

# Maine DHHS Orientation Briefing

Maine Department of Health and Human Services

January 31, 2023



# AGENDA

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  - D. Division of Licensing and Certification**
  - E. Office of the Health Insurance Marketplace**

# 1. OVERVIEW

## A. Maine DHHS: Ten Offices / Divisions

### **Commissioner's Office (CO)**

Jeanne M. Lambrew, PhD  
Commissioner

### **Office of Child and Family Services (OCFS)**

Todd Landry, EdD  
Director

### **Office for Family Independence (OFI)**

Tony Pelotte  
Director

### **Division of Licensing and Certification (DLC)**

Bill Montejo, RN  
Director

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

Nirav Shah, MD, JD  
Director

### **Office of Behavioral Health (OBH)**

Sarah Squirrell  
Director

### **Office of MaineCare Services (OMS)**

Michelle Probert  
Director

### **Office of Aging and Disability Services (OADS)**

Paul Saucier  
Director

### **Riverview Psychiatric Center (RPC)**

Acting Superintendent  
Stephanie George-Roy

### **Dorothea Dix Psychiatric Center (DDPC)**

Superintendent  
Carolyn Dimek

### **Office of the Health Insurance Marketplace (OHIM)**

Megan Garratt-Reed  
Director

# Maine DHHS Goals and Residents Served

*Health*



*Safety*



*Resilience*



*Opportunity*



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.

## Examples of People Served by Maine DHHS:

- 408,328 in MaineCare
- 63,388 in CoverME.gov
- 167,793 in the Supplemental Nutrition Assistance Program
- 16,969 in the Women, Infants, and Children Nutrition Program



