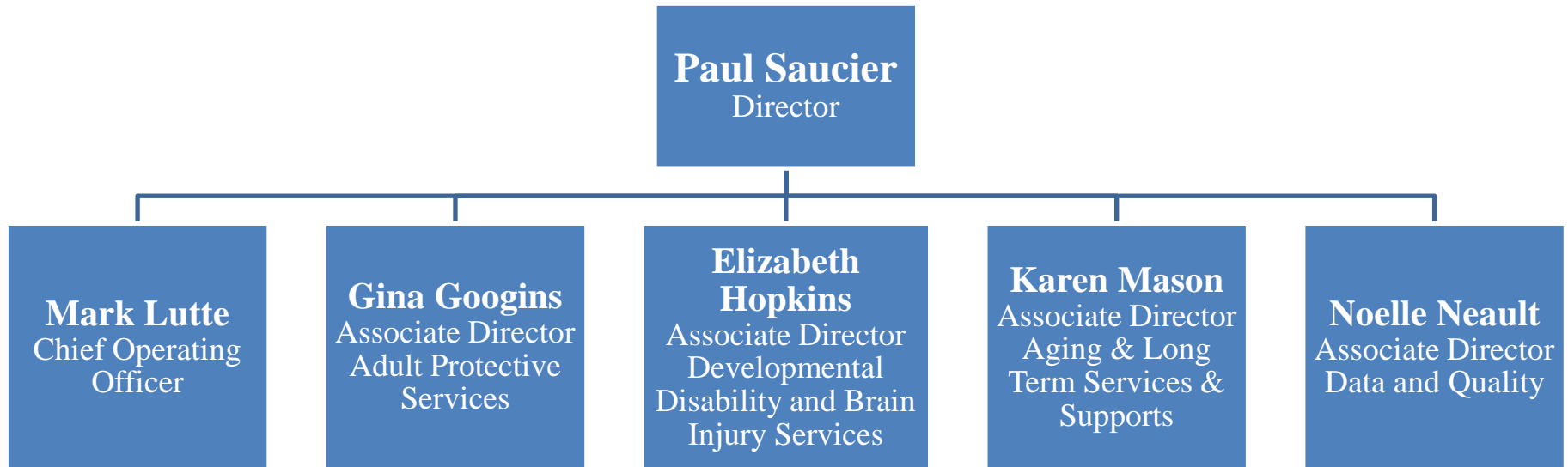
- MaineCare Home- and Community-Based Services (HCBS) for adults with IDD, brain injury and other related conditions
- Crisis Prevention and Intervention
- Case Management

### Adult Protective Services

- Investigation
- Public Guardianship and Conservatorship
- Client Asset Management
- Referral for Services

OADS also works closely with the Office of MaineCare Services (OMS) and the Division of Licensing & Certification (DLC) on access, quality, and payment for residential and nursing home care.

# Office of Aging and Disability Services Program Leadership



# Office of Aging and Disability Services

## Common Policy References

(MC) indicates MaineCare funded; (GF) indicates General Fund

<b>Sect. 2 (MC)</b>	Adult Family Care Homes	<b>Sect. 61 (GF)</b>	Adult Day Services
<b>Sect. 12 (MC)</b>	Consumer Directed Services	<b>Sect. 62 (GF)</b>	Independent Housing Services Program
<b>Sect. 18 (MC)</b>	Waiver Services for Adults with Brain Injury	<b>Sect. 63 (GF)</b>	Home-Based Supports & Services Program
<b>Sect. 19 (MC)</b>	Waiver Services for the Elderly and Adults with Disabilities	<b>Sect. 65 (GF)</b>	Nutrition Services
<b>Sect. 20 (MC)</b>	Waiver Services for Adults with Other Related Conditions	<b>Sect. 67 (MC)</b>	Nursing Facility (NF)
<b>Sect. 21 (MC)</b>	Waiver Comprehensive Services for Members with Intellectual Disabilities or Autistic Disorder	<b>Sect. 68 (GF)</b>	Respite Care Services for Adults with Alzheimer's Disease or Related Disorders
<b>Sect. 26 (MC)</b>	Day Health Services	<b>Sect. 69 (GF)</b>	Independent Support Services (Homemaker)
<b>Sect. 29 (MC)</b>	Waiver Support Services for Adults with Intellectual Disabilities and Autistic Disorder	<b>Sect. 96 (MC)</b>	Private Duty Nursing/Personal Care Services (PDN/PCS)
<b>Sect. 40 (MC)</b>	Home Health Services	<b>Sect. 97 (MC)</b>	Private Non-Medical Institutional Services (PNMI) Residential Care (5 types– Appendix B, C, D, E and F)
<b>Sect. 50 (MC)</b>	Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)		

# Office of Aging and Disability Services

## District Offices

<b>Augusta:</b>	<b>41 Anthony Avenue, Augusta 04333-0011</b>	<b>(800) 452-1926</b>	<b>(207) 624-8060</b>
<b>Bangor:</b>	<b>19 Maine Avenue, Bangor 04401-3095</b>	<b>(800) 432-7825</b>	<b>(207) 561-4380</b>
<b>Biddeford:</b>	<b>457 Alfred Street, Biddeford 04005-9447</b>	<b>(800) 482-7520</b>	<b>(207) 822-2225</b>
<b>Caribou:</b>	<b>30 Skyway Drive, Unit 100, Caribou 04736-2060</b>	<b>(800) 432-7366</b>	<b>(207) 493-4037</b>
<b>Ellsworth:</b>	<b>17 Eastward Lane, Ellsworth 04605</b>	<b>(800) 432-7823</b>	<b>(207) 664-1400</b>
<b>Farmington:</b>	<b>114 Corn Shop Lane, Farmington 04938</b>	<b>(800) 442-6382</b>	<b>(207) 778-8400</b>
<b>Fort Kent:</b>	<b>139 Market Street, Suite 109, Fort Kent 04743-1449</b>	<b>(800) 432-7340</b>	<b>(207) 834-1000</b>
<b>Houlton:</b>	<b>11 High Street, Houlton 04730</b>	<b>(800) 432-7338</b>	<b>(207) 532-5000</b>
<b>Lewiston:</b>	<b>200 Main Street, Lewiston 04240-7098</b>	<b>(800) 482-7517</b>	<b>(207) 795-4664</b>
<b>Machias:</b>	<b>38 Prescott Drive, Machias 04654-9984</b>	<b>(800) 432-7846</b>	<b>---</b>
<b>Rockland:</b>	<b>91 Camden Street, Suite 103, Rockland 04841</b>	<b>(800) 704-8999</b>	<b>(207) 596-4200</b>
<b>So. Paris:</b>	<b>243 Main Street, Suite 6, So. Paris 04281-1620</b>	<b>(800) 593-9775</b>	<b>(207) 744-1200</b>
<b>So. Portland:</b>	<b>151 Jetport Blvd, Suite 100, So. Portland 04102-1946</b>	<b>(800) 482-7520</b>	<b>(207) 822-2225</b>

# Office of Aging and Disability Services

## Officewide Priorities

- Ensure effectiveness of quality oversight systems
- Plan for multi-year implementation of new federal rules addressing:
  - ✓ Medicaid Access
  - ✓ Minimum Staffing Standards for Long-Term Care (LTC) Facilities (Nursing Homes)
  - ✓ Adult Protective Services
  - ✓ Older Americans Act Services
- Expand fair, transparent and streamlined alternative payment methods (APMs)

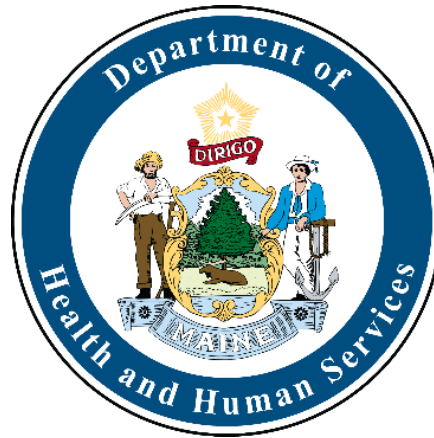
# Office of Aging and Disability Services

## Officewide Priorities

- Implement universal base curriculum for aging and intellectual disability direct support workers (PSS and DSP)
- Continue expanding and strengthening self-directed options
- Apply learning from [Home and Community-Based Services Improvement Plan](#) and [Maine Jobs and Recovery Plan](#) initiatives
  - ✓ [Lifespan](#)
  - ✓ [Innovation Grants](#)
  - ✓ [Respite for ME](#)
  - ✓ [Adult Day Pilots](#)



# Aging and Long Term Services and Supports (LTSS)



# Office of Aging and Disability Services

## Aging and LTSS Key Services

MaineCare-Funded Home Care and Adult Day Health Services

State-Funded Home Care and Adult Day Services

Fiscal Intermediary Services for Individuals Who Choose Self-Directed Home Care Services

Older Americans Act (OAA) Services, including Nutrition, Supportive Services, Legal Services, Health Promotion and Caregiver Support

Maine Long Term Care Ombudsman Program (OAA and State-Funded)

State Health Insurance Assistance Program (SHIP)

Employment and Volunteer Programs for Older Adults

Long Term Services and Supports Functional Needs Assessments

Money Follows the Person-Maine's Homeward Bound Program

# Office of Aging and Disability Services

## State Unit on Aging

- OADS is designated as Maine's State Unit on Aging under the federal Older Americans Act (OAA) and is responsible for planning, developing, managing and providing services to promote independence for older adults, in accordance with a federally-approved [State Plan on Aging](#). Maine's current plan was recently approved through 2028.
- OADS contracts with five Area Agencies on Aging (AAAs) which serve as local "one-stop-shops" to provide referrals to and answer questions about a wide range of services and resources. AAA main offices:
  - ✓ Aroostook Agency on Aging, Presque Isle
  - ✓ Eastern Area Agency on Aging, Bangor
  - ✓ Spectrum Generations, Augusta
  - ✓ SeniorsPlus, Lewiston
  - ✓ Southern Maine Agency on Aging, Scarborough

**Statewide AAA # 1-877-353-3771**

# Office of Aging and Disability Services

## LTSS Service Access Points

- Maine uses a “No Wrong Door” approach for people seeking long term services and supports. Entry points may include:
  - ✓ Area Agencies on Aging, which operate Aging and Disability Resource Centers
  - ✓ Independent Living Center (Alpha One)
  - ✓ Maine’s Long Term Care Ombudsman (LTCOP)
  - ✓ Application to Office of Family Independence for MaineCare LTSS eligibility
  - ✓ Referrals to Assessing Services Agency (Maximus), which commonly come from physicians, hospitals, providers, individuals and family members
- Applicants must meet both financial and functional eligibility requirements for LTSS programs
  - ✓ Financial eligibility for MaineCare programs is determined by the Office of Family Independence
  - ✓ Functional eligibility is determined by the Assessing Services Agency (Maximus-Tel: 833-525-5784)

# Office of Aging and Disability Services

## Aging and LTSS Key Statistics

2908

- Participants in MaineCare Section 19 Home and Community Based waiver program as of September 2024

7971

- State Health Insurance Assistance Program (SHIP) contacts during 2024 (2573 during open enrollment)

1151

- Participants in State-funded Section 63 home care program
- 717 on wait list as of September 2024

1156

- Participants in State-funded Independent Support Services Program (Homemaker, Section 69)
- 1507 on wait list as of September 2024

\$31.8M

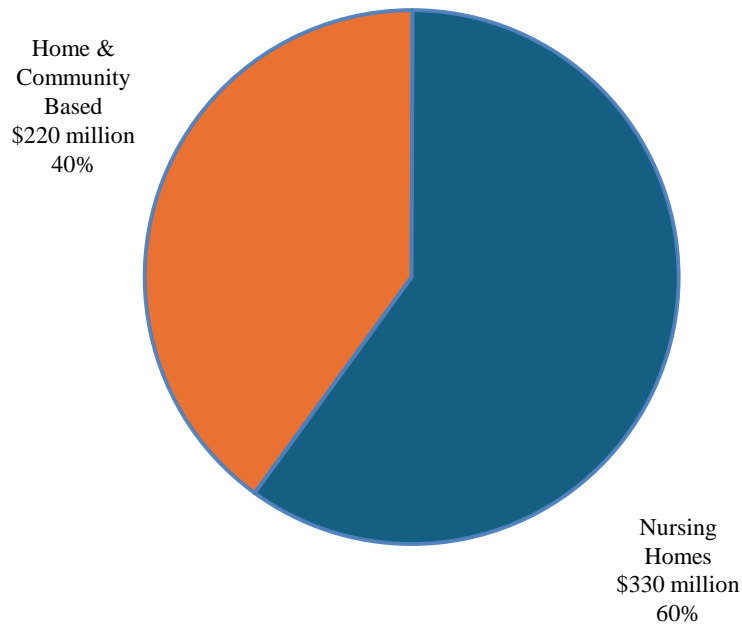
- Current annual contract value for State Funded Sections 63 & 69

\$145.8M

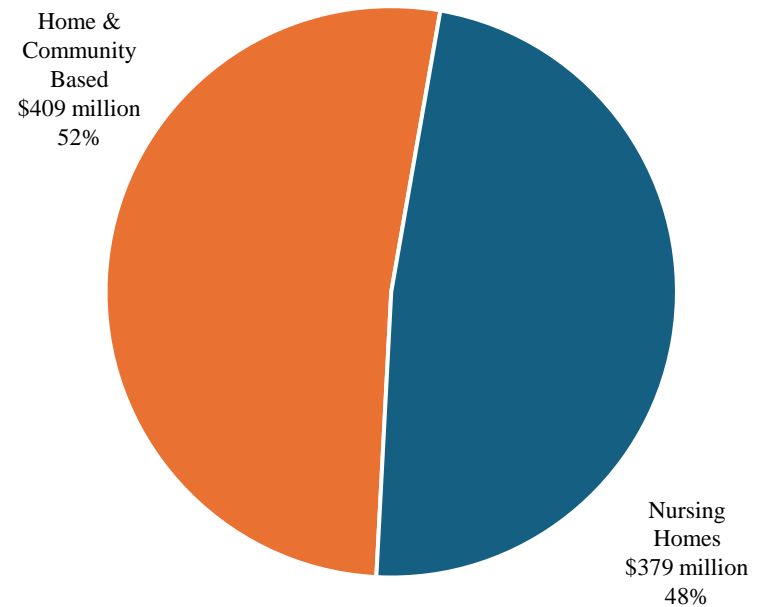
- MaineCare expenditures for Section 19, SFY 2024

# Aging and Physical Disability LTSS Expenditures, 2019 and 2024

2019 Aging & Physical Disability LTSS  
Expenditures: \$550 Million

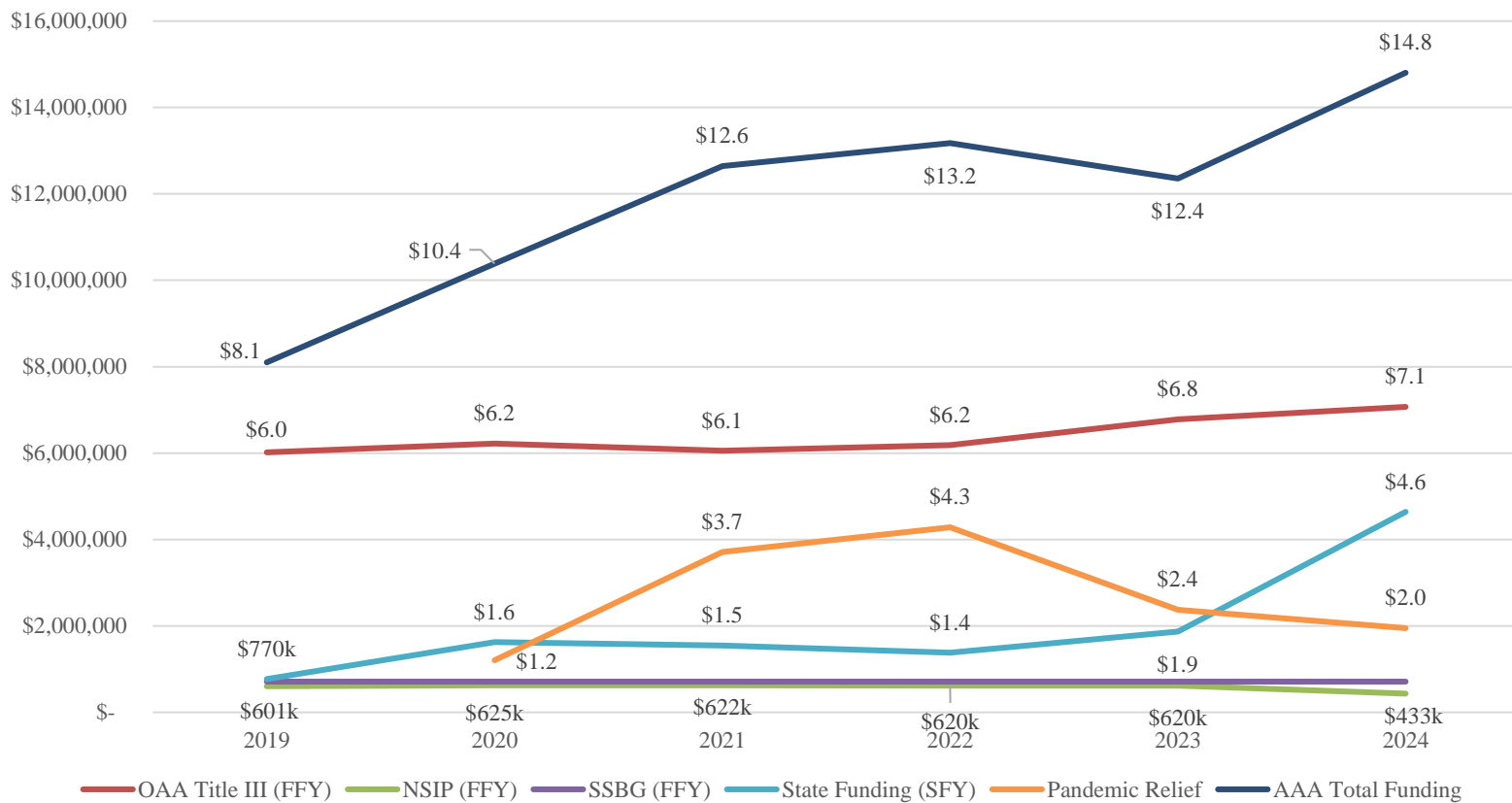


2024 Aging & Physical Disability LTSS  
Expenditures: \$788 Million



# Area Agencies on Aging Funding 2019 and 2024

Federal, State and Total Funding Allocations  
for Area Agency on Aging Programs, 2019 to 2024 (millions except where  
specified)



# Office of Aging and Disability Services

## Aging and LTSS Legislative and Program Priorities

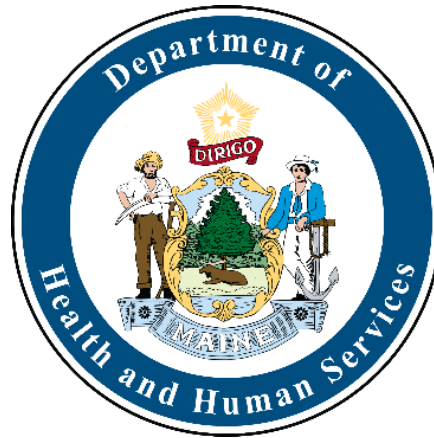
- The Department intends to submit a bill this session to amend the current State-funded Respite Care program to build on the success of [Respite for ME](#) and streamline administration by making the State program consistent with our federally-funded National Family Caregiver program
- Continue working with AAAs to strengthen Aging and Disability Resource Centers (ADRCs) and to implement the updated federal Older Americans Act rule
- Complete adult day pilots and propose changes as needed
- Continue collaboration with the Division of Licensing and Certification (DLC) on [licensing and quality assurance for home care](#)
- Continue collaboration with MaineCare and DLC on implementation of [nursing home rate reform](#)
- Map the need and availability of the LTSS continuum by county



# Cabinet on Aging

- In 2022, Governor Mills created the Cabinet on Aging to facilitate greater collaboration across departments on aging issues; the Cabinet builds on the state-level Age Friendly work that began in 2019 when Maine received the designation of Age Friendly State
- Commissioner Gagne-Holmes and Commissioner Fortman co-chair the Cabinet on Aging, and coordination is provided by the Governor's Office of Policy Innovation and the Future
- More information about the Cabinet on Aging can be found [here](#)

# Intellectual and Developmental Disability (IDD) and Acquired Brain Injury (ABI)



# Office of Aging and Disability Services

## IDD and ABI Key Services

Section 18 HCBS  
Waiver Services for  
Acquired Brain  
Injury

Section 20 HCBS  
Waiver Services for  
Other Related  
Conditions

Section 21 HCBS  
Comprehensive  
Waiver Services for  
Intellectual Disability

Section 29 HCBS  
Support Services for  
Intellectual Disability

Section 13 Targeted  
Case Management for  
Intellectual Disability

Lifespan Waiver  
Under Development

# Office of Aging and Disability Services

## IDD and Brain Injury Key Statistics

2963

- Participants in Section 21 as of 09/30/24
- 411 are on wait list without other coverage

2594

- Participants in Section 29 as of 09/30/24
- 29 are on wait list without other coverage

211

- Participants in Section 18 as of 9/30/24
- 84 are on wait list without other coverage

42

- Participants in Section 20 as of 9/30/24
- 12 are on wait list without other coverage

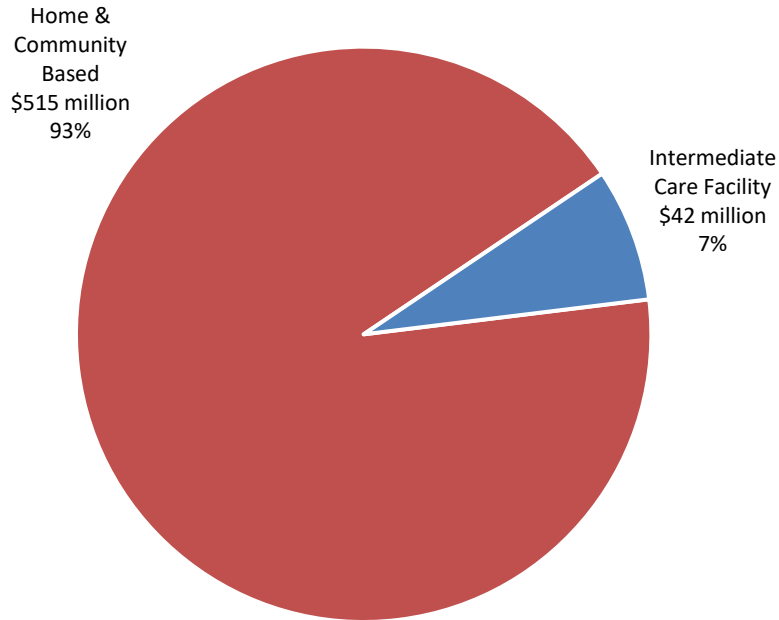
\$752M

- MaineCare expenditures for Sections 18, 20, 21 and 29, SFY 2024

# IDD and ABI LTSS Expenditures 2019 and 2024

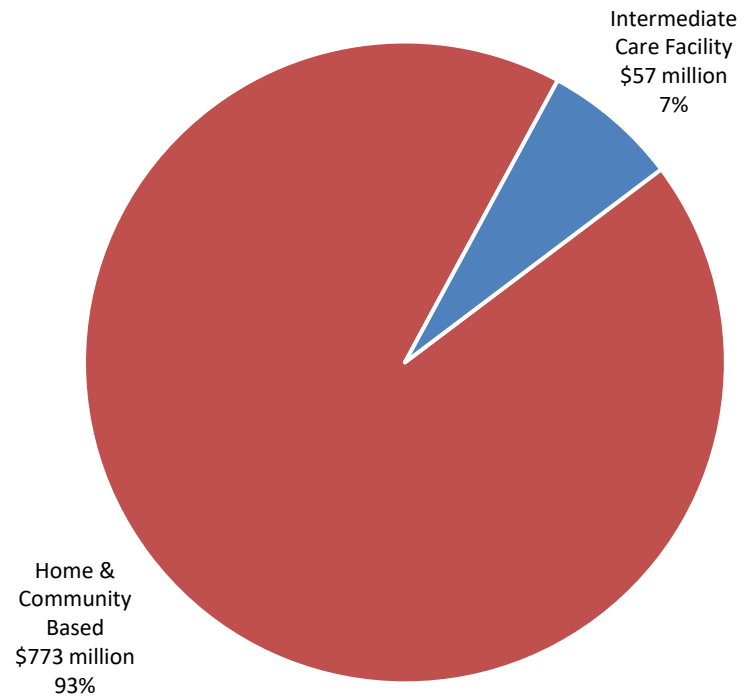
### 2019 IDD and ABI Expenditures

\$557 million



### 2024 IDD and ABI Expenditures

\$830 million



# Office of Aging and Disability Services

## IDD and ABI Legislative and Program Priorities

### **Lifespan Program- Continuing Development**

- The 131<sup>st</sup> Legislature [authorized](#) development of a Lifespan Waiver for individuals with IDD. Key features include the following:
  - ✓ Enrollment starting at age 14 to support families, prepare children for greater independence and facilitate seamless transition to adult services
  - ✓ Enable supports to change over time within one program
  - ✓ Stimulate service innovation and expand self-direction
  - ✓ Implement a payment approach that is fair, transparent and more flexible for providers
- The target date for Lifespan implementation is July 1, 2026. See this [blog](#) for the latest update

# Office of Aging and Disability Services

## IDD and Brain Injury Legislative and Program Priorities

### **Innovation**

- With federal funding from the [HCBS Improvement Plan](#), two rounds of innovation grants were awarded to providers and others. Innovation projects, which heavily influenced the design of Lifespan, included:
  - ✓ Remote Supports or Technologies
  - ✓ Employment and Financial Independence
  - ✓ Advocacy or Self-Advocacy
  - ✓ Exceptional Medical or Behavioral Health Needs
  - ✓ Alternative Residential Options
- Maine is hosting a national [Innovation Summit](#) in Portland on May 19 and 20, at which these and other innovations from across the country will be featured

### **Behavioral Health Supports**

- OADS convened a working group to review and make recommendations to improve how behavioral health and safety device plans are developed and monitored for adults with IDD. The recommended changes require statutory amendments that will be submitted as a Department bill this session

# Office of Aging and Disability Services

## IDD and Brain Injury Legislative and Program Priorities

### **Access to ABI Services in State**

- OADS has undertaken a feasibility study to increase in-state community-based neurobehavioral residential treatment and crisis response for individuals with ABI. Currently, many must go to Florida and other out-of-state locations for treatment.
- This work is nearly complete and OADS will submit the results to the Legislature this spring.

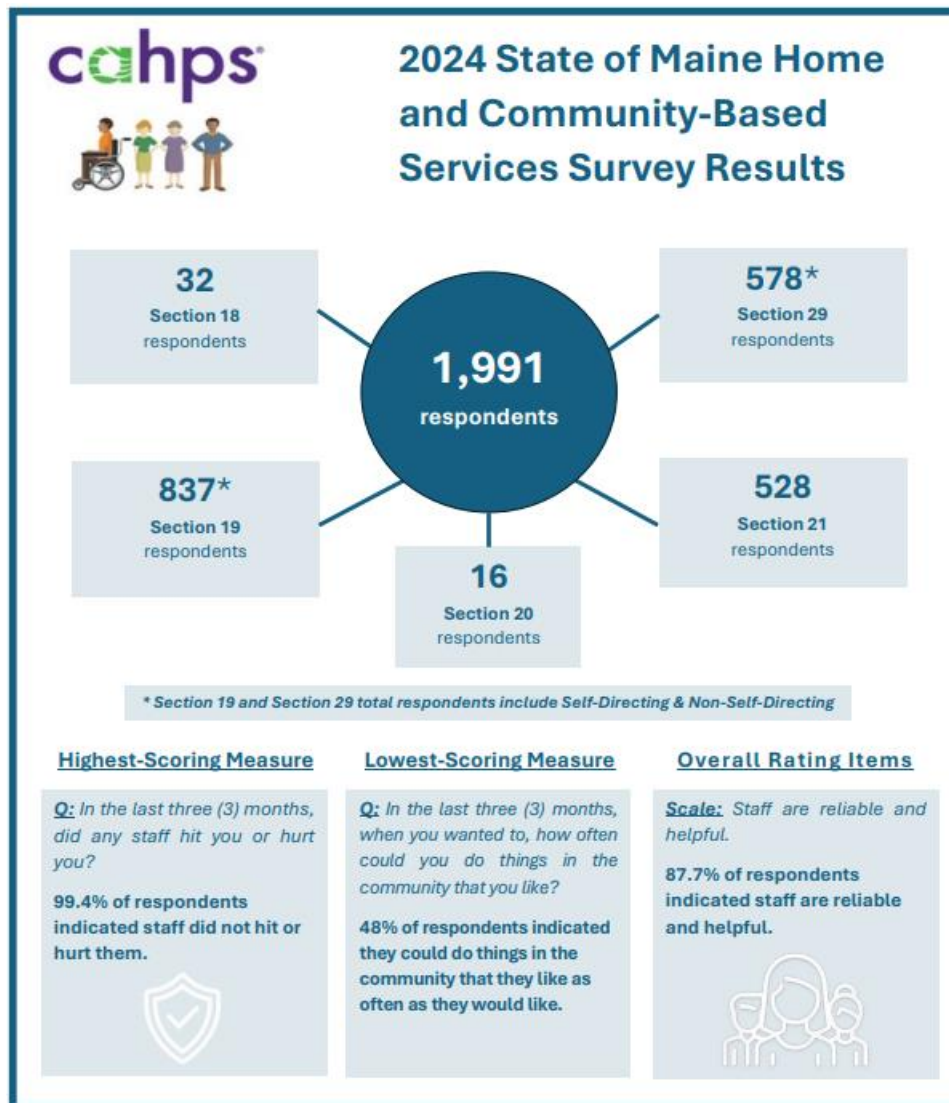
### **Access to Quality Services**

- OADS is undertaking a review of Maine's IDD Quality Assurance systems to ensure effective quality oversight as the service system continues to grow
- OADS and DLC are working closely together to adopt new, comprehensive licensure for IDD providers that was authorized by the 131<sup>st</sup> Legislature
- OADS continues to monitor compliance with the federal HCBS settings rule
- OADS has now completed two rounds of a nationally validated consumer experience survey, the HCBS CAHPS
- Under the federal Medicaid Access rule, Maine will expand the HCBS measures it collects and reports, including measures derived from HCBS CAHPS

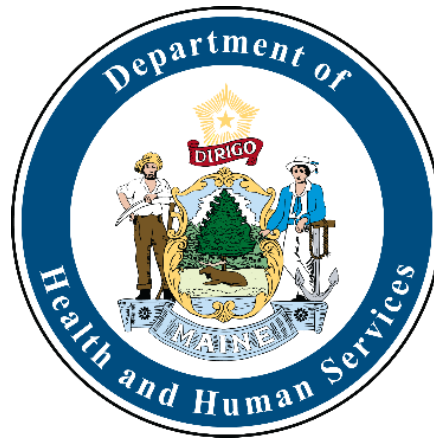


# Office of Aging and Disability Services

## HCBS CAHPS Experience of Care Survey Year 1 Results



# Adult Protective Services (APS)



# Office of Aging and Disability Services

## APS Responsibilities

In accordance with the APS Act (Title 22, Chapter 958-A), the Adult Protective Services program is specifically responsible for the following:

Receiving, promptly **investigating**, and determining the validity of reports of alleged abuse, neglect, and exploitation of incapacitated and dependent adults (including older adults, adults with intellectual and developmental disabilities, adults with mental health diagnoses and others)

**Taking appropriate action**, including providing or arranging for the provision of appropriate services and making referrals to law enforcement

**Petitioning for guardianship or a protective order** when all less restrictive alternatives have been tried and have failed to protect an incapacitated adult

# Office of Aging and Disability Services

## APS Investigations

- APS investigates allegations of abuse, neglect (including self-neglect), and exploitation that are reported through a statewide APS Intake phone line (1-800-624-8404) and or web referral form
- Certain professionals are mandated by statute to make reports to APS
- The Financial Abuse Specialist Team (FAST) within APS focuses on addressing financial abuse and working with law enforcement to prosecute criminal acts
- Investigation reports are confidential except in specific circumstances such as when a court orders them to be released. This is to protect the victim and reporters

# Office of Aging and Disability Services

## Public Guardianship and Conservatorship

- OADS is the DHHS Commissioner's designated public guardian/conservatorship representative
  - ✓ Act on behalf of and as decision-maker for incapacitated adults subject to public guardianship and/or conservatorship
  - ✓ Support self-determination to the greatest extent possible (making decisions the adult would make if able to do so)
  - ✓ Report to the probate courts at least annually on each client
  - ✓ Ensure that public guardianship status does not result in entitlements above and beyond similarly situated adults who are subject to private guardianship or without a guardian
- Appointment is made as a “last resort” when:
  - ✓ Less restrictive options are not available
  - ✓ No suitable and willing private individual is available

# Office of Aging and Disability Services

## Public Guardianship and Conservatorship

- Emergency guardianship is sought when appointment of a guardian/conservator is “likely to prevent substantial harm to the adult’s physical health, safety, or welfare or (for conservatorship) prevent substantial and irreparable harm to the adult’s property or financial interests”
- The emergency guardianship process includes fewer due process protections for the adult than the non-emergency process and is therefore used sparingly
- The Probate Court may limit the Department’s decision-making authority to certain areas, such as financial or medical

# Office of Aging and Disability Services

## APS Key Statistics

13774

- Reports received in SFY 24
- 13% increase since SFY 22

1258

- Number of individuals subject to public guardianship or conservatorship in SFY 24

39%

- Individuals subject to public guardianship or conservatorship receiving HCBS waiver services in SFY24

\$15.8M

- Assets under management on behalf of individuals in SFY 24

65%

- APS individuals 60+ years of age in SFY 24

Additional data are available in the annual [APS data trends report](#).

# Office of Aging and Disability Services

## APS Legislative and Program Priorities

### Elder Justice Roadmap

- Elder Justice Coordinating Partnership
  - ✓ Established by Governor Mills by Executive Order, the Partnership is made up of government and private sector experts in law enforcement, advocacy and services
  - ✓ The Partnership met in 2020-21 and delivered the [Elder Justice Roadmap](#) to Governor Mills in December 2021
  - ✓ The 131<sup>st</sup> Legislature approved the Governor's request to fund key priorities in the Roadmap, including,
    - Wrap-around services for older adults experiencing abuse, neglect, and exploitation (Elder Services Connections program)
    - An APS Goods and Services program, to address emergency needs of clients experiencing abuse, neglect, and exploitation
    - Increased staffing capacity within the APS program
- These items and others have now been implemented, and the Cabinet on Aging houses a federally-funded Elder Justice Partnership coordinator



# Office of Aging and Disability Services

## APS Legislative and Program Priorities

- Because public guardianship and waiver program participation overlap, a significant number of deaths in the public guardianship program are reviewed by the [Aging and Disability Mortality Review Panel](#). The Department intends to submit a bill this Session to have all public guardianship deaths reviewed by the Panel.
- The 131<sup>st</sup> Legislature approved Department legislation to require training for mandated reporters. The [curriculum](#) is available on the APS website, with the objective to offer it through a Learning Management System in the future
- The new federal APS rule must be implemented over the next few years. Although Maine meets most of the federal requirements, we await further guidance on 24/7 response and conflict-of-interest provisions

# Office of Aging and Disability Services Resources

## **To Report Abuse, Neglect or Exploitation of an Adult:**

Nationwide 24-hour, toll-free 1-800-624-8404

TTY In State, Maine Relay 711

TTY Out-of-State 207-287-3492

## **Area Agencies on Aging:**

1-877-353-3771

## **Developmental Services and Brain Injury Crisis:**

1-888-568-1112, or 988

# Office of Aging and Disability Services Questions?



**Paul Saucier**  
Office Director  
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Maine Department of Health and Human Services  
Aging and Disability Services  
41 Anthony Avenue  
Augusta, Maine 04333-0011  
Tel: (207) 287-9200; Toll Free: (800) 262-2232  
Fax (Disability) (207) 287-9915  
Fax (Aging) (207)287-9229  
TTY: Dial 711 (Maine Relay)

# Office of Behavioral Health Legislative Orientation

Sarah Squirrell, *Director Office of Behavioral Health*

January 16<sup>th</sup>, 2025



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# 1. OBH Mission, Vision, and Role

## Mission

OBH is committed to supporting a complete and coordinated behavioral health continuum of care that serves the whole person, the whole community

## Vision

Ensure that all Maine residents with mental health challenges, substance use disorders, and co-occurring disorders are not simply managing symptoms, but are living independent lives of dignity, hope, and meaning



Single State Agency (SSA) for SUD and MH



Federally designated State Opioid Treatment Authority (SOTA)



Behavioral Health Service Delivery Oversight, Quality & Accountability



Behavioral Health Policy & Rulemaking



Rights Protection & Advocacy

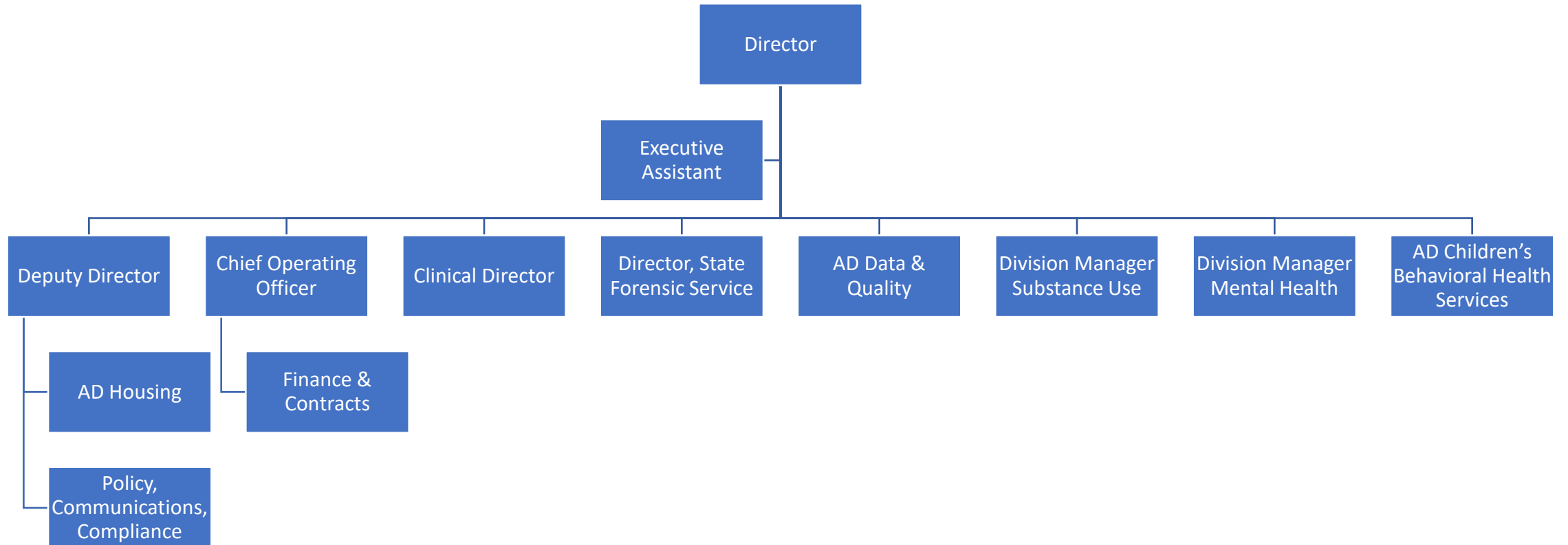


Medicaid Covered Services for Uninsured

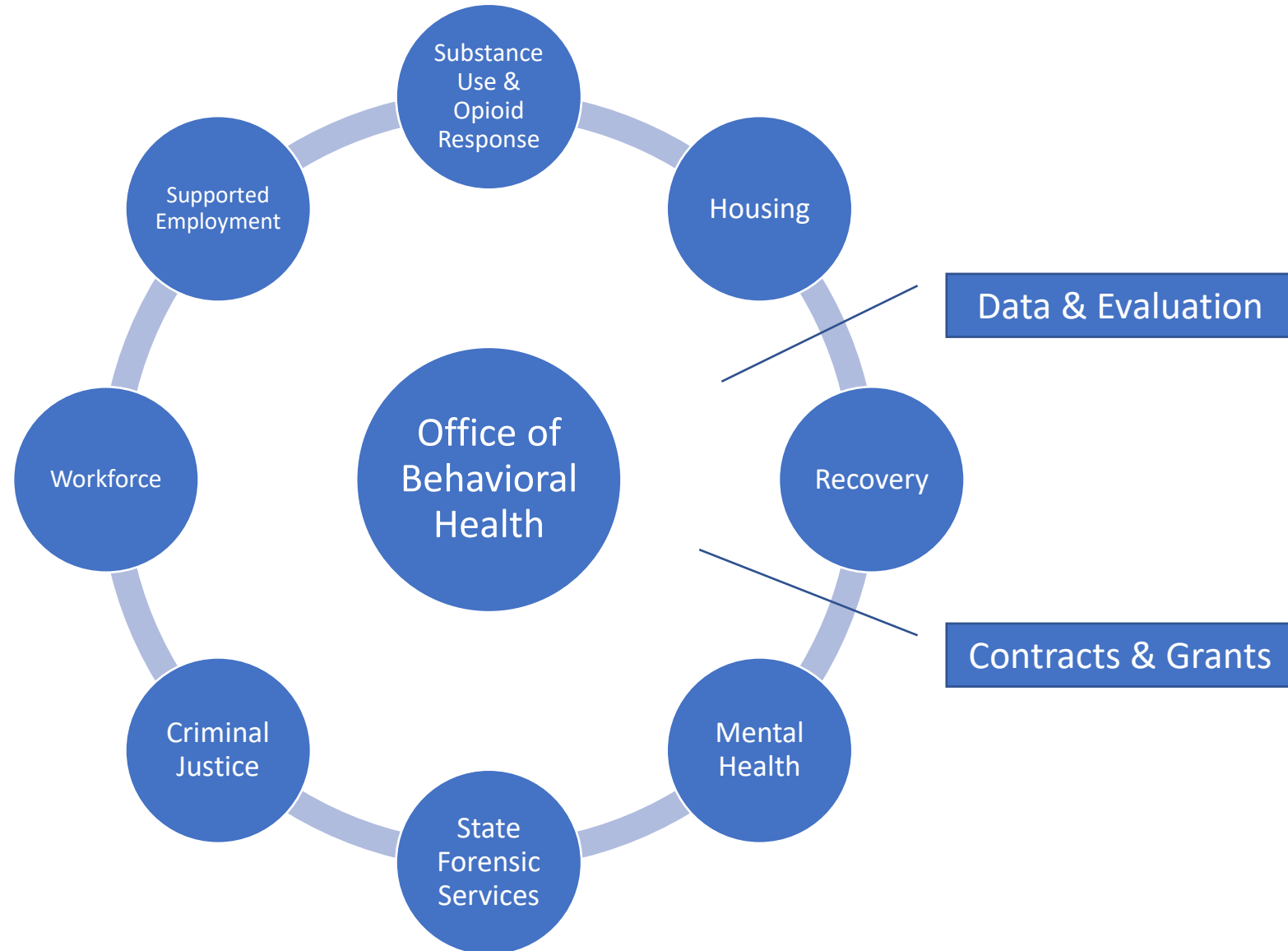


Non-Medicaid covered Behavioral Health Services

# 2. OBH Organizational Chart



# 3. OBH Program and Services





# 4. Adult Mental Health Services

## Adult Mental Health Services

The Mental Services team provides oversight and coordination of services across the following areas:

- **Residential Services & Crisis Services**
  - Coordination of access to all licensed MH residential programs
  - Monitor contract compliance and performance metrics
  - Support clinical consultation and support of Residential program providers
  - Development and implementation of Maine's Crisis System and Crisis System Reform
- **Community Based Services**
  - Assertive Community Treatment (ACT), Community Integration (CI), Daily Living Skills (DLSS), Community Rehabilitation Services, Medication Management
  - Fidelity monitoring and contract, performance metric oversight
- **Specialized Services**
  - Coordinated Specialty Care, Early Intervention, Clinical High Risk for Psychosis SAMHSA grant
  - Veterans Case Management and in partnership with Maine Bureau of Veteran Services, the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant

# 4. Adult Mental Health Services

## Adult Mental Health Services

- Currently, 66 agencies serve individuals under **Section 17** Community Support Services (ACT, CI, CRS, DLSS). OBH has 44 providers who also received a contract to serve uninsured individuals.
  - Assertive Community Treatment (ACT): in SFY 2024, 622 unique adults were involved in ACT. 4.3% were uninsured
  - Community Integration services (CI): in SFY 2024, 6805 unique adults were involved in CI. 4.6% were uninsured
- Medication Management services are also available for individuals under **Section 65** eligibility;
  - 8 providers have a Medication Management contract with an OBH contract.
  - Outpatient Counseling
  - Crisis Services

## Residential Services for Adults

- **There are currently 24 agencies with 134 residential facilities operating 844 in-state beds.**
- Over the last year, several new programs have been launched:
  - 8 beds in Saco
  - 8 supported apartments in Augusta
  - 4 beds in Bangor
  - 7 beds in Belfast
  - 8 transition youth beds in Saco (for ages 18-26)



24 agencies



134 facilities



844 in-state beds

# 4. Adult Mental Health Services | Consent Decree

## Consent Decree

- The 34-year-old Consent Decree began in 1990 as a result of a class action lawsuit brought on behalf of residents of the former AMHI hospital, the agreement required the State to rectify problems at AMHI and build and maintain a community mental health system that is responsive to the needs of individuals.
- The successful resolution of the 34-year-old AMHI Consent Decree on 12/4 is a significant and substantial achievement for Maine, marking the end of legal oversight of our community mental health system.
- This milestone underscores the Department's commitment and dedication to advancing a strong and robust, community mental health system of care that better meets the needs of people in Maine.
- In 2021 the State reached an agreement that established a set of 17 measurable compliance standards that the state needed to meet to successfully resolve the Consent Decree.
- Benchmarks were focused on timely access to mental health services, monitoring and oversight of compliance in the system, and state hospital measures.