# 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**



**OPTIONS**  
**SAVE LIVES**

Department of Health and Human Services



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

**EYES OPEN**

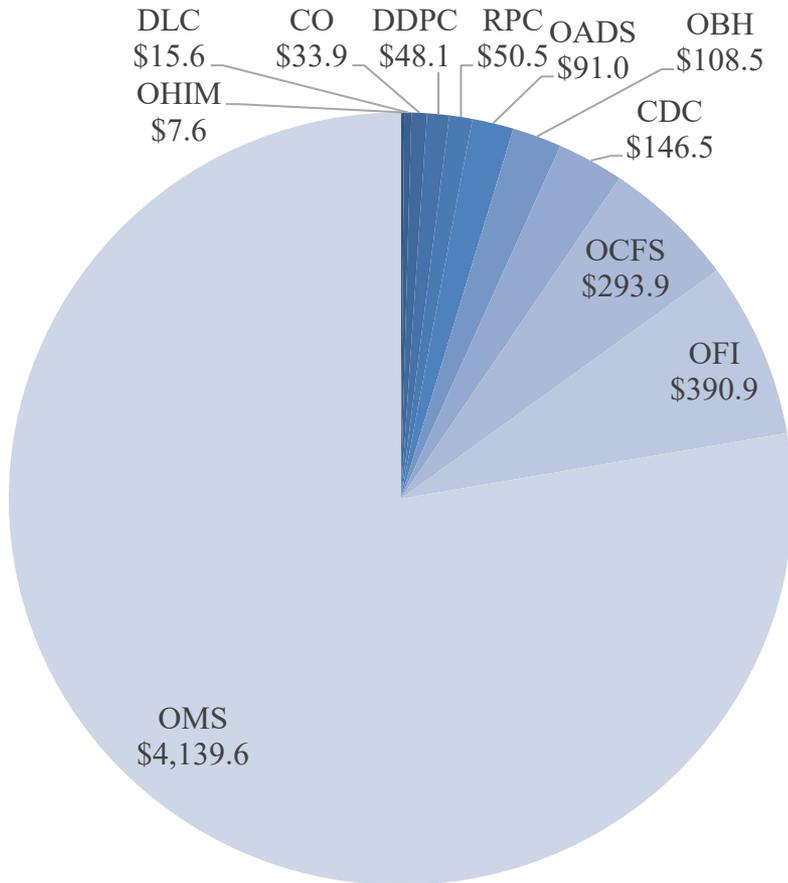


# B. Budget

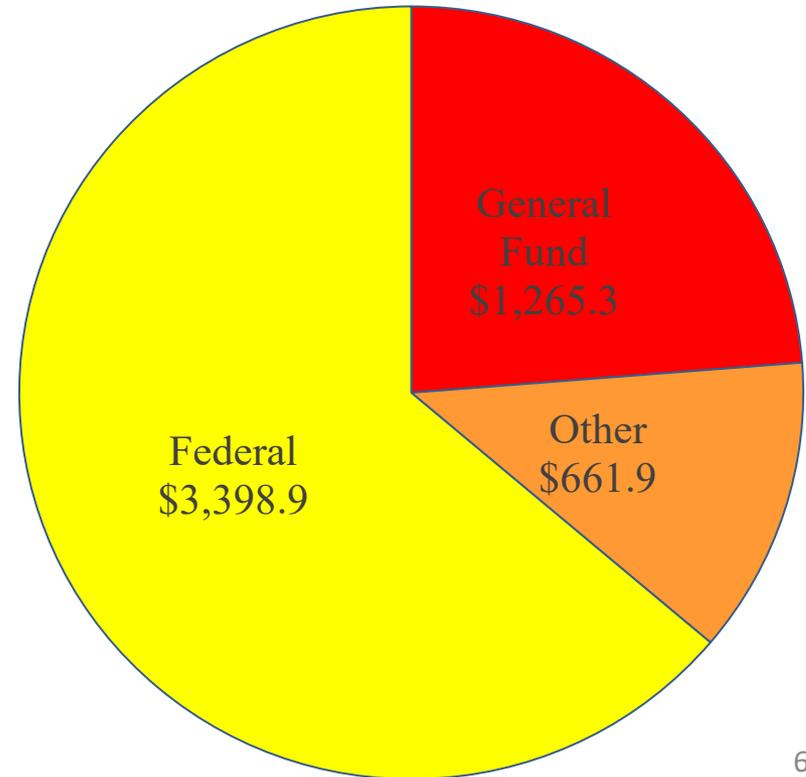
## Maine DHHS: By Office Budget

State Fiscal Year (SFY) 2022 All Funds: \$5.326 Billion

All Funds By Office (Millions)



Funds By Source (Millions)