# 4. Adult Mental Health Services | Consent Decree

## Consent Decree Compliance Standards

	Service/Standard	
#1	<b>PMNI (residential) Referral Acceptance</b>   85% of inpatient referral are accepted within 5 business days	Met
#2	<b>PNMI (residential) Referral Admission</b>   80% of inpatient referrals admitted within 30 calendar days	Met
#3	<b>BRAP Access</b>   BRAP vouchers issued within 14 calendar days	Met
#4	<b>Community Integration 7 &amp; 30 day</b>   60% referrals have assessment in 7 days, 85% within 30 days	Met
#5	<b>Assertive Community Treatment 7 &amp; 30 day</b>   60% of referrals have an assessment in 7 days, 85% within 30 days	Met
#6	<b>Medication Management 7 &amp; 30 Day</b>   75% referrals from inpatient provided service in 14 days, 95% within 30 days	Met
#7	<b>Crisis Line Response</b>   Phone/Text   90% of calls responded to in 10 seconds, 85% of texts within 120 seconds	Met
#8	<b>Mobile Crisis Response Time</b>   50% of individuals received face to face assessment in 2 hours, 85% in 3 hours	Met
#9	<b>Mobile Crisis Resolution Time</b>   More than 50% of calls to Mobile Crisis will be resolved in 3 hours	Met
#10	<b>Mobile Crisis Disposition: Involuntary Commitments</b>   Less than 5% of mobile crisis responses result in involuntary commitment	Met
#11	<b>Crisis Stabilization Unit Discharge/Readmission</b>   Less than 20% of individuals will be readmitted after discharge	Met
#12	<b>Crisis Stabilization Unit Discharge/Inpatient Admission</b>   Less than 15% discharged admitted for inpatient with 30 days	Met
#13	<b>Behavioral Health Home Access 7 day and 30 day</b>   60% of referral admitted in 7 days, 85% within 30 days	Met
#14	<b>Referral Rejections</b>   Less than 5% of requests to reject referrals for reasons other than staffing, capacity, eligibility	Met
#15	<b>Referral Rejections Sanctioned</b>   Violations of contract provisions or MaineCare rule result in sanctions 95% of the time	Met
#16	<b>Riverview Psychiatric Treatment Center</b>   Hospital maintains accreditation, timely discharge of patients at 7, 30 and 45 days	Met
#17	<b>Consent Decree Reporting</b>	Met

# 4. Adult Mental Health Services | Consent Decree

## Consent Decree – Systemic Improvements

- Improved tracking system and monitoring in how referrals and waitlists are tracked
- Established core principals of the Consent Decree into policy and contracts through protections for individuals including “no eject, no reject” requirements for providers
- Expanded access to core services such as ACT, Medication Management, and expansion of crisis continuum of care
- Funding and expansion of advocacy organizations through Disability Rights Maine and the Consumer Council System of Maine, who play a key role in advocating for consumers and ensuring access to services
- Establishing comprehensive Constituent Services within the office to support individuals seeking care and services
- Annual consumer satisfaction surveys for consumers

# Children's Behavioral Health Services CBHS 2023-2026 Strategic Priorities

Three foundational principles supporting the System of Care:

- Establish a single point of access for children's behavioral health services for youth
- Eliminate wait times for youth seeking behavioral health services
- Improve the quality and consistency of children's behavioral health services



# 5. Children's Behavioral Health Services

The CBHS team provides oversight and coordination of services across the following areas:

- **Community Based Services**
  - Targeted Case Management Services, Rehabilitative and Community Support Services for Children with Cognitive Impairment and Functional Limitations, Home and Community-based Treatment, Multisystemic Therapy, Functional Family Therapy, Trauma Focused Cognitive Behavioral Therapy, Assertive Community Treatment (ACT), Medication Management, Positive Parenting Program (Triple P), Incredible Years, Parent-Child Interaction Therapy, Multidimensional Family Therapy (MDFT), and Adolescent Community Reinforcement Approach (ACR-A)
    - Developing and supporting High-Fidelity Wraparound and Therapeutic intensive Homes utilizing the Treatment Foster Care-Oregon model
  - Fidelity monitoring and contract, performance metric oversight
  - CCBHC Implementation
- **Residential Services & Crisis Services**
  - Oversight and monitoring of Children's Residential Services, including Psychiatric Residential Treatment Facilities
  - Monitor contract compliance and performance metrics
  - Support clinical consultation and support of residential program providers
  - Development and implementation of Maine's Crisis System and Crisis System Reform
- **Specialized Services**
  - Applied Behavioral Analysis, Respite services, substance use outpatient and residential services, Psychiatric Residential Treatment Facility Services, Homeless Youth Continuum of Care (outreach, drop-in, shelter) services, Youth Peer Recovery Coach services, and Intensive Treatment in Residential Services for Families

# Children's Behavioral Health Services

## Children's Behavioral Health Team/Services Overview

### **Behavioral Health Program Coordinators**

- CHBS has a team of 10 regional Behavioral Health Program Coordinators (BHPCs). BHPCs provide support, coordination and advocacy services to families experiencing complex challenges stemming from behavioral health concerns or multi-system involvement. BHPCs are also involved with youth who are receiving services in out of state residential programs. In calendar year 2023 BHPCs supported approximately 486 youth and families.

### **Resource Coordinators**

- CBHS has a team of 3 resource coordinators who support the MaineCare enrollment queue vetting prospective providers wishing to deliver children's behavioral health services, collaborate with behavioral health providers and local community organizations to understand trends in delivering children's behavioral health services, and who monitor trends in service referrals and working to develop service resources in underserved communities.

### **Quality Assurance Team**

- CBHS has a team of 8 Quality Assurance Specialists responsible for overseeing quality reviews, monitoring programs under the purview of CBHS services, and providing technical assistance, training and support statewide.



# Children's Behavioral Health Services

## Children's Behavioral Health Team/Services Overview

### **Residential Specialists**

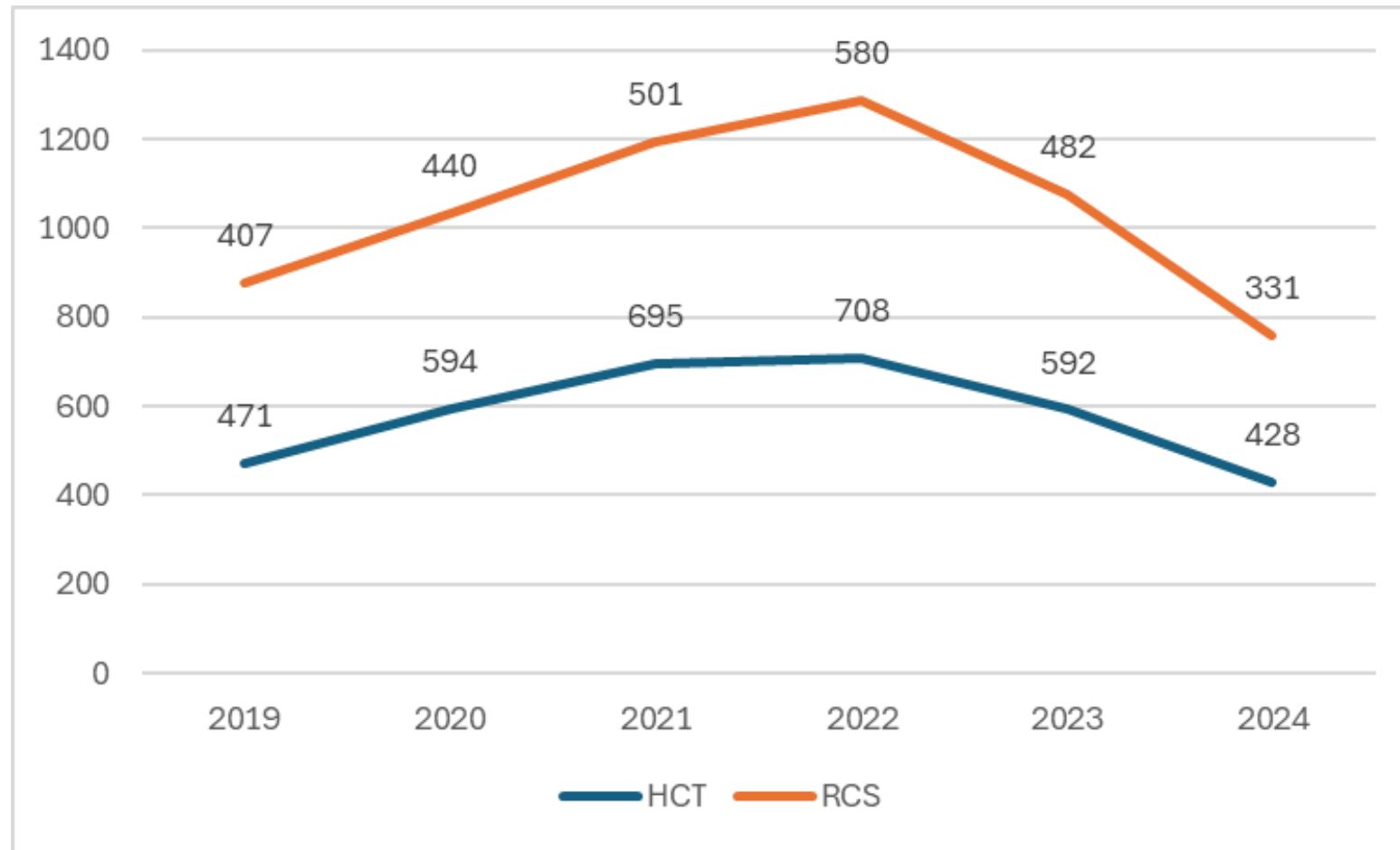
- Three residential specialists supporting in-state and out-of-state site visits and quality reviews of enrolled residential programs, assessing and vetting new residential providers, providing support and technical assistance to residential providers, troubleshooting challenges in the residential care delivery system, monitoring and following up on reportable events, and collaborating with residential providers on best practices.

### **Children's Behavioral Health Program Specialists**

- Eight specialists supporting a variety of programming and contracts related to evidence-based treatments, Substance Use programming, service expansion and supportive service models.
- Work includes but is not limited to: Certified Community Behavioral Health Clinics, Mobile and Residential Crisis services, Respite services, Homeless Youth Continuum of Care (drop-in, outreach, and shelter services), Behavioral Health Professional Training and Certification, Youth Peer Support Services, Youth Peer Recovery services, Substance Use treatment services, catalyst contracts for evidence-based and substance use service expansion, and Psychiatric Residential Treatment Facility services.

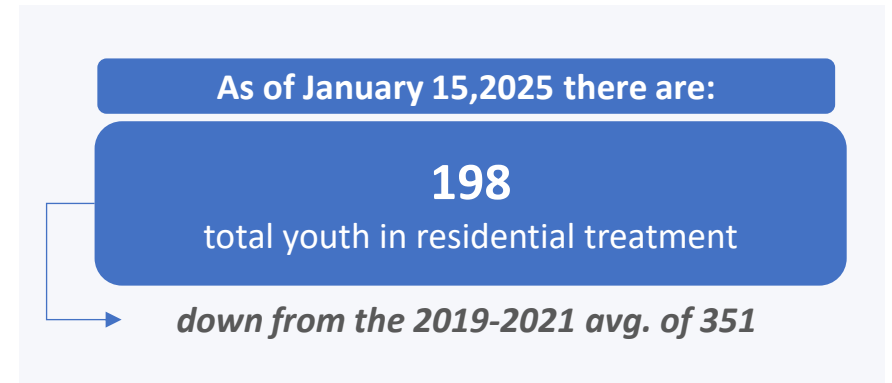
# Children's Behavioral Health Waitlist Trends

## Home and Community Treatment & Rehabilitative Community Support Waitlist



# Children's Behavioral Health Services | Residential

- Part of the continuum of care for children and youth includes residential facilities referred to as Children's Residential Care Facility (CRCF)
- It is our goal to serve children and youth in the least restrictive setting and close to their home and community
- Maine is currently experiencing pressure in the child/youth residential treatment programs
- Currently 8 agencies operating residential programs in the State of Maine (some with multiple locations), there is a total of 192 active licensed beds and 125 are currently occupied
- Currently 10 out of state residential programs (some with multiple locations), and 73 out of state placements
- As Maine continues to advance and strengthen the community mental health system of care the goal is to reduce the need for higher level more restrictive settings for treatment and services



# Children's Behavioral Health Services | Residential

## Strategies and Solutions

- Leverage [LD435](#) to conduct a review of relevant data and an analysis of the capacity, occupancy, availability and access to children's residential services in the state as well as residential services out of state inclusive of specific needs for youth with ASD/IDD/DD
  - Engagement with providers to better understand current needs and barriers
  - Utilize information from the residential needs analysis to develop models of specialized residential programs for special populations
  - Utilize information to inform future policy development
- Establish a Psychiatric Residential Treatment Facility (PRTF) in Maine
- Leverage improvements in the Children's Behavioral Health System to expand access to community-based services and step-down options

# 3. Children Behavioral Health Services | Emergency Department Utilization

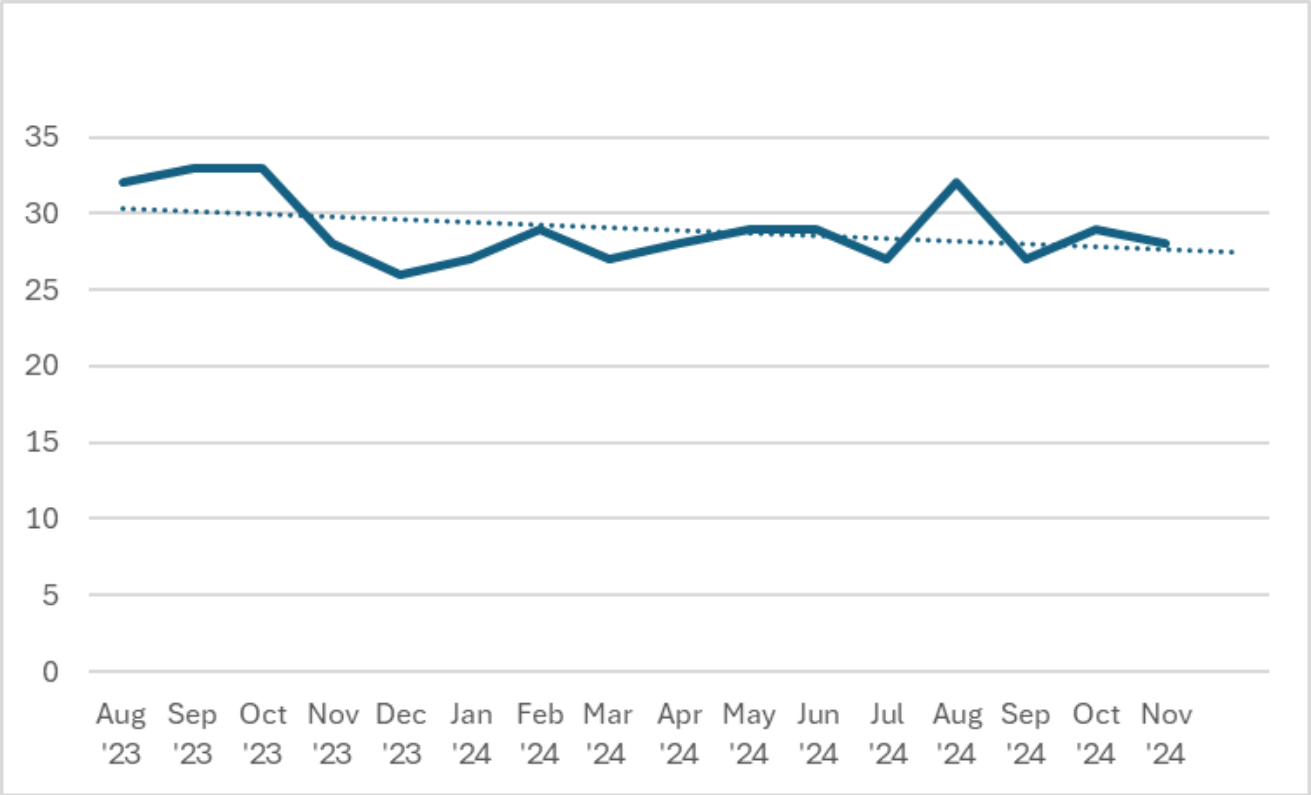
## Children and Youth Experiencing Long Stays in Emergency Departments

[Resolve S.P. 830, LD 2009, Resolve, to Establish a Stakeholder Group to Address the Problem of Long Stays for Children and Adolescents in Hospital Emergency Departments.](#)

- Required the Department to convene a stakeholder group to address the problem of children and adolescents experiencing long stays in hospital emergency departments after the children and adolescents are medically stable and no longer require medical treatment, but appropriate community or residential placements are not available
- DHHS convened an appointed stakeholder group on a weekly basis over the course of eight weeks from August 6, 2024-October 17, 2024.
- Some of the recommendations generated by the LD 2009 stakeholder group are:
  - A comprehensive and integrated approach to system of care reform is necessary
  - There is a need for flexibility in both service provision and funding to best meet the unique needs of children and families
  - Prevention of program closures through Department outreach to providers to understand and support resource needs (e.g., funds to support intensive staffing levels)
  - Consideration for waiving Registered Behavior Technician certification requirements in certain circumstances
  - Maximize the use of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) funds
  - Establish additional crisis residential centers
  - Expand community-based services for the I/DD population

# Children in Emergency Departments

Number of Youth Waiting After not Meeting Psychiatric Level of Care



Days Remaining in ED	CY 2023	CY 2024
Less than or equal to 7 days	108	133
Between 8-14 Days	10	2
Between 15-21 Days	3	2
Between 22-28 Days	2	1
Between 29-45 Days	3	1
Between 45-60 Days	3	0
More than 60 Days	9	7
<b>Total</b>	<b>138</b>	<b>146</b>

# CBHS Settlement Agreement

- The Department successfully achieved a settlement agreement with Department of Justice (DOJ) on December 20<sup>th</sup>, 2025
- The settlement with DOJ follows years of work and investments in children's behavioral health to strengthen the continuum of services from prevention to higher levels of more intensive treatment
- This Agreement is intended to prevent children and youth with behavioral health disabilities under the age of 21 from unnecessarily entering or remaining in out-of-home placements, and to support the transition of children/youth back to their family home and community
- Implementation of this agreement will strengthen the array of community-based services available to children, ensure timely access to those services, and support to children and their families with service planning and care coordination

# CBHS Settlement Agreement

- The State will begin developing an Implementation Plan due within 120 days of the Effective Date of the agreement which will be updated and resubmitted at least six months before the end of the second full State fiscal year within the Agreement's term.
- Within 120 days of the Effective Date, the State will hire a Children's Behavioral Services Integration Coordinator
- DHHS and DOJ will select an Independent Reviewer within four months using a competitive procurement process.



# CBHS Strategic Priorities & DOJ Agreement Alignment

## Improving Accessibility

*Strengthening how youth and families access behavioral health services*

- ✓ Implement Single Assessment
- ✓ Strengthen Care Coordination supported by Wraparound principles
- ✓ Implement Public Education Campaign
- ✓ Maine Pediatric Behavioral Health Partnership

## Improving Availability

*Strengthening and expanding services*

- ✓ Implement and provide training in evidence-based models of care:
  - High-Fidelity Wrap Around
  - Multi-Dimensional Family Therapy
  - Adolescent Community Reinforcement Treatment Approach (ACR-A)
  - Triple P (Positive Parenting Program)
  - Trauma-Focused Cognitive Behavioral Therapy
  - Therapeutic Intensive Homes (TIH)
- ✓ Provide catalyst funding to increase service availability:
  - MST and FFT catalyst contracts
  - Youth SUD catalyst contracts
  - ACT Catalyst Funding
- ✓ Establish Psychiatric Residential Treatment Facility (PRTF)
- ✓ Crisis System Reform – Improving Crisis Services
- ✓ Implement CCBHCs
- ✓ Pilot Pediatric Urgent Care

## Improving Quality & Consistency

- ✓ Quality Assurance Reviews
- ✓ Expanding provider training
- ✓ Expanding data & monitoring of outcomes of service delivery
- ✓ Revision of Rights of Recipients
- ✓ Providing Professional Training and Certification

Maine Care Rate Reform - \$260M in federal and state funds to support revised reimbursement rates for MaineCare providers

Note: Items in red are part of the DOJ Settlement Agreement

# 5. Children's Behavioral Health Investments & DOJ Alignment

## Children's Behavioral Health Investments

Description	SFY24/25 General Fund All Funds	SFY26/27 Biennial General Fund All Funds
Single Assessment Funding (one-time in SFY24/25, BI for SFY26/27)	\$600,000 GF \$2.2M All Funds <i>one time</i>	\$632,332 GF \$2.4M All Funds <i>ongoing</i>
Start Up Funding for Treatment Foster Care Oregon	\$2.52M GF <i>One Time</i>	
Adding Treatment Foster Care Oregon as a MaineCare Service	\$1.9M GF \$5.3M All Funds <i>ongoing</i>	
Start Up Funding for Multi-Dimensional Family Therapy	\$1.5M GF <i>One Time</i>	
Adding MDFT as a MaineCare Service	\$318K GF \$870K All Funds <i>Ongoing</i>	
Funding for Behavioral Health Professional Certification	\$448K GF \$906,352 All Funds <i>ongoing</i>	
Make permanent 6 Limited Period Positions and add 7 new positions – Quality Assurance Team , LD Resource Coordinator Permanent, Continue LP Youth SUD specialist	\$1.8M GF \$3.1M All Funds <i>ongoing</i>	

# Children's Behavioral Health Investments

## Children's Behavioral Health Services Investments continued

Description	SFY24/25 All Funds	Biennial Budget All Funds
Adding Hi-Fidelity Wraparound as a service through MaineCare	\$2.1M GF \$5.9M All funds ongoing	
HI-Fidelity Wrap Around Center of Excellence	\$5.4M <i>funded through HCBS9817 Federal Funds</i>	\$2.6M GF \$5.4M All Funds ongoing
Capital Funds to Establish Psychiatric Residential Treatment Facility (PRTF)	\$2M one-time	
Funding to annualize PRFT rates		\$2.2M GF \$5.8M All Funds ongoing
Funding for rates for evidence-based services for children/youth; Therapeutic Foster Care and Therapeutic Intensive Homes		\$4M GF ongoing
Increases in Mobile Crisis Rates		\$1.5M GF \$6.4M All Funds ongoing

## 6. Behavioral Health Systems Innovation: Crisis Continuum of Care



### Someone to Contact

Maine Crisis Line / 988

Intentional Peer Support  
Warmline

Wabanaki Care Line  
(run by Wabanaki Public  
Health and Wellness for all  
Indigenous Peoples)



### Someone to Respond

Mobile Crisis Response  
Teams (every district)

Walk-in hours at Mobile  
Crisis Provider  
(minimum 8am-5pm)



### A Safe Place for Help

Cumberland County  
Receiving Center: Living  
Room Model (ages 14+)

Crisis Residential  
(in every district- for both  
children & adults)

Children's Behavioral Health  
Urgent Care (pilot)

CCBHC Walk-in Crisis  
Support

# 6. Behavioral Health Systems Innovation: Crisis Continuum of Care

Maine Crisis Line/988 Data	Mobile Crisis Data	Cumberland County Crisis Receiving Center Data
<ul style="list-style-type: none"> <li>Maine Crisis Line/988 responds to over 12,000 calls a month</li> <li>Maine’s answer rate is 97% and average speed of answer is 2 seconds</li> <li>3 in 4 crisis calls are resolved at the telephonic support level</li> <li>Less than 1% of crisis calls are triaged to 911</li> <li>Partnership with 911 to develop practice for transfer of calls from 911 to 988               <ul style="list-style-type: none"> <li>Since fall 2023 launch, approximately 150 calls have been transferred</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>In FY 2024, mobile crisis teams reported 13,930 encounters</li> <li>85% of mobile crisis referrals were responded to in 60 minutes or less</li> <li>93% of mobile crisis responses were resolved in 3 hours</li> <li>99% of responses did not result in involuntary psychiatric hospitalization</li> <li>Suicidal ideation and depression were the top reasons for mobile crisis response</li> </ul>	<ul style="list-style-type: none"> <li>In FY 2024, the Center served between 139 and 236 unique individuals per month</li> <li>Since opening in 2022, 2,215 unique individuals have been served at the Center</li> <li>Over half of visitors resolve their issue in 2 visits or less</li> <li>About 3 in 4 visitors resolve their issue in between 1 and 5 visits</li> <li>Over 95% of visitors do not require hospitalization or emergency room care</li> <li>100% of individuals brought by law enforcement receive a warm hand off within 10 mins</li> </ul>



# 6. Systems Innovation: The CCBHC Model

Certified Community Behavioral Health Clinics (CCBHC) are behavioral health organizations certified by the State that meet federal and state criteria to receive a daily or monthly rate tied to quality to expand the scope of mental health & substance use services available in their communities.



**Staffing**



**Availability & Accessibility of Services**



**Care Coordination**



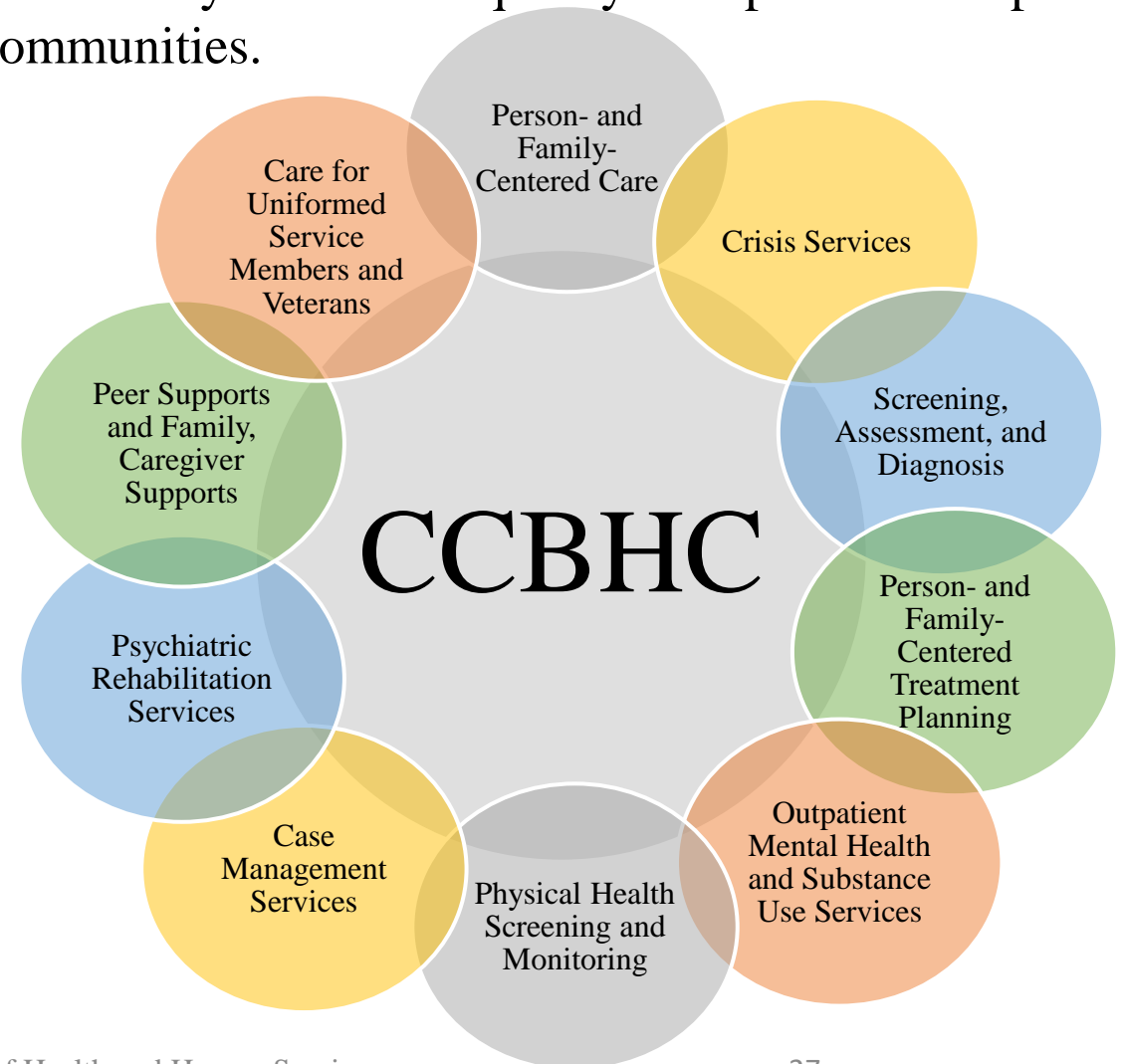
**Scope of Services**



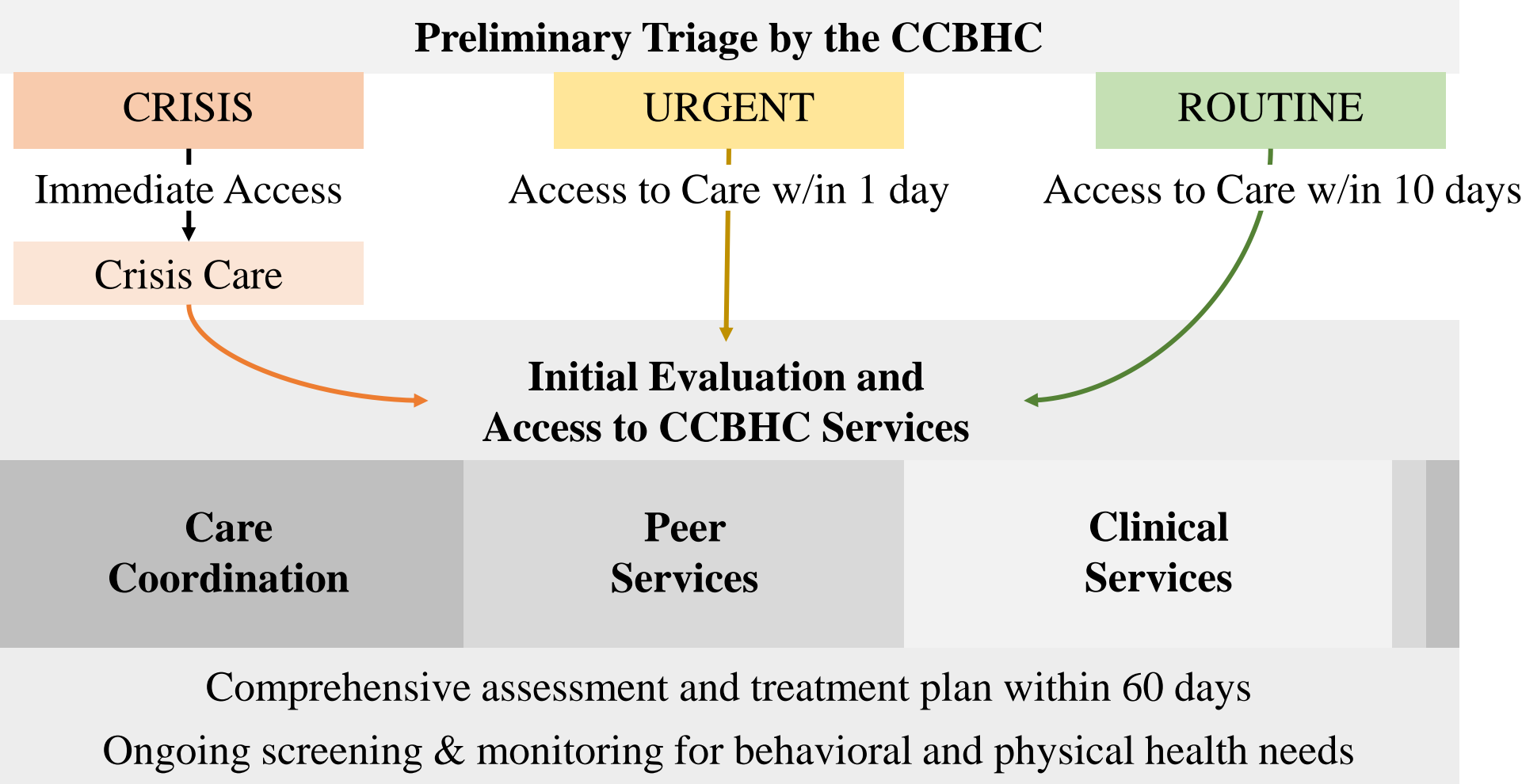
**Quality & Other Reporting**



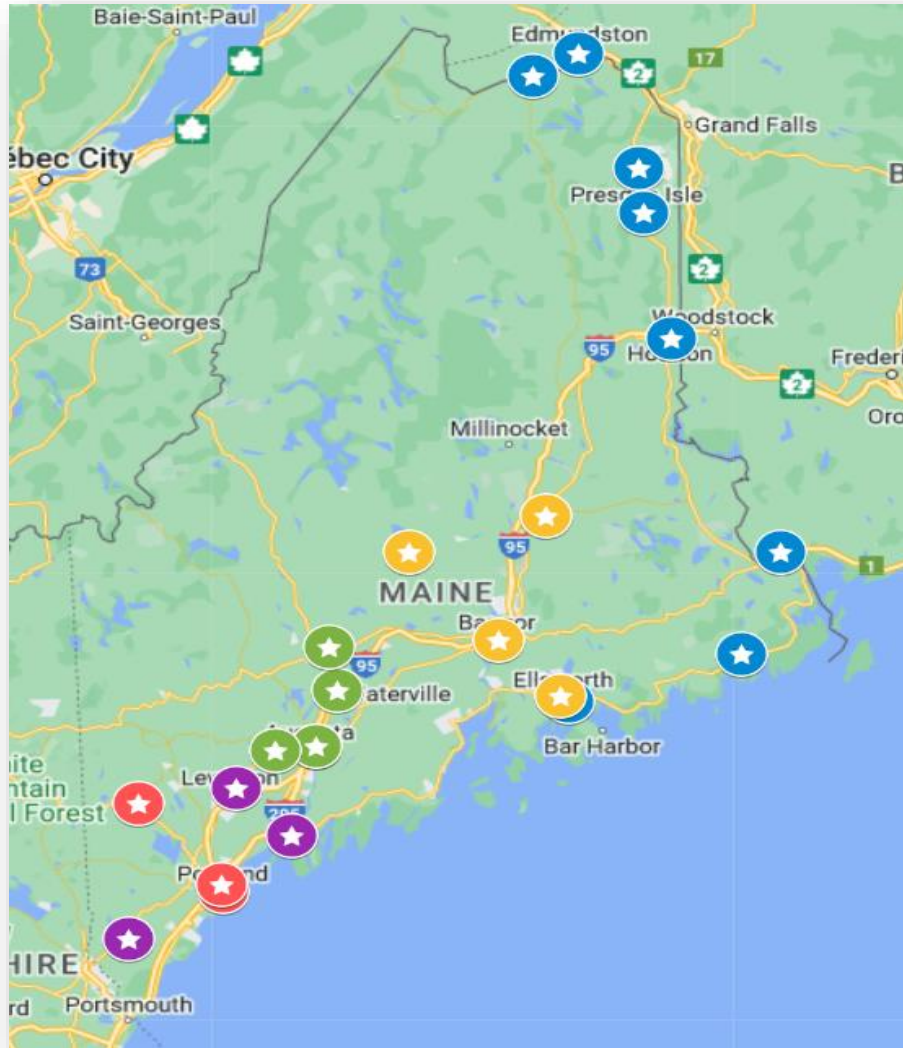
**Organizational Authority,  
Accreditation & Governance**



# 6. CCBHC Enhances Access to Care



# 6. State of Maine CCBHC Demo Implementation Updates



- Demonstration Implementation 2-month delay has been approved by the SAMHSA/CMS CCBHC team. New anticipated implementation date is March 1, 2025
- Implementation will include 5 organizations across 10 Service Areas and 23 sites
- Letters will be sent out to all CCBHC organizations confirming Implementation Start date, final PPS rates, and annual Outlier Payment pool

**Key:** AMHC Sites, CHCS Sites, Kennebec Behavioral Health Sites, Spurwink Sites, Sweetser Sites



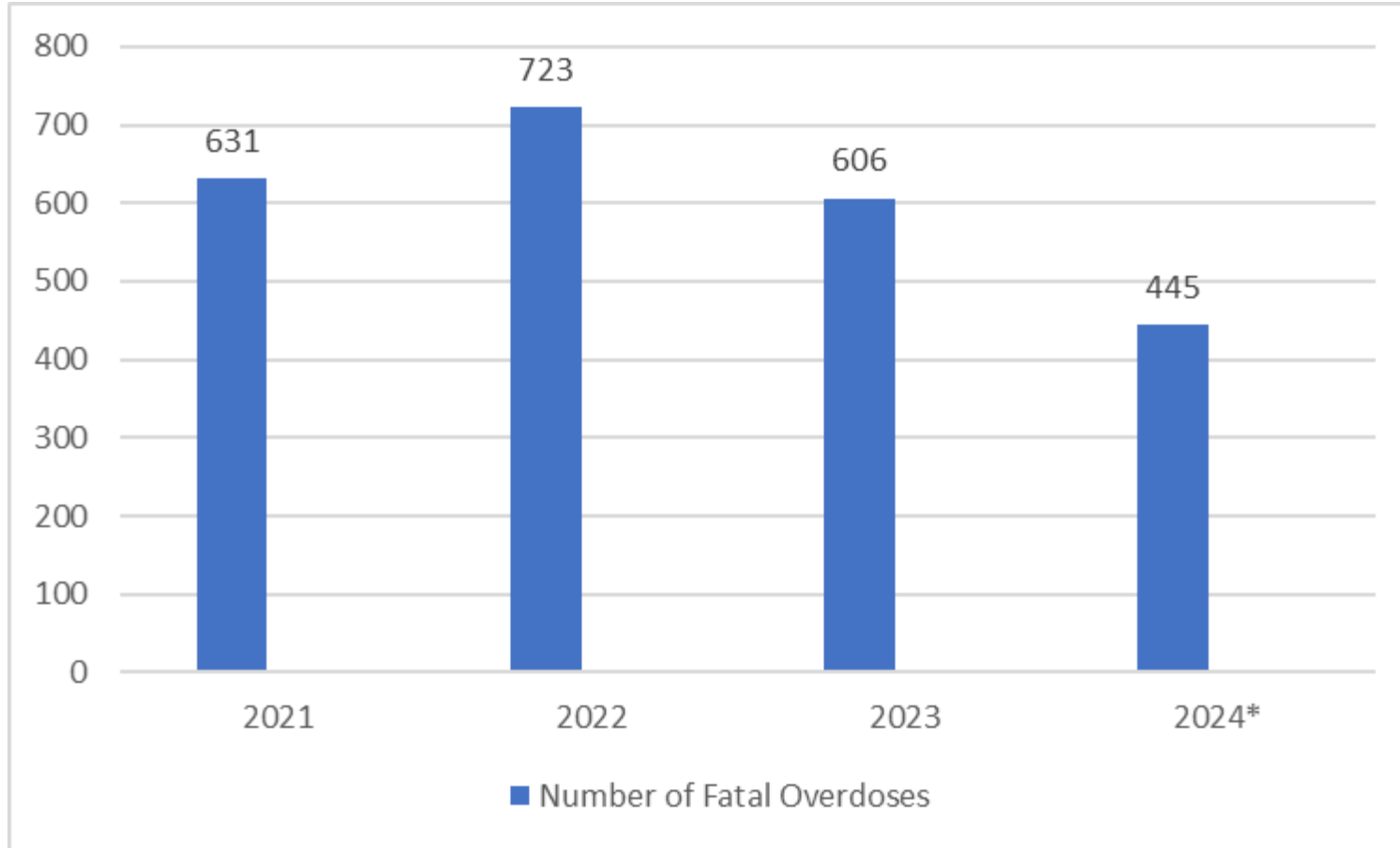
# 7. Substance Use and Opioid Response

## Substance Use Services, Opioid Response & Recovery Services

The Substance Use Services team provides oversight and coordination of the following substance use services including the monitoring of contract compliance and performance metrics, in addition to providing support and clinical consultation to providers.