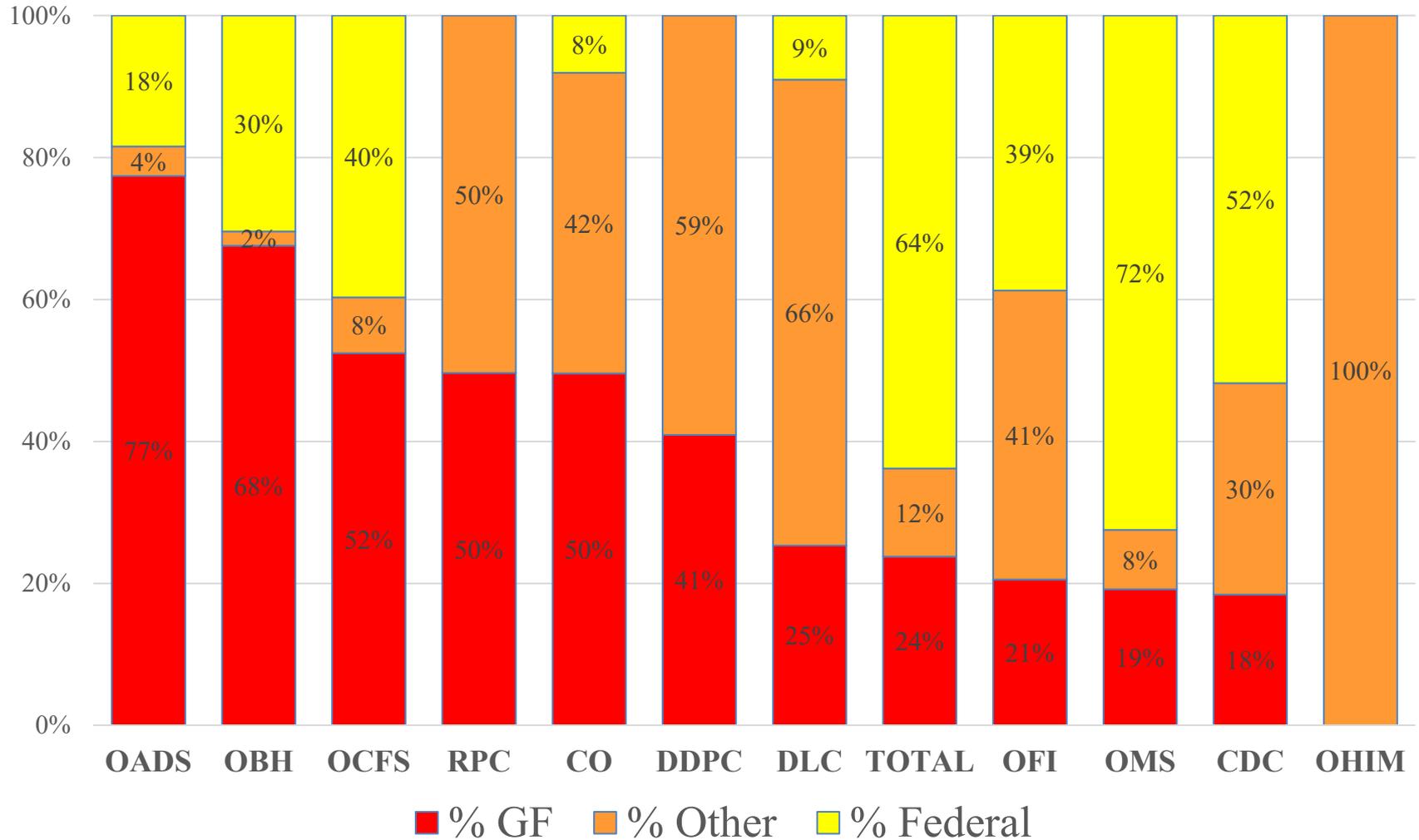


# Examples of Programs by Types of Funds

100% Federally Funded	Federal Match (% of total, State Contribution)	Fund for Healthy Maine	Other Special Revenue	100% General Fund
<p>OFI: Supplemental Nutrition Assistance Program (SNAP)*</p> <p>OFI: Disability determination</p> <p>DLC: Federal surveys</p> <p>CDC: Epidemiology and Laboratory Capacity Grant</p> <p>OBH: Mental Health &amp; Substance Abuse Block Grants</p>	<p>OMS: MaineCare (Medicaid) and the Children's Health Insurance Program (CHIP)</p> <p>OCFS: Title IV-E Foster Care / Adoption Assistance, Family First Preventive Services</p> <p>OFI's Temporary Assistance to Needy Families (TANF) Program</p>	<p>OMS: State share of MaineCare</p> <p>CDC: Funding for tobacco prevention and control, oral health, and school health programs</p>	<p>OMS: Provider/healthcare taxes for MaineCare</p> <p>OHIM: 100% funding from insurance carriers' user fees</p>	<p>OFI: General Assistance</p> <p>OBH, OCFS, OADS: State-run parallel programs to Medicaid for the uninsured</p> <p>OCFS: Child Care Stipends</p>

\* OFI also runs a separate general fund SNAP program for individuals not eligible for the federal program