- **Community Based Services & Programs**
  - Residential & Medically Supervised Withdrawal ('Detox'),
  - Medication Assisted Treatment (MAT) & Office Based Opioid Treatment (OBOT)
    - Buprenorphine, Suboxone, Vivitrol
  - Certified Opioid Treatment Programs (OTP)
    - Methadone
  - Outpatient & Intensive Outpatient Programs
  - Naloxone Distribution
  - Contingency Management Programs
  - OPTIONS (Liaisons and Media Campaign)
  - DEEP
  - Maine SUD Learning Community
- **Criminal Justice Services & Programs**
  - Treatment & Recovery Courts & Pre-Trial Services
  - MAT in jail settings & OTP collaboration to support individuals in jails

# Opioid Overdose & Reversal Data 2021-2024



Source: Maine Drug Data Hub

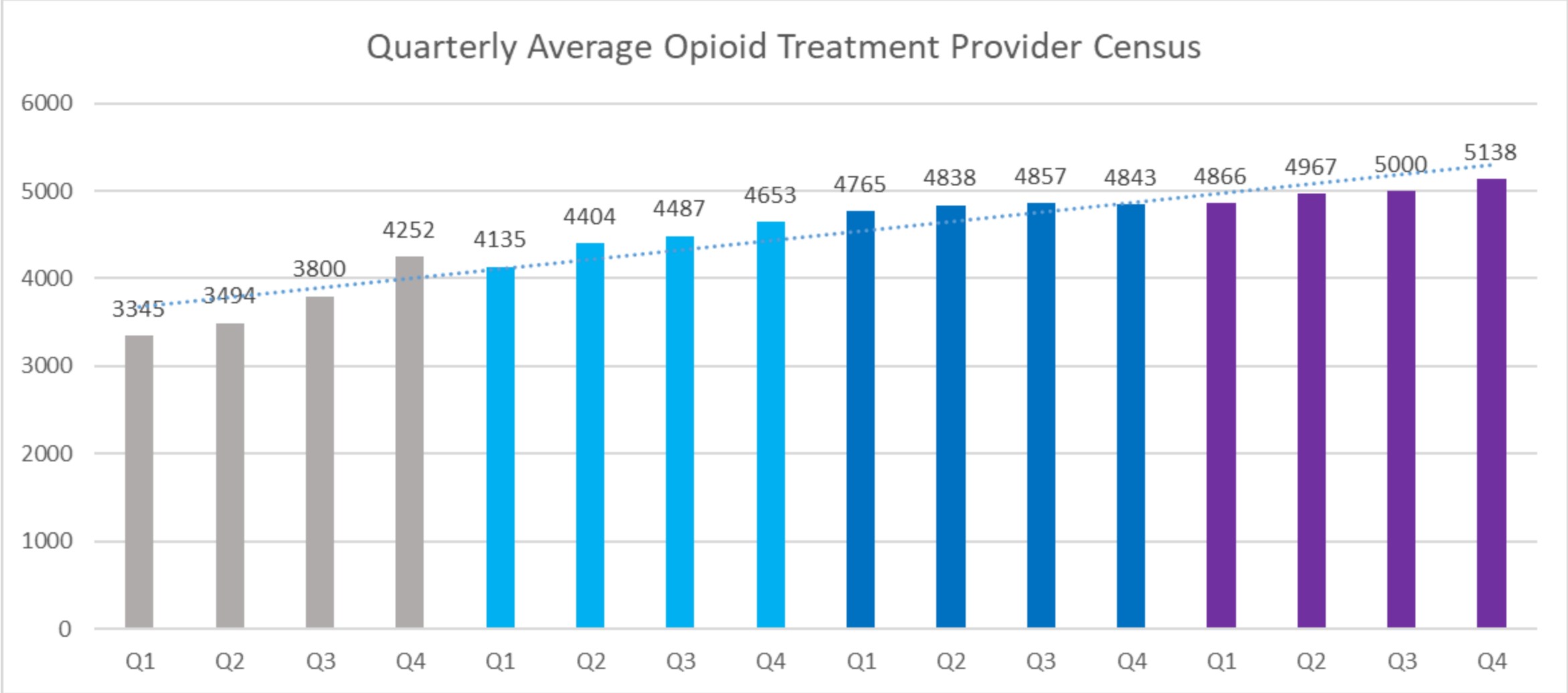
\*January – November Only

Between January & November 2024

**94%**

Of overdose victims saved Jan-Nov 2024

# SUD Capacity and Expansion Update



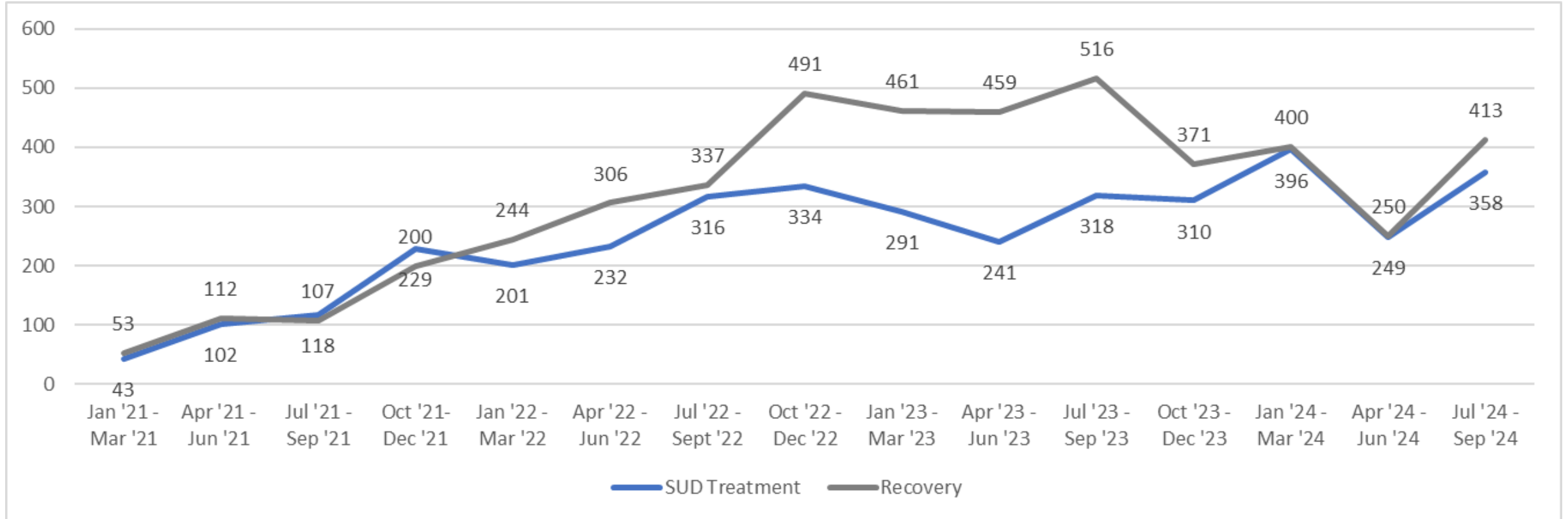
■ 2021 ■ 2022 ■ 2023 ■ 2024

# SUD Residential Bed Capacity

Program Type	Description	Length of Program	ASAM Level of Care	Total Beds	New Beds Added
Withdrawal Management	Sometimes called a “non-hospital based detox”. This program provides 24-hour care and serves to medically assist with withdrawal symptoms within a Substance Use Disorder Residential Treatment.	Up to 7 Days	3.7	91	26
Residential Rehab I & II	Sometimes called a “28-day or 30-day program”. This program provides 24-hour care and offers intensive individual and group treatment.	28-45 Days	3.5	132	36
Halfway House	This program provides 24-hour care and offers individual and group treatment.	Up to 180 Days	3.1	242	-
Extended Care	This program provides 24-hour care and offers individual and group treatment.	180-365 Days	3.1	47	-
<b>Total SUD Residential Treatment Beds</b>				<b>512</b>	

# SUD Trends in Services, Capacity and Access

## OPTIONS Client Referrals

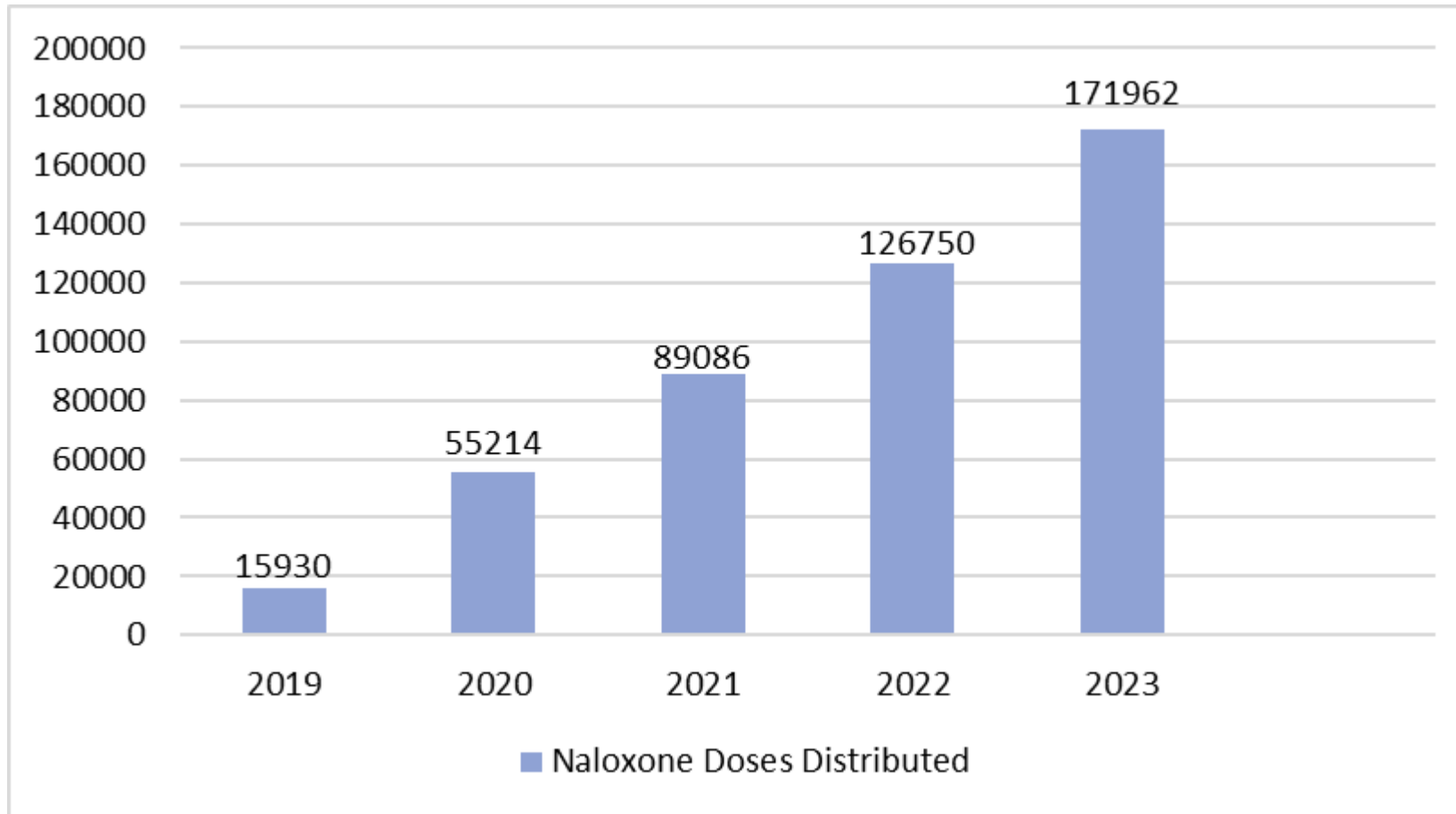


Source: Maine Drug Data Hub, OPTIONS Program Data

# SUD Trends in Services, Capacity and Access

## Naloxone Doses Distribution

Total Distribution through November 2024: 608,968



Source: UMaine Naloxone MNDI Analysis

# 8. Peer and Recovery Services

## Recovery and Peer Services

The Recovery and Peer Services team provides oversight and coordination of a statewide network of recovery and peer services across the state; including the oversight and monitoring of provider contracts and performance metrics. Recovery and Peer services are key component of Maine Opioid Overdose Response.

- **Recovery Services and Programs**

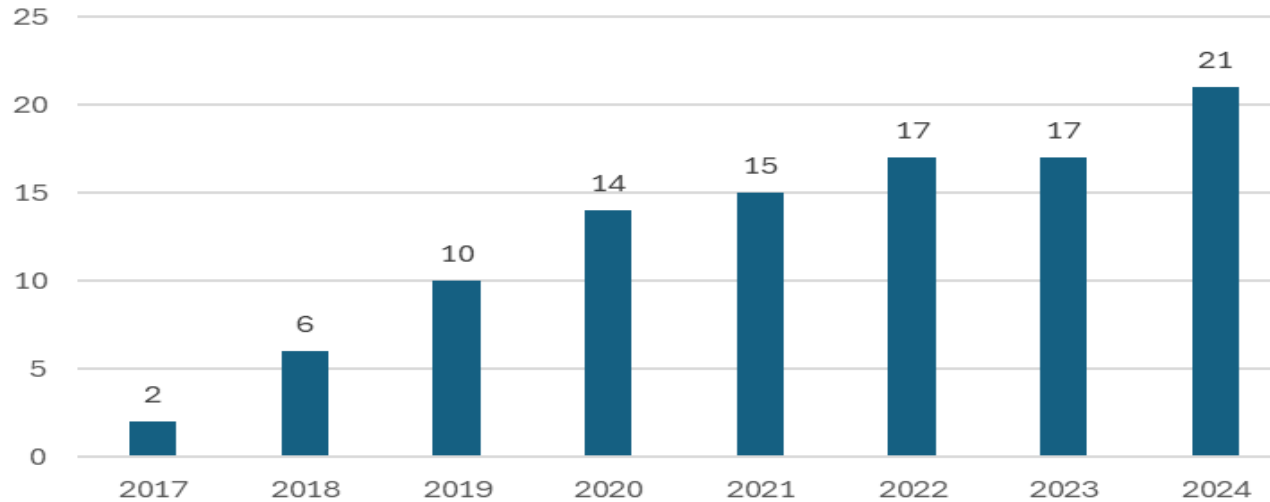
- Recovery Coaches Training - Over 600 individuals participated in Recovery Coach trainings in 2024
- Recovery Coaches in Emergency Departments – 141 individuals served in 2024
- Recovery Community Centers – 21 Centers supported by OBH
- Recovery Residence Program, Certification, Training, and Technical Assistance – 90 Certified Houses – 19 new houses in 2024

- **Peer Services and Programs**

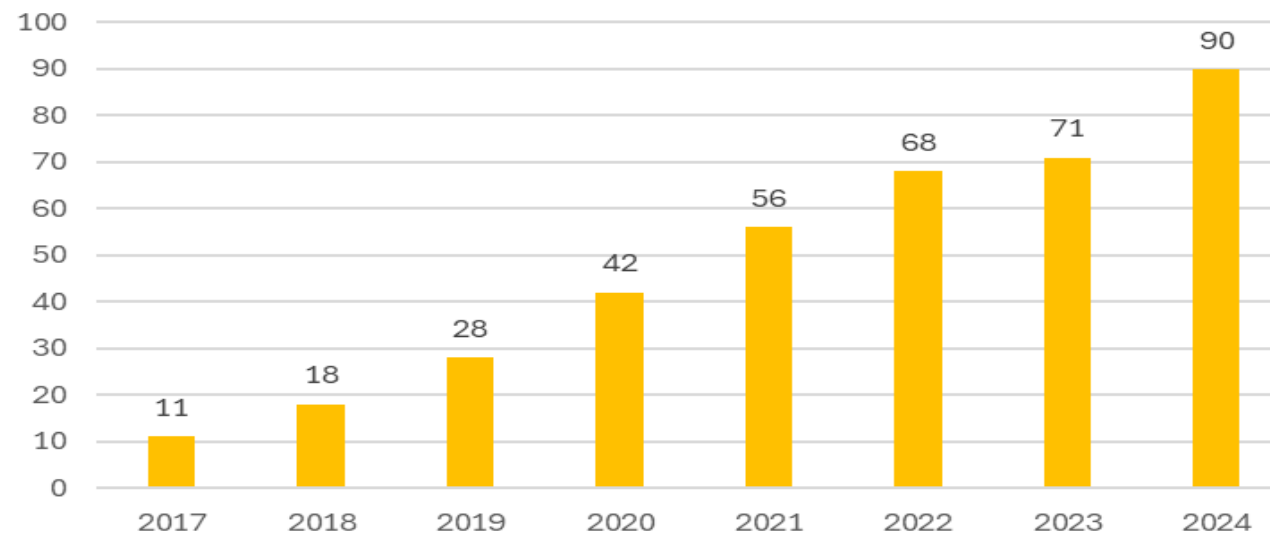
- Peers in Emergency Departments – 1355 individuals served between July 2023 and June 2024
- MH Peer Centers – 8 Centers
- Intentional Peer Support Line – 25,424 calls in 2024
- Certified Intentional Peer Support training – OBH Peer Training Team delivered training to 547 participants working toward Certification in Intentional Peer Support in 2024

# Recovery Services and Supports

## Recovery Community Centers



## MARR Certified Recovery Residences





# 9. Housing

## Housing Programs & Services

The Housing Services team provides oversight of over \$22M in federal and state funding to support housing for individuals with complex behavioral health needs.

**Bridging Rental Assistance Program (BRAP)** – State Rental assistance program designed to assist individuals with Serious Mental Illness and/or Co-Occurring Substance Use Disorders with Transitional Housing

**Permanent Supported Housing Program (PSHSP)** – Federal Permanent Supportive Housing program for persons with disabilities; provides rental assistance paired with Supportive Services to help previously homeless individuals and families achieve housing stability.

**Rental Subsidies** – Established a part of the Consent Decree. State rental subsidy program that provides 30% Project-Based Rental Assistance Program for Section 17 eligible individuals

**Project for Assistance in Transition from Homelessness (PATH)** – Serves as Maine’s primary outreach program for people with serious mental illness experiencing homelessness

# 9. Housing

Bridging Rental Assistance Program (BRAP)	Permanent Supported Housing Program (PSHP)	Rental Subsidies	Project for Assistance in Transition from Homelessness (PATH)
<p><i>Transitional housing for individuals with SMI/co-occurring SUD</i></p>	<p><i>Rental assistance and supportive services for previously unhoused individuals</i></p>	<p><i>Rental assistance for individuals eligible for Section 17</i></p>	<p><i>Maine's primary outreach program for previously unhoused individuals with SMI</i></p>
<ul style="list-style-type: none"> <li>• \$6.9M annually</li> <li>• 946 active resources</li> <li>• 80% individuals housed</li> <li>• 186 individuals looking for housing</li> <li>• 128 individuals on the waitlist</li> <li>• 1,016 housed in total over the last year</li> </ul>	<ul style="list-style-type: none"> <li>• \$12.3M annually</li> <li>• 826 individuals currently served</li> <li>• 87% individuals housed</li> <li>• PSHP accepts referrals through the Coordinated Entry System</li> </ul>	<ul style="list-style-type: none"> <li>• \$498K annually</li> <li>• 126 individuals served by the program</li> </ul>	<ul style="list-style-type: none"> <li>• \$2.3M annually</li> <li>• 887 individuals served in 2024 with 4,412 contacts</li> <li>• Partnership with Community Health &amp; Counseling, Kennebec Behavioral Health, The Opportunity Alliance</li> <li>• 22 FTEs statewide</li> </ul>

# 9. Housing

## Housing First

- Established in statute in 2023 as a joint program operated by DHHS and MaineHousing to address chronic homelessness by providing permanent housing stability and offering services and supports to tenants to prevent a return to homelessness. Services are designed to build independent living skills and connect individuals with tailored services geared towards eliminating previous barriers to successfully maintaining housing.
- The Housing First Program is funded through the Real Estate Transfer Tax. Half of the State's portion of real estate transfer tax is transferred annually to a Housing First Fund administered by DHHS, beginning 7/1/25. Funds retained by DHHS will pay for support and stabilization services, with any unexpended funds transferred to MaineHousing to pay for capital expenditures.
- Implementation Timeline:
  - Joint Rules between MaineHousing and DHHS enacted and effective 12/25/24
  - MaineHousing RFQ for Housing First Teams and Construction Projects posted and closes 3/6/25
    - This will identify three to four Housing First Properties with 24/7/365 services, likely to become available in 2026
  - DHHS RFP for PQVL for Housing First Providers published and closes 2/3/25
    - This will identify potential service providers for the Housing First Properties

# 10. StrengthenMe | Lewiston and Storm Response

## StrengthenME

The StrengthenME program celebrates and promotes Mainer resilience through public health education and up-stream investments in community-based supports focused on stress-management skill building and resource navigation. This program enhances the behavioral health continuum of care by offering the general public and identified at-risk populations easy-to-access behavioral health support alternatives to the already overburdened traditional system of care. StrengthenME is committed to providing “no wrong door” support and stress management resources to all Maine residents, while prioritizes reaching at risk, including ensuring frontline workers have the tools to cope with work-related stress.

- Frontline worker highlights – 2001-2024:
  - Individual 1:1 Confidential Support: 2597
  - Training & Workshops: 1078
  - On Site Critical Incident Clinical Support groups: 59

## Lewiston and Storm Response

In 2024, Maine was awarded three SAMHSA Emergency Response grants, one to support the Lewiston response and two to address the behavioral health impact of severe winter weather.

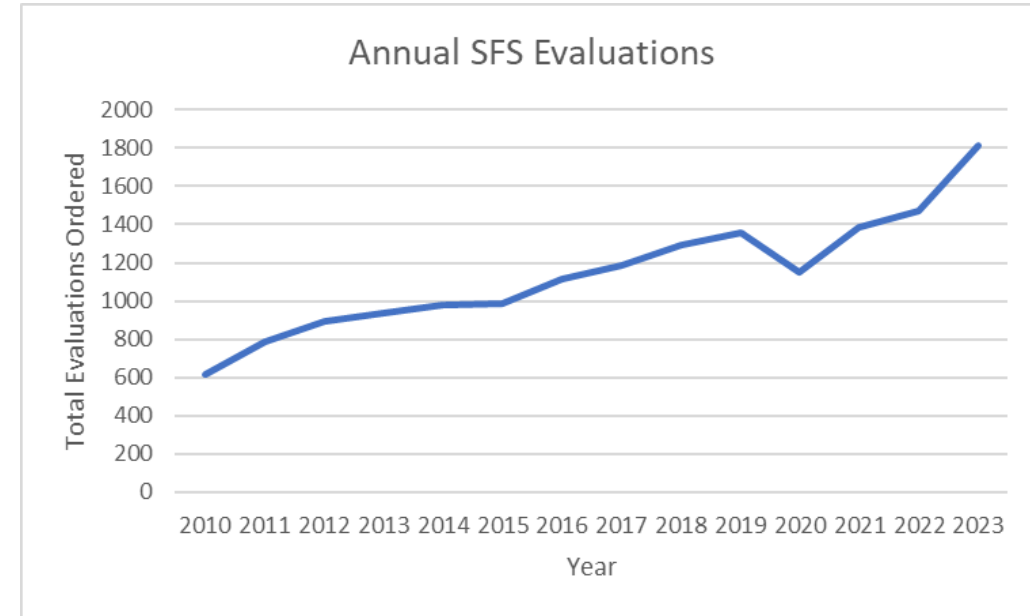
- Lewiston response: Formed a Trauma Informed Learning Collaborative to support the behavioral health, healthcare, and first responder workforce. Support the Maine Association of the Deaf to ensure that members of the community are supported and connected with appropriate care.
- Storm response: To date, supported over 3600 individuals with access to necessary resources, stress management tools to improve overall well-being, and skills for long-term resiliency.

# 11. State Forensic Services

## State Forensic Service

The State Forensic Service (SFS) oversees and conducts court-ordered mental health evaluations of adults and youth.

- **Evaluation:** SFS employs and contracts with psychologists and psychiatrists across the state to complete a variety of referral questions for Maine's criminal courts. Court orders for evaluation have increased markedly in recent years.
- **Consultation:** SFS staff provide clinical consultation and administrative support to contracted examiners, as well as consultation to judges, attorneys, and hospital staff, among others.
- **Training:** SFS has partnered with the University of Maine to offer a one-year postdoctoral fellowship for individuals to specialize in forensic mental health assessment. The fellowship offers the breadth and depth of training needed to become board certified in forensic psychology. SFS also hosts regular Continuing Education workshops pertaining to forensic assessment, and SFS staff lead continuing education sessions for other professionals in the mental health and legal systems.



# 12. Justice and Health Intensive Case Management Team

## Justice & Health-Intensive Case Management Team

The Justice and Health Intensive Case Management teams provide Intensive Case Management and supportive re-entry services to individuals who are transitioning out of correction facilities and back to the community. The team also oversees the Close Supervision Residential program.

- **Intensive Case Management (ICM):** The ICM program provides intensive case management and supportive re-entry services to individual with severe and persistent mental illness and co-occurring disorders who are transitioning out of correction facilities and back to the community. ICMs will begin supporting community-based restoration to competency efforts this year.
  - **24 Total ICMs serving the State of Maine**
    - 13 ICMs in correctional settings
    - 7 ICMs community-based
    - 4 ICMs spanning both correctional settings and the community
    - Collectively, the team of 24 ICMs averages over 400 client contacts per week

# 13. Workforce and Supported Employment

## Supported Employment

OBH oversees and coordinates Employment services and programs across the state for individuals with behavioral health conditions.

- **Behavioral Health Community Employment Services** – support individuals to improve employment-related skills and obtain and maintain competitive, integrated employment.
- **Long Term Supported Employment** - ongoing job coaching support needed to keep a job.
- **Mental Health Psychosocial Clubhouse** – 6 accredited clubhouses in Maine (35% employment rate)
- **Collaboration with DOL/BRS and DHHS/OADS and OCFS** to provide expanded Benefits Counseling Services.

## Workforce Development

OBH has several workforce development projects and initiatives to support and advance a robust, well-trained behavioral health workforce.

### Certification Programs and Pathways

- Training and certification programs for MHRT I, MHRT/C and MHRT/CSP
- Intentional Peer Specialist training and certification program
- Recovery Coach Training
- **Conferences, Trainings and Monitoring** supporting professional development , increased skill and knowledge
- **Collaboration with DOL, DOE and DHHS/OADS and OCFS** to support training and certification of employment services workforce

# 14. Data & Quality | Contracts, Finance & Grants

## Data & Evaluation

The Data Team is responsible for data collection, analysis, and reporting to ensure programmatic quality, provider accountability, and compliance with federal funding requirements. The Data Team also supports data initiatives and research related to behavioral health system of care utilization and overdose prevention and response.

- **Data & Evaluation Activities**

- DOJ standards & compliance
- Federally mandated behavioral health data collection & reporting
- Behavioral health program evaluation and performance measurement
- Integrated Crisis System of Care Data Dashboard

- **Overdose Prevention & Response Activities**

- Prescription Drug Monitoring Program (PMP)
- Maine Drug Data Hub
- ODMAP Geospatial Overdose Spike Alert System
- Recovery Data Platform

## Contracts, Finance & Grants

OBH has a dedicated contracts, finance, and grants team that support the administration, oversight, compliance, and monitoring of over 300 unique behavioral health contracts. In addition to procurement, the team is responsible for the support and oversight of internal budget, grant, and financial activities across OBH.



# Appendix

# 15. Enacted Legislation Implementation

## **LD435 – Report on Children's Residential Treatment Services and Implementation of the Department's Strategic Priorities for Children's Behavioral Health Services**

- The Office of Behavioral Health is in the midst of data analysis specific to the capacity, occupancy and availability of and access to children's residential treatment services. A report on the analysis in addition to an update on DHHS progress in implementing priorities of Children's Behavioral Health Services will be submitted to the Legislature as required.

## **LD2009 – Stakeholder Group to Address the Problem of Long Stays for Children and Adolescents in Hospital Emergency Departments**

- The Department facilitated weekly stakeholder group meetings between August and October 2024 with a goal of achieving consensus-based recommendations aligning with LD 2009. The group presented recommendations through a report to the Legislature addressing the four focal points of the legislation with additional system of care recommendations.

## **LD2082– Review of the Timeliness of Contract Payments by the Department of Health and Human Services**

- The Office of Behavioral Health has been coordinating review of these payments with the Division of Contract Management. A report on its findings is expected to be submitted to the Legislature in the coming weeks as required.

## **LD2224 – An Act to Strengthen Public Safety by Improving Maine's Firearm Laws and Mental Health System**

- The Department is developing a comprehensive plan for a network of community-based crisis receiving centers across the state with prioritization for quality initially before further expansion. This approach will allow for more effective modeling and financing of the future centers in coming years and better assure the success of the existing and newest locations.

# 15. Enacted Legislation Implementation

## **LD2083 – Establishment of a Stakeholder Group to Study Timely Access to Psychiatric Medication Management Services**

- The Office of Behavioral Health is in the midst of convening the required group of stakeholders and will be holding sessions to solicit feedback in the coming weeks. This effort builds on efforts of a similar workgroup from 2023 as well as feedback sessions specific to ongoing funding for recruitment and retention efforts for staff that support medication management. A report on findings is expected to be submitted to the Legislature in the coming weeks as required.

## **LD2214– Supplemental Budget**

- The Office of Behavioral Health has been implementing numerous parts of the Governor's supplemental budget from the 131st Legislative Session and continues further development into 2025. This includes:
  - Strengthening and expanding mobile crisis mental health response services;
  - Retention and recruitment incentives for medication management;
  - Development of Adolescent Psychiatric Residential Treatment Facility;
  - Additional funding for the required mental health assessments of foreseeable harm; and
  - Funding to support the Lewiston response, including payments to the City of Lewiston and St. Mary's Medical Center.

# Questions?

Sarah Squirrell, MS, Director  
Sarah.Squirrell@maine.gov





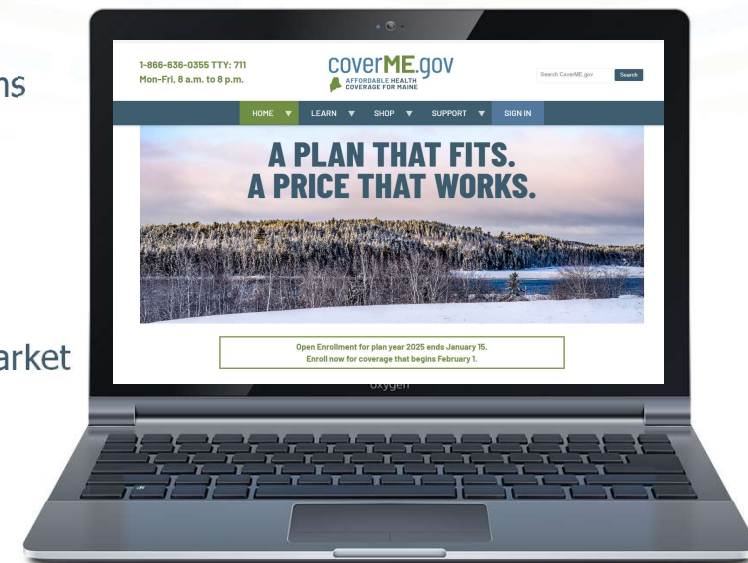
# THE OFFICE OF HEALTH INSURANCE MARKETPLACE (OHIM)

JANUARY 16, 2025

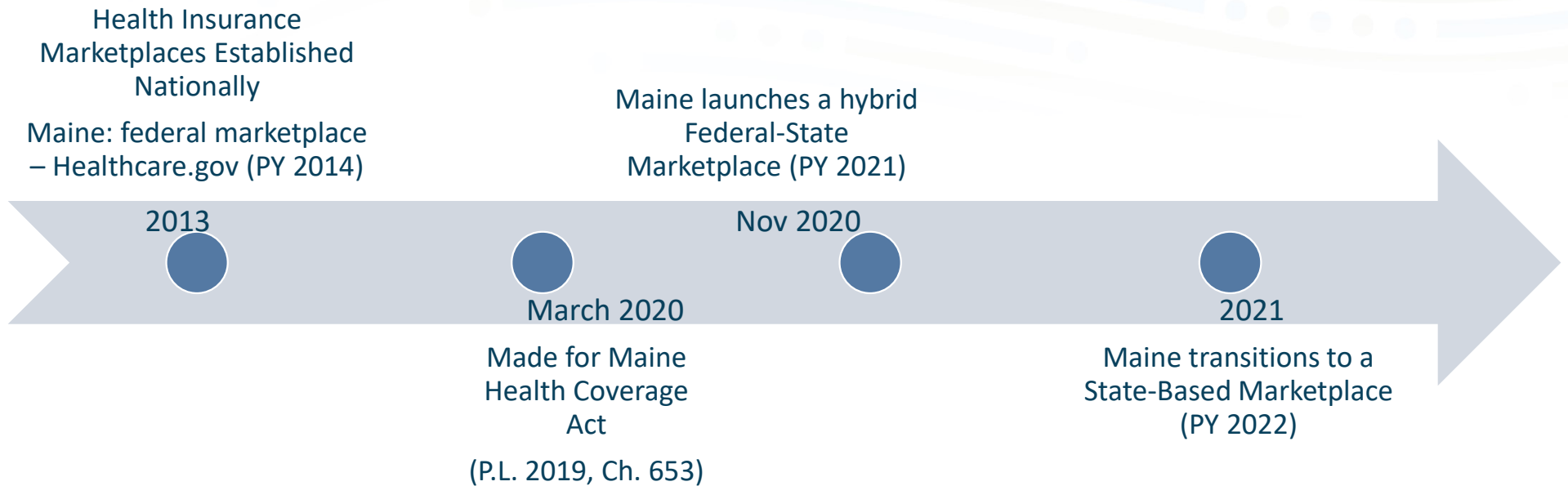
COVERME.GOV PRESENTATION

# COVERME.GOV, THE HEALTH INSURANCE MARKETPLACE

- Offers a single, secure and official **online marketplace** where Mainers who need health insurance coverage can **shop** for and **compare** plans
- Fills the gap between employer-provided insurance and government programs like MaineCare, Medicare or VA/TRICARE coverage
- Provides options for both **health and dental insurance** from licensed insurance companies
- Is the **ONLY** place to go for federal **financial savings** to make individual market coverage more affordable through:
  - Advance Premium Tax Credits (APTC) which lower premiums
  - Cost Sharing Reductions (CSR) which lower out-of-pocket costs
- Offers a “**no wrong door**” policy – Applicants who appear eligible for MaineCare are transferred to the Office of Family Independence for a determination



# HISTORY OF MAINE'S MARKETPLACE



# WHO IS ELIGIBLE FOR COVERME.GOV COVERAGE?



Live in Maine



U.S. Citizen or lawfully present in U.S.



Not incarcerated



Not eligible for Medicare coverage



If eligible for coverage from another source like MaineCare or an employer-sponsored plan, may not be eligible for financial savings





## QUALITY PLANS WITH PREVENTATIVE SERVICES

- The following ten essential health benefits must be included in all health insurance plans sold on CoverME.gov:
  - Ambulatory patient services
  - Emergency services
  - Hospitalization
  - Laboratory services
  - Maternity & newborn care
  - Prescription drugs
  - Mental health & substance use disorders
  - Pediatric services
  - Preventive, wellness services, & chronic disease management
  - Rehabilitative & habilitative services/devices
- Individuals do not pay co-pays, coinsurance or deductibles for certain preventive health services that are provided by network providers, including routine immunizations and routine physical exams

# EXAMPLES OF “FREE” PREVENTIVE CARE



BLOOD PRESSURE AND  
CHOLESTEROL  
SCREENING



CANCER SCREENINGS  
COLORECTAL, BREAST,  
CERVICAL, LUNG



HIV SCREENING



RECOMMENDED  
IMMUNIZATIONS  
E.G., FLU, SHINGLES,  
TETANUS, HPV, MMR



TOBACCO  
CESSATION



FDA-APPROVED  
BIRTH CONTROL



BREASTFEEDING  
SUPPORT AND  
COUNSELING



OBESITY  
SCREENING AND  
COUNSELING



STI/STD  
SCREENING

\*These services are free only when delivered by a doctor or provider in your plan’s network. For a comprehensive list, see:  
<https://www.healthcare.gov/coverage/preventive-care-benefits/>



## ADDITIONAL COVERAGE IN MAINE



### PRE-DEDUCTIBLE COVERAGE

- 3 PRIMARY CARE VISITS
- 3 BEHAVIORAL HEALTH CARE VISITS
- APPLIES TO ALL NON-HSA PLANS
- FIRST VISIT HAS A \$0 COPAY AND THE OTHER 2 REQUIRE A COPAY (\$20-\$50)



### PEDIATRIC DENTAL IN ALL HEALTH PLANS

ADDITIONAL STAND-ALONE DENTAL POLICY CAN BE PURCHASED AS A SUPPLEMENT

# PLAN CATEGORIES



Platinum



Gold



Silver



Bronze

Monthly Cost (Premium)	\$\$\$\$	\$\$\$	\$\$	\$
Cost when you get care (deductible, copay, coinsurance)	\$	\$\$	\$\$\$	\$\$\$\$
Typically, better option if you...	Expect to use a lot of health care services		Qualify for cost-sharing reductions (CSRs)	Don't plan to need a lot of health care services

Other Factors that Affect Premium: Age, Family Size, Geographic Location, Income

# PLANS FROM NATIONAL AND REGIONAL CARRIERS





# ENROLLMENT OPPORTUNITIES

## Open Enrollment Period

- Enrollment for anyone who doesn't have affordable employer-sponsored coverage happens once a year
- Open Enrollment typically runs from Nov. 1<sup>st</sup> through Jan. 15<sup>th</sup>
- Enrollment by Dec. 15<sup>th</sup> for coverage beginning Jan. 1<sup>st</sup>
- Plans selected between Dec. 16<sup>th</sup> and Jan. 15<sup>th</sup> have an effective date of Feb. 1<sup>st</sup>

## Special Enrollment Period (SEP)

- SEPs include life events like losing insurance, having a baby, moving to Maine, getting married or divorced, release from incarceration, becoming a citizen, and Easy Enrollment.
- Eligible individuals can enroll through a SEP at times outside of the Open Enrollment Period

# CORE OPERATIONS OF COVERME.GOV



## COVERME.GOV ONLINE PLATFORM

Eligibility and enrollment platform for financial assistance and plans. Health plan shopping tool (plan coverage and cost comparison). Transmits enrollments to health and dental carriers.



## FEES

Billing and collection of user fees from health insurance carriers to fund operations.



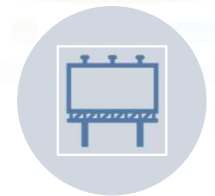
## CONSUMER ASSISTANCE CENTER

Phone and online chat service to answer consumer questions, resolve technical issues, and provide eligibility and enrollment services to those who prefer not to enroll online.



## NAVIGATORS & BROKERS

Annual training and certification of brokers and Maine Enrollment Assistants. Distribution of funding and oversight of statewide network of community-based navigators who conduct outreach and help consumers enroll in coverage.



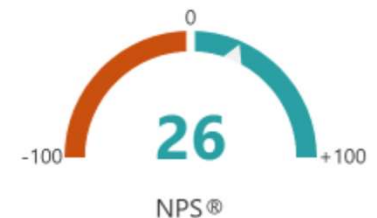
## MARKETING & OUTREACH

Comprehensive, multi-pronged marketing campaigns. Targeted outreach strategies. Raise awareness, reach new consumers and encourage enrollment.

# RECENT COVERME.GOV IMPROVEMENTS

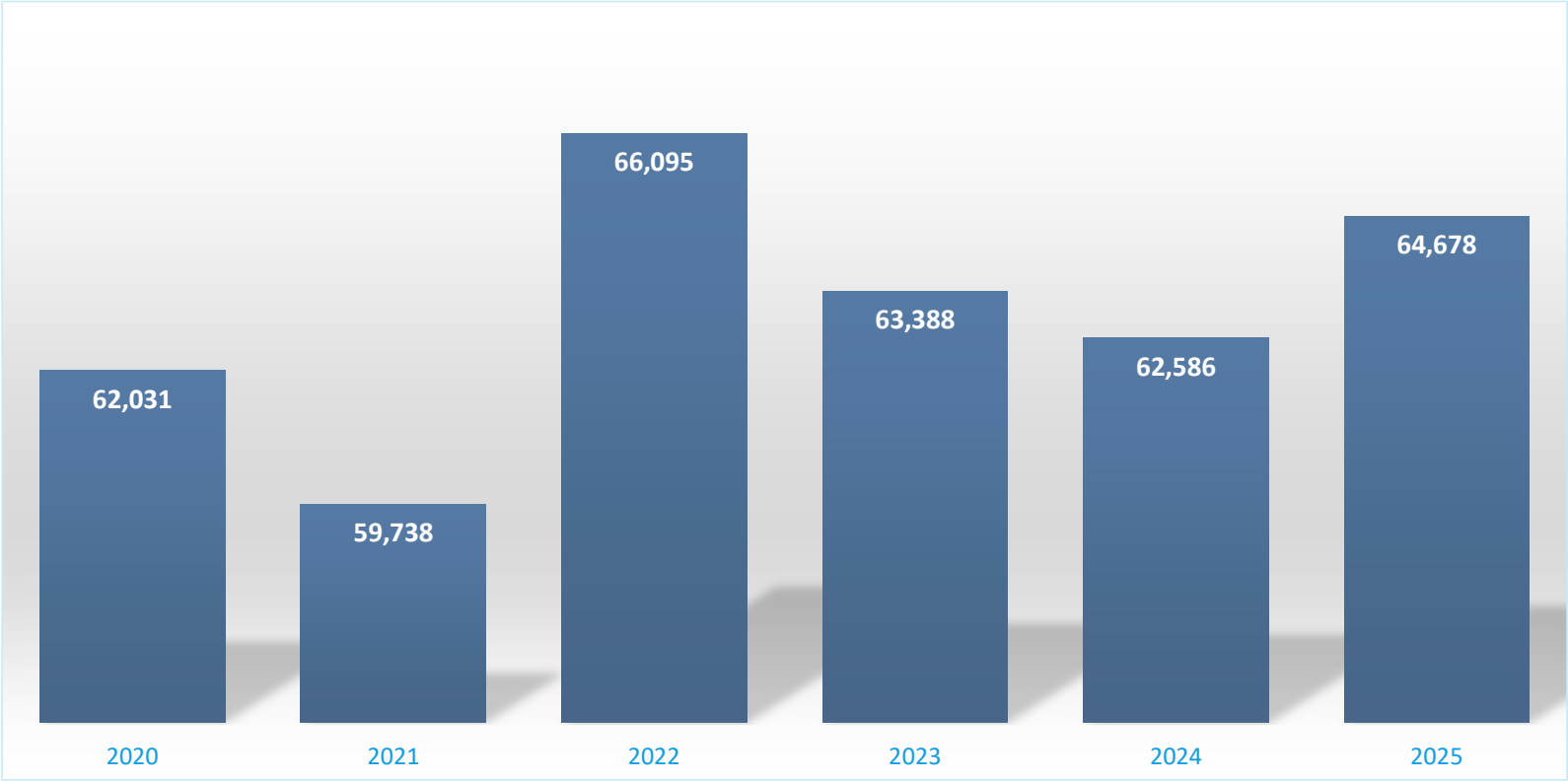
- Enhanced investment in marketing yielding significantly **higher engagement, increased brand awareness** and strong enrollment
- Established a baseline net promoter score from consumer survey
  - 2x as many promoters as detractors
  - No universal NPS but anything above 20 is considered favorable
- Increased **stakeholder and consumer engagement** using formal survey of stakeholders and consumers at end of OE 2024, and set up regular meetings with brokers/navigators to solicit feedback as well as began a quarterly e-newsletter to brokers/navigators
- Established an Easy Enrollment Advisory Committee and **launched Easy Enrollment Program**
- **Refreshed CoverME.gov website** to make it easier for consumers to find information
- Other **consumer experience enhancements** including improved enrollment system user interface, self-service password reset, improved broker/enrollment assister functionality

Promoters	745
Passives	348
Detractors	374

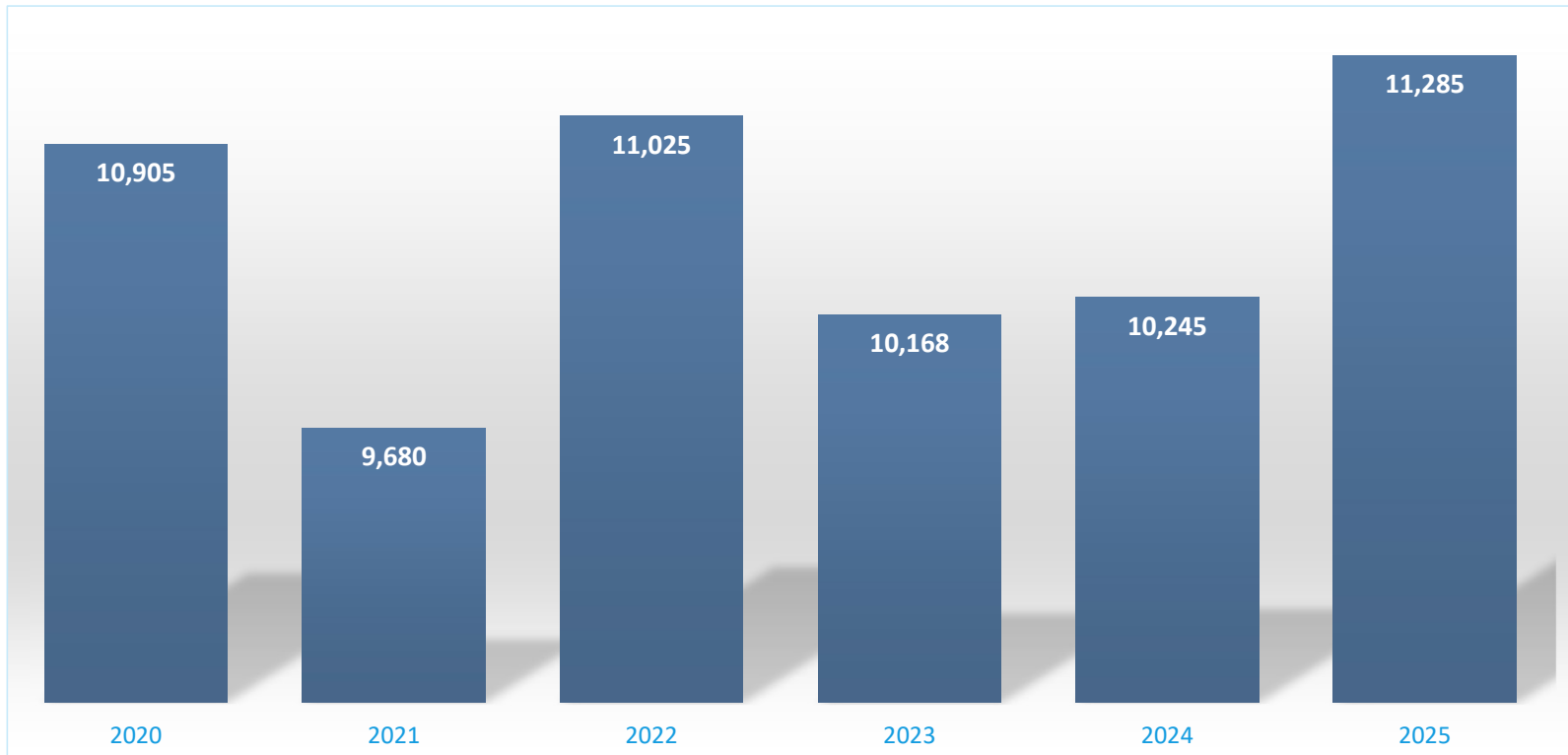




# TOTAL OPEN ENROLLMENT PLAN SELECTIONS

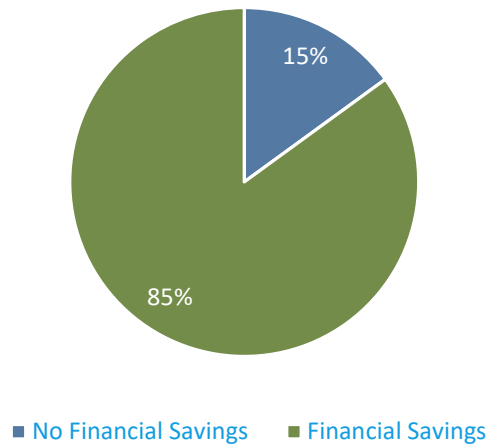


# NEW HEALTH PLAN SELECTIONS



# FINANCIAL SAVINGS: ADVANCE PREMIUM TAX CREDITS

- 85% of consumers with plan selections are receiving financial savings



**Average Premium Per Member Per Month\***

	All Consumers	Consumers Receiving APTC	Consumers Not Receiving APTC
<b>Average Total Premium</b>	\$761.22	\$787.66	\$616.50
<b>Average Net Premium (Amt Paid by Consumer)</b>	\$247.21	\$179.73	\$616.50
<b>Average APTC Amount</b>	\$514.01	\$607.94	\$0.00

\*As of 1/12/25



# CONSUMER ASSISTANCE CENTER

Call center performance - **PY 2025 Open Enrollment Period\***:

- 26,033 calls received
- Average wait time: 16 seconds
- Calls abandoned: 243\*\*
- Average call handle time: 13.5 minutes
- 5,890 chats received

Consumer Satisfaction Surveys			
	Plan Year 2022	Plan Year 2023	Plan Year 2024
<b>October</b>	<b>76.78%</b> 848 calls received	<b>93.94%</b> 3,453 calls received	<b>92.83%</b> 4,610 calls received
<b>November</b>	<b>83.85%</b> 13,881 calls received	<b>93.12%</b> 10,144 calls received	<b>93.74%</b> 10,539 calls received
<b>December</b>	<b>86.7%</b> 17,623 calls received	<b>93.71%</b> 13,240 calls received	<b>91.93%</b> 15,079 calls received
<b>January 1-15 (January 16 in 2024)</b>	<b>89.15%</b> 7,256 calls received	<b>94.47%</b> 5,507 calls received	<b>93.84%</b> 6,788 calls received

\*Numbers as of January 12, 2025

\*\*93 abandoned calls occurred on the 1<sup>st</sup> two days of Open Enrollment; 76 more occurred last 4 days prior to 1<sup>st</sup> deadline day

# APPROACH TO MARKETING & OUTREACH

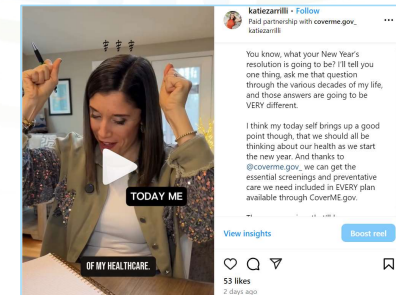
- Investing to build CoverME.gov brand awareness and drive enrollment
  - Keeping consistent look and feel and tagline, *A Plan that Fits, A Price that Works*
  - Targeting under/uninsured young men; lower socioeconomic status; racial and ethnic minority communities
- Testing new approaches to reach more audiences
  - Sports sponsorships – Maine Mariners/UMaine, including tabling events, and sports focused TV ad
  - Testing new media – Gaming (JamLoop, Twitch) and a Maine-based influencer
  - Messaging at pharmacy point of sale and video/banner ads post-visit for CVS customers
  - New outreach partnerships

## Results during OE 2024:

- 26.2 million impressions across digital and traditional media
  - Notable brand awareness bump pre and post OE 2024
- 146,394 users on CoverME.gov
  - OE 2025 is seeing 6% increase in website users as of Jan 9



Static banner ad



Social media influencer



The [30 second tv ad](#)

# IN THE COMMUNITY

In addition to traditional advertising campaigns, OHIM used localized channels to spread awareness of CoverME.gov and OE:

- Partnerships with the Maine Mariners and University of Maine Black Bears for in-stadium advertising, game broadcasts, and social media promotion
- Bus advertisements in Portland, South Portland, Lewiston/Auburn, and Bangor
- Presenting and tabling at the annual agricultural trade show and tabling at hockey sponsorship events



# CONTINUOUS COVERAGE UNWINDING OUTREACH

- Individuals found ineligible for MaineCare during their renewal process have their account transferred automatically to CoverME.gov to find affordable coverage using a new Special Enrollment Period "Recently Lost MaineCare"
  - To date, 6,059 consumers\* enrolled through this Special Enrollment Period
- To help minimize a gap in health coverage, these consumers receive formal notices about the referral from both OFI and CoverME.gov
- CoverME.gov is also conducting targeted outreach to those consumers, sending a series of marketing materials via postal mail for multiple touches, co-branded with DHHS to help foster trust



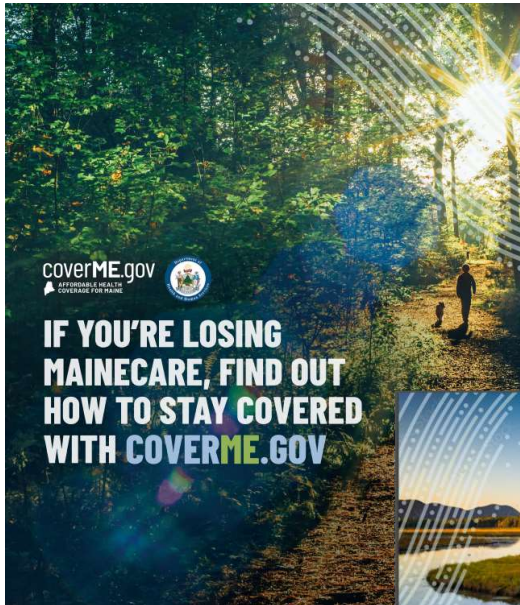
Nearly 40,000 households have received this 3-touch mailing series



Outbound calls have been made (based on availability of contact info and permissions) to more than 9,000 contacts

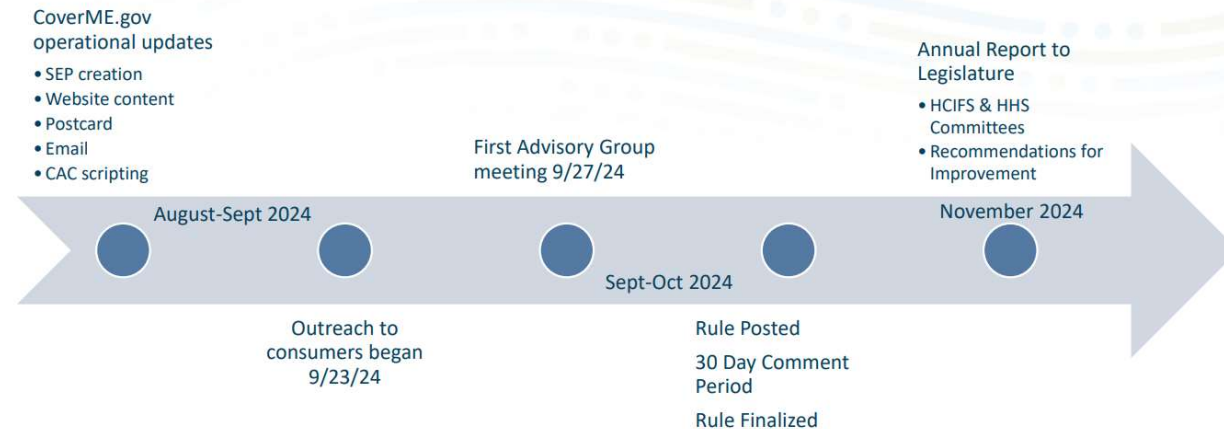


Emails (based on contact availability and permissions) have been sent to more than 7,000 contacts



# EASY ENROLLMENT

- PL 2021 Ch. 715 authorized a program to use the state income tax filing process to identify individuals and families who are uninsured but potentially eligible for benefits under the MaineCare program or to enroll in Marketplace insurance, and to connect them with applications for coverage.
- OHIM met regularly with the Bureau of Revenue Services to discuss implementation plans
- Convened stakeholder advisory group in Q3 of 2024 to discuss:
  - Roles and responsibilities
  - Solicit feedback on outreach activities and tee up future asks
  - Provide an update on implementation; recent activities included:





# MAKING A DIFFERENCE FOR MAINERS

*"Having CoverME healthcare coverage saved my life. With me having MS the medications I have are so expensive and if I don't stay on them I can suffer some really bad side effects. So having coverage that I can rely on and that all my doctors accept made it easy – no hiccups or delays."*



- Michael, self-employed, Oxford
- Monthly premium is \$1,512.89; with APTC, he pays \$594.89

*"As I age, I started thinking about getting health insurance. A friend told me about CoverME.gov. It was affordable and I signed up. Several months later I had an emergency health issue, and I ended up in the hospital for a month. It was really, really good that I had health insurance. Without insurance I not only would have ended up in severe overwhelming debt, I would not have gotten the care that I got. Life turns on a dime."*



- Lisa, life-long wait staff, Bethel
- Monthly premium is \$720.79; with APTC, she pays \$190.79.

# WHAT'S ON THE HORIZON?

- Expiration of Federal enhanced premium tax credit at the end of 2025
- Potential changes at federal level
- OE 2025 Legislative Report delivered to Governor and Legislature
- Debrief on OE 2025 with consumers and partners
- Re-Run brand awareness testing
- Continued improvements to consumer experience

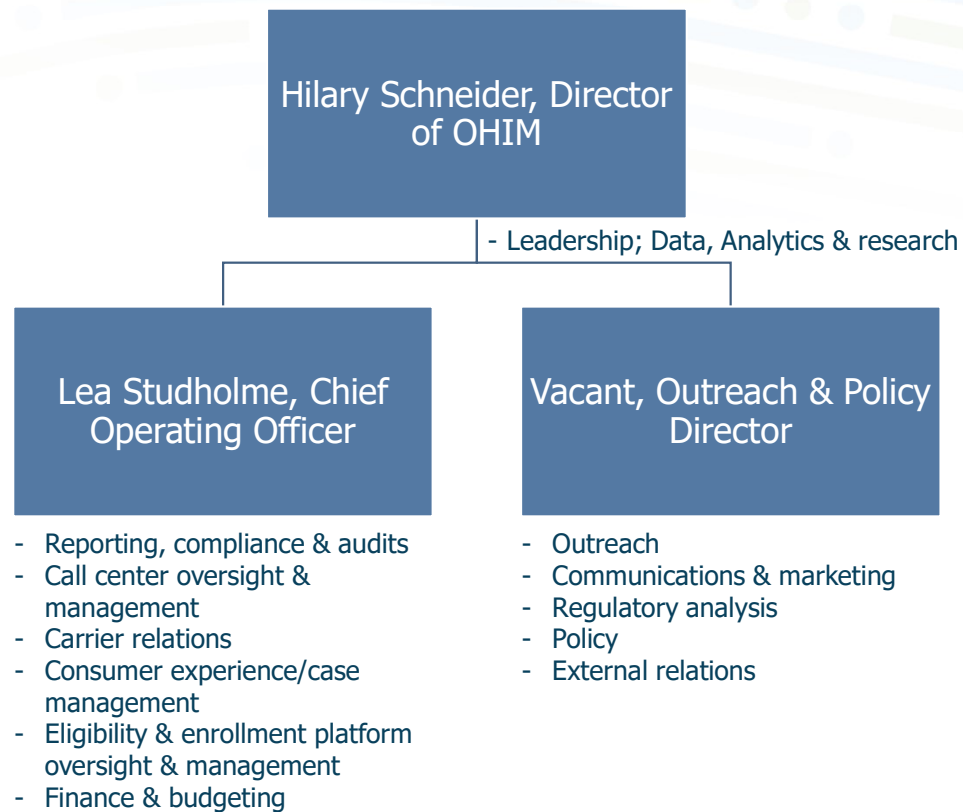
**THANK  
YOU!**





# APPENDIX

# OHIM'S LEADERSHIP TEAM



# CAMPAIGN OVERVIEW

Comprehensive awareness campaign across traditional and digital tactics



## **Paid Digital Media**

Banner ads  
Paid search  
YouTube video  
Facebook/Instagram/TikTok



## **Radio**

**9 weeks**

Broadcast, 20-22 stations  
Streaming audio – Spotify, iHeart



## **Television Ads**

**Over 8-10 weeks**

Broadcast  
Streaming  
Cable



## **Social Media Content**

2 posts/week FB/Instagram



## **Out of home assets**

Bus wraps & interior signage in 5 markets  
Bus shelter signage  
Maine Mariners & UMaine Sponsorships  
Pharmacy Point-of-Sale



## **Search Engine Optimization**

Website tagging to improve results



## **Public Relations**

Press Releases – 10/28  
Press events  
Radio interviews



## **Direct to Consumer**

Email  
Mailers  
CAC Outbound Calls



## **Internal awareness**

Share toolkits  
Commissioner's weekly message



## **Toolkits**

Brokers/Assisters/Advocates  
Legislators  
Small Businesses

# Riverview Psychiatric Center (RPC)

Stephanie George-Roy, LCSW, Superintendent

Matthew Davis, MD, DFAPA, Clinical Director

January 2025



# The Hospital

## 250 Arsenal Street, Augusta





# Riverview Psychiatric Center

## Mission, Vision, and Values

Riverview Psychiatric Center (RPC) is a 92-bed psychiatric hospital organized into major clinical, administrative and support services departments. RPC has four (4) inpatient treatment units which provide acute level of care, treatment and recovery. In addition to the inpatient units, RPC includes a state-of-the-art dental clinic that serves patients within the hospital, as well as community members with mental health and developmental disabilities. We have an outpatient services clinic in Augusta that currently serves 63 NCR clients who reside in the community under modified release and release status court orders.

### Mission

Riverview Psychiatric Center provides state-of-the-art care to individuals with serious and persistent mental illness in Maine.

### Vision

Riverview Psychiatric Center, in collaboration with the community, will be a center for best practice, treatment education and research for individuals with serious and persistent mental illness.

### Values

**R** = Respect    **P** = Patients First    **C** = Caring and Compassion

# Riverview Psychiatric Center

## Regulatory Compliance

### Medicare & Medicaid Services

- Active Certification
- Last Survey January 2019
- No deficiencies cited

### State Licensure

- Active License
- Expiration: October 2025

### The Joint Commission

- Active Accreditation
- Last Survey: August 2022
- Expiration Date: 2025
- Survey window: 8/4/24-8/4/25

# Riverview Psychiatric Center

## Accomplishments 2024

### **Facility Safety and Improvements:**

- Created a facility Capital Improvement Plan
- Made safety improvements for the patient's Kennebec yard
- Secured a new facility for Outpatient Services
- Obtained an in-house testing machine for COVID-19 & Influenza A & B
- Initiated access control, security camera, and duress system replacement, and the implementation of an Electronic Health Record (E.H.R.)
- Completed unit floor replacements and wall removal, as well as safety upgrades at the unit nursing stations
- Made significant cafeteria upgrades and patient furniture replacement
- Collaborated with SafetyWorks and requested audits within our maintenance department and kitchen to ensure safe practices.

### **Collaborations:**

- Assisted Redington Fairview Hospital in Skowhegan with developing their behavior management plan.

# Riverview Psychiatric Center Accomplishments 2024, Continued

## Collaborations, Continued:

- Established Clinical Case Conference consultation with the California Psychopharmacology Resource Network (PRN) group — leading international experts in psychiatric medications, located at the California state psychiatric hospital system — the largest in the U.S. — and who literally wrote the book Violence in Psychiatry.
- Became a member of Harbor Performance Initiative (HPI) — a consortium of state psychiatric hospitals and specialty units (including university-affiliated ones) throughout the country to create and establish best practices on inpatient psychiatric hospital operations, with a major focus on patient and staff safety. Of note, HPI was developed in Maine.
- Member of National Association of State Mental Health Program (NASMHPD) — a national, non-profit organization that plays a major role in public policy issues, education on research findings and best practices, provides consultation and technical assistance, and facilitates state-to-state sharing on the above information. Dr. Matthew Davis was also appointed as a Northeast Regional Representative to their Medical Executive Committee.
- Partnering with Dr. James Kennedy, creator of KA-V Violence Assessment and the Kennedy Chain of Violence tool, to further research their use in our setting.

# Riverview Psychiatric Center Accomplishments 2024, Continued

## **Collaborations, Continued:**

- Welcomed large numbers of nursing students for nursing preceptorships.
- Working with DHHS Operational Excellence (OPEX) team to develop our own patient acuity rating tool, to help assess with admission assessment, patient placement, and unit staffing. Initially, we worked with HPI to purchase and implement their tool, but our hospital operation and patient population is sufficiently different, and we elected to create our own.

## **Programs and Initiatives:**

- Implemented a new nursing apprenticeship program approved by the Governor.
- Initiated a program to accept UNE students for internships with the hospital's pharmacy.
- Piloted a mentorship program for mental health workers.

## **Policy and Process Improvements:**

- Revised and updated the Human Rights Committee charter.
- Created a SharePoint site for the medical team to use for consults.
- Worked with Representative Sue Salisbury to successfully advocate for amendments to LD 2046 pertaining to placement of IST patients.

# Riverview Psychiatric Center

## Outcomes & Accomplishments 2024

### Outcomes/Accomplishments:

- Closed 2024 with the second most admissions and discharges in the hospital's history and the most since before the pandemic.
- Opened a neurology clinic for both RPC and DDPC patients.
- Have had a 59% increase in the first-time community placement of NCR patients over the past five (5) years compared to the previous half-decade. Collectively, these individuals had an average length of stay of 6.6 years. They were found not criminally responsible (not guilty by reason of insanity) for typically serious crimes such as homicide, sexual assault, elevated aggravated assault, or arson; in other words, these are some of the most seriously mentally ill/dangerous patients in the State. They had to demonstrate significant progress in their recoveries and clinical stability in order for a court to discharge them from RPC. One of these individuals was a patient who successfully returned from the South Carolina facility.
- Decreased our average length-of-stay for civilly committed patients, meaning patients can return to their communities far more quickly to continue their recoveries in a less restrictive setting.

# Riverview Psychiatric Center

## Outcomes & Accomplishments 2024, Continued

### Outcomes/Accomplishments, Continued:

- The accomplishments listed on the previous slide speak to the fact that we are much more successfully treating patients such that they are no longer requiring this level of care, i.e., that they are sufficiently safe and stable to return to the communities because we have treated them here and ameliorated their dangerous behaviors.
- Have an exceedingly low 30-day readmission rates (approximately 1-2% annually).
- Attained accreditation from the American Psychological Association (APA) for our predoctoral psychology internship program. It is estimated that fewer than half of internship programs nationwide have this certification, and it has led to ten-fold increase in applicants, which is crucial for training the next generation of Maine clinicians.
- Became a dedicated teaching site for the University of New England College of Osteopathic Medicine (UNECOM) third-year medical student core psychiatric clerkship. Dozens of students have rotated with us and praised their experience. Several of our medical staff earned appointments to the clinical faculty at UNECOM.

# Riverview Psychiatric Center

## Outcomes & Accomplishments 2024, Continued

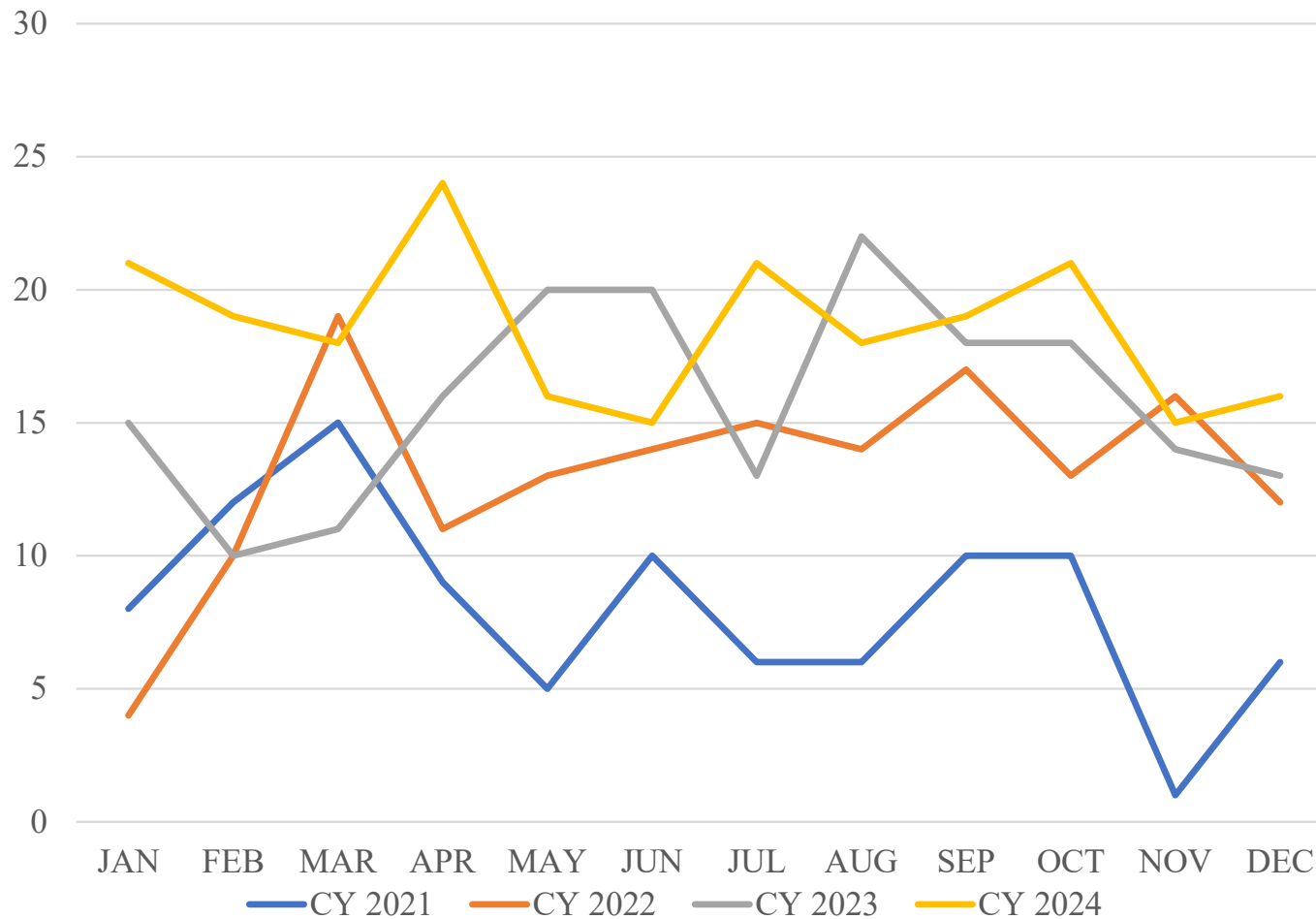
### Outcomes/Accomplishments, Continued:

- We continue to accept Pharmacy and Nurse Practitioner students and the demand for placement exceeds our capacity.
- Obtained accreditation from the Maine Medical Association (MMA) to provide Continuing Medical Education (CMEs).
- Commenced relationship with Maine Medical Center Adult Psychiatry residency program to have residents rotate through the hospital.
- We recently received the following feedback during an external peer review from the Maine Medical Association in which three (3) doctors independently evaluated the clinical work of the RPC medical staff: “This is a high-quality medical staff performing excellent work.” It stands to reason that if this is the case, the medical staff is doing well in treating our patient population, i.e., those transferred here because their mental illnesses caused them to not be safely manageable in the community.



# Riverview Psychiatric Center Admissions 2021-2024

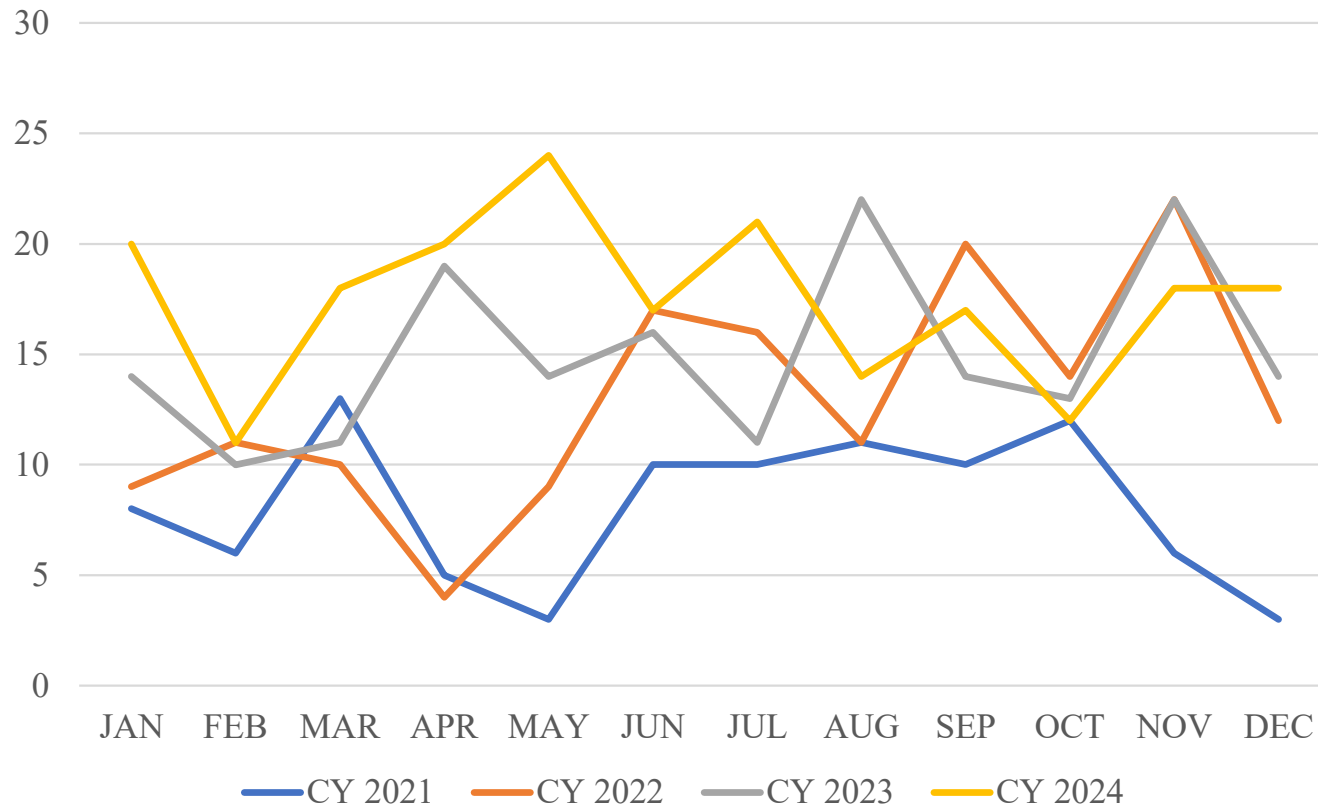
## Admissions by Calendar Year



	2021	2022	2023	2024
<b>ANNUAL</b>	<b>98</b>	<b>158</b>	<b>190</b>	<b>223</b>
<b>Jan</b>	8	4	15	21
<b>Feb</b>	12	10	10	19
<b>Mar</b>	15	19	11	18
<b>Apr</b>	9	11	16	24
<b>May</b>	5	13	20	16
<b>Jun</b>	10	14	20	15
<b>Jul</b>	6	15	13	21
<b>Aug</b>	6	14	22	18
<b>Sep</b>	10	17	18	19
<b>Oct</b>	10	13	18	21
<b>Nov</b>	1	16	14	15
<b>Dec</b>	6	12	13	16

# Riverview Psychiatric Center Discharges 2021-2024

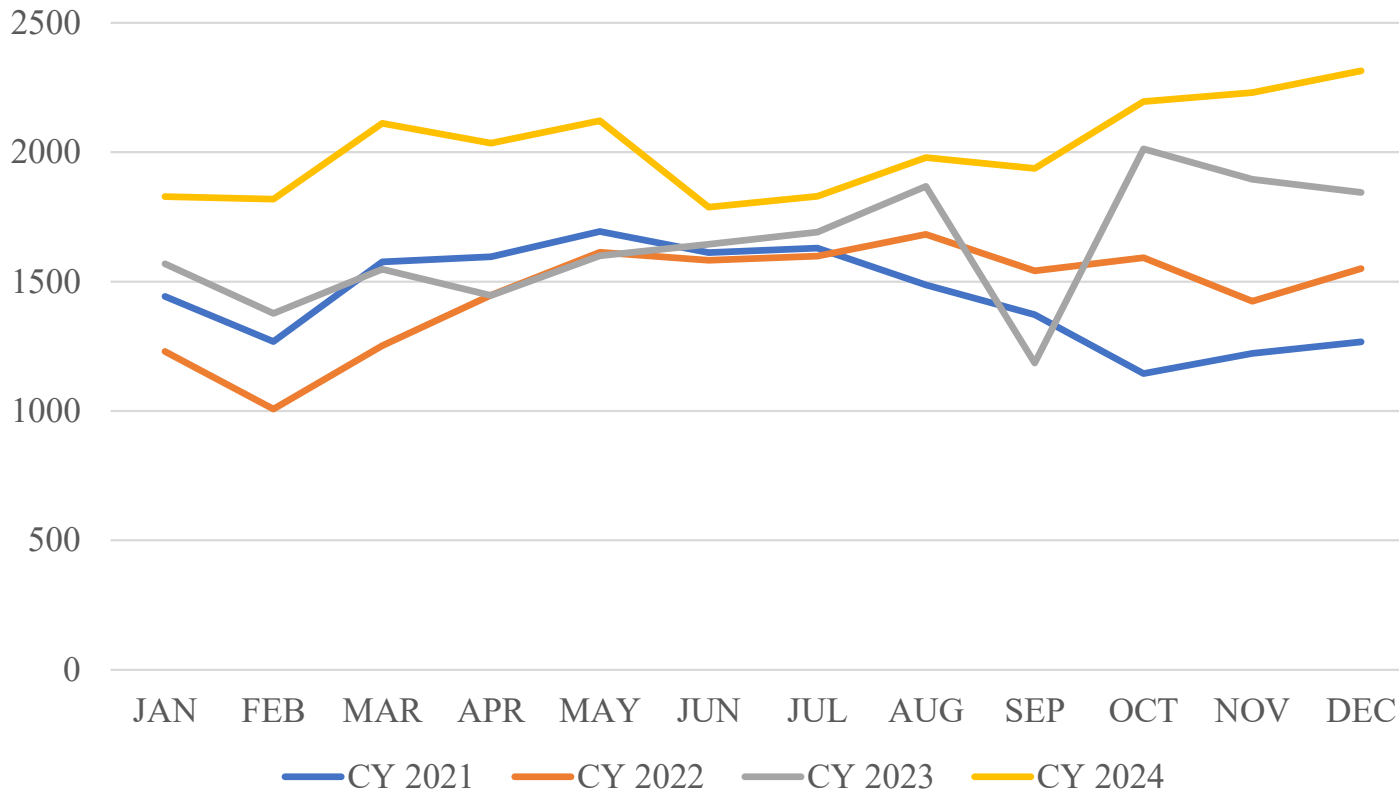
## Discharges by Calendar Year



	2021	2022	2023	2024
<b>ANNUAL</b>	<b>97</b>	<b>155</b>	<b>180</b>	<b>210</b>
<b>Jan</b>	8	9	14	20
<b>Feb</b>	6	11	10	11
<b>Mar</b>	13	10	11	18
<b>Apr</b>	5	4	19	20
<b>May</b>	3	9	14	24
<b>Jun</b>	10	17	16	17
<b>Jul</b>	10	16	11	21
<b>Aug</b>	11	11	22	14
<b>Sep</b>	10	20	14	17
<b>Oct</b>	12	14	13	12
<b>Nov</b>	6	22	22	18
<b>Dec</b>	3	12	14	18

# Riverview Psychiatric Center Inpatient Days 2021-2024

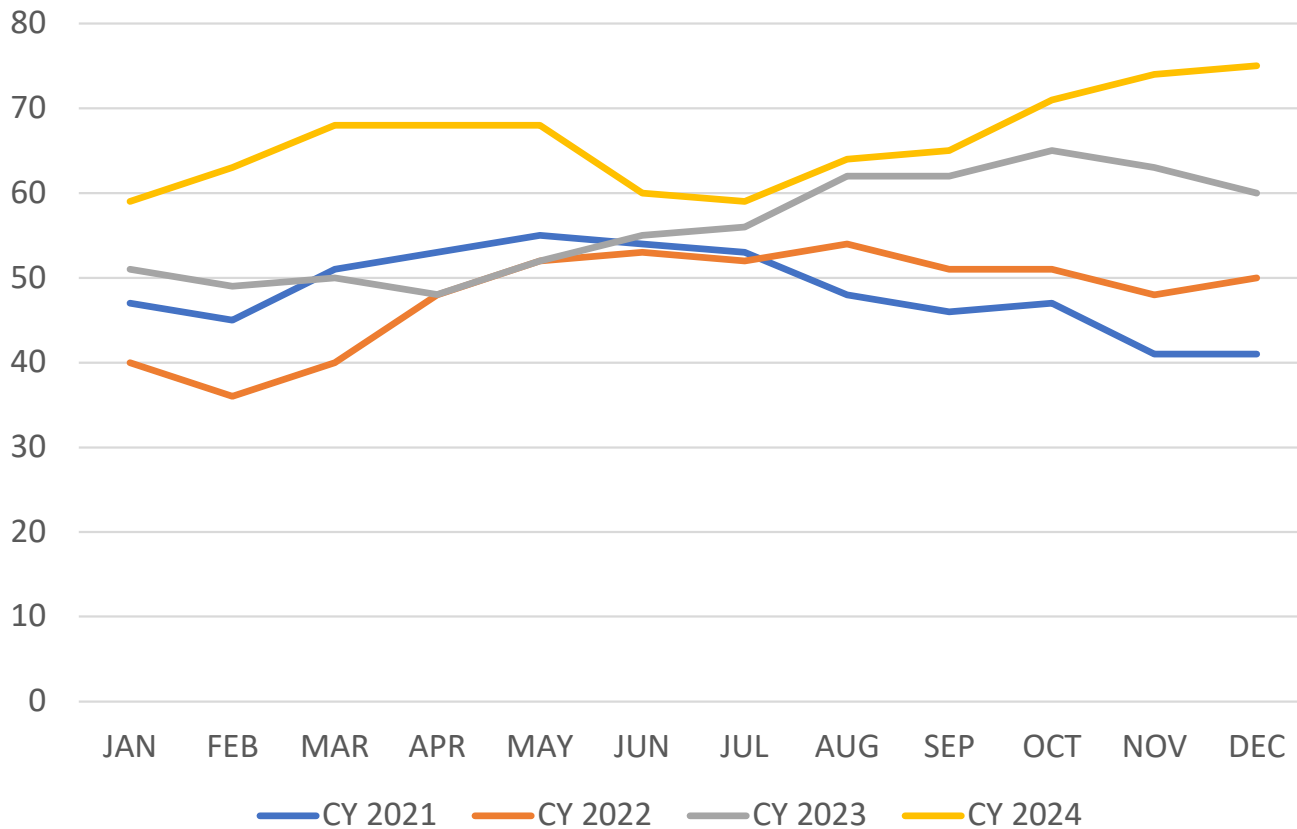
**Inpatient Days  
by Calendar Year**



<b>Total Days:</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
<b>Jan</b>	1443	1231	1569	1829
<b>Feb</b>	1269	1007	1377	1819
<b>Mar</b>	1576	1253	1548	2112
<b>Apr</b>	1596	1448	1447	2035
<b>May</b>	1694	1614	1600	2121
<b>Jun</b>	1612	1583	1644	1788
<b>Jul</b>	1630	1599	1691	1830
<b>Aug</b>	1487	1682	1868	1980
<b>Sep</b>	1373	1542	1186	1937
<b>Oct</b>	1145	1593	2013	2196
<b>Nov</b>	1223	1425	1895	2230
<b>Dec</b>	1267	1551	1845	2314

# RPC Average Daily Census 2021-2024

## Average Daily Census by Calendar Year



	2021	2022	2023	2024
<b>Jan</b>	47	40	51	59
<b>Feb</b>	45	36	49	63
<b>Mar</b>	51	40	50	68
<b>Apr</b>	53	48	48	68
<b>May</b>	55	52	52	68
<b>Jun</b>	54	53	55	60
<b>Jul</b>	53	52	56	59
<b>Aug</b>	48	54	62	64
<b>Sep</b>	46	51	62	65
<b>Oct</b>	47	51	65	71
<b>Nov</b>	41	48	63	74
<b>Dec</b>	41	50	60	75
<b>ANNUAL AVG.</b>	<b>48</b>	<b>48</b>	<b>56</b>	<b>66</b>

# Riverview Psychiatric Center

## 2024-2025 (FY 25) Goals & Objectives

### Riverview Goals

### Riverview Metrics

#### TREATMENT

- Process improvement project to increase census with a focus on increasing admissions by 10% from FY 2024 to FY 2025.
- Complete implementation and education of the new electronic health record by the end of quarter 3, FY 25
- Increase focus on retention, as well as recruitment, to decrease vacancy rate

#### SAFETY

- Zero medication errors that result in harm or death to patients
- Implement the electronic delivery of medications to mitigate risk of harm by the end of Q3, FY 25
- Decrease physical assaults resulting in a goal of 0 Sentinel Events
- Maintain a safe environment with 0 suicides
- Vaccinate 100% of eligible employees for Influenza
- Increase medication room hand hygiene from 92% to 95% or above

#### OUTPATIENT SERVICES

- Zero medication errors that result in harm or death to patients, per reports from providers
- Increase the number of patients achieving maximum level of independence through number of petitions over the number of expanded privileges
- 0 incidences of reoffending criminal charges
- Outpatient services will relocate to their new location by the end of FY 25

#### FACILITY OPERATIONS

- Maintain a cadence of ongoing hospital-wide needs to ensure environmental upkeep, maintenance, aesthetics, and technology
- Hospital ACCESS system (doors, locks, and camera system) to be fully implemented by the end of FY 2025

# Questions?

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Matthew Davis, M.D., DFAPA, Clinical Director  
[Matthew.J.Davis@maine.gov](mailto:Matthew.J.Davis@maine.gov)