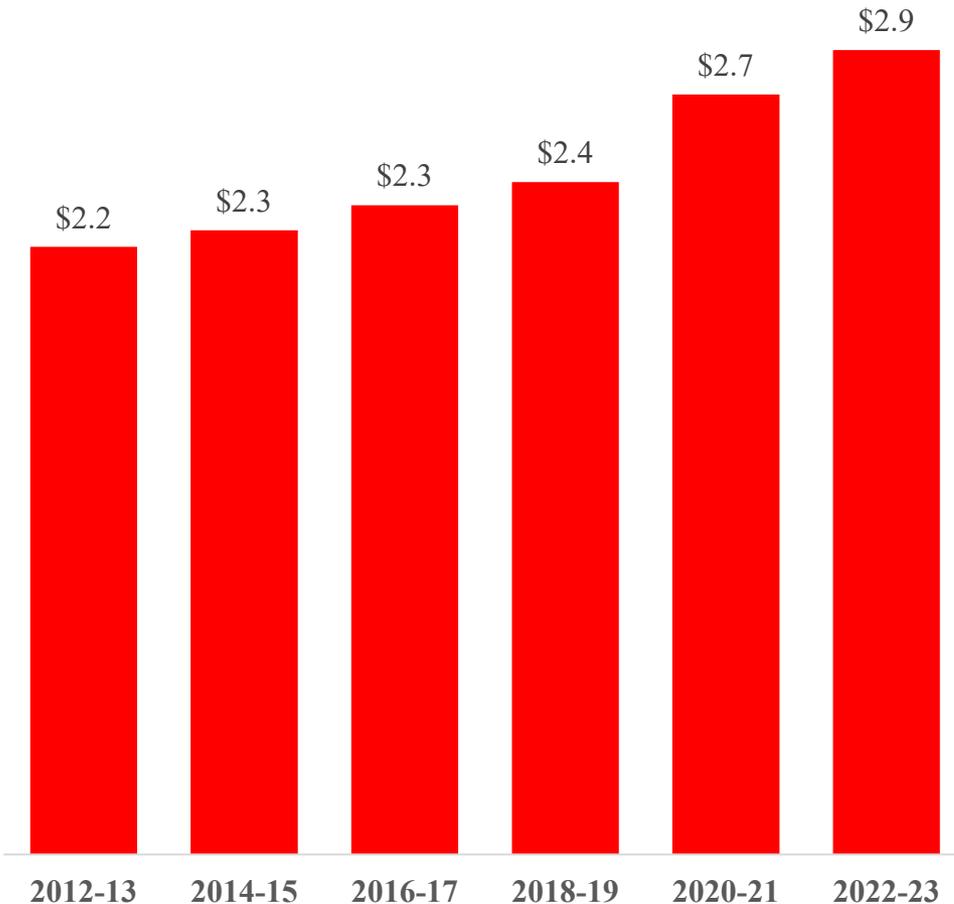
# Maine DHHS Offices By Source of Funds



# C. Trends

## General Funds for Maine DHHS

### General Fund, Biennium (2 Years) (Billions)



**General Funds did not keep pace with inflation from 2012 to 2018**

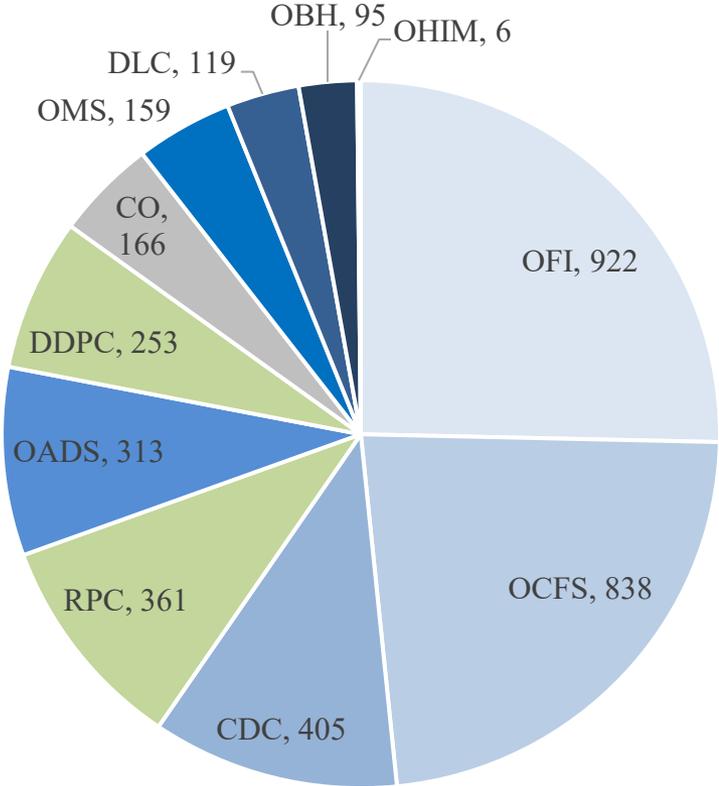
- 4% below spending needed to keep pace with inflation

**Increases in the last two biennia reflect:**

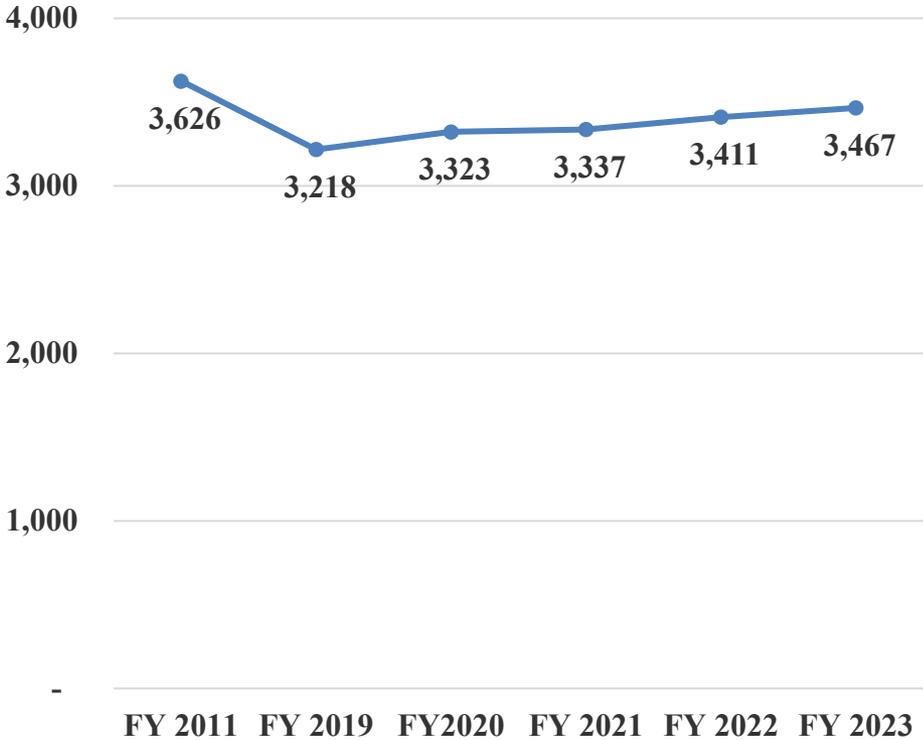
- Catching up inflation as well as need
- Investments in services, mostly in MaineCare
- Increased eligibility, partly due to the pandemic

# Positions and Headcount

### DHHS Positions: Jan 2023



### DHHS Headcount Since 2011



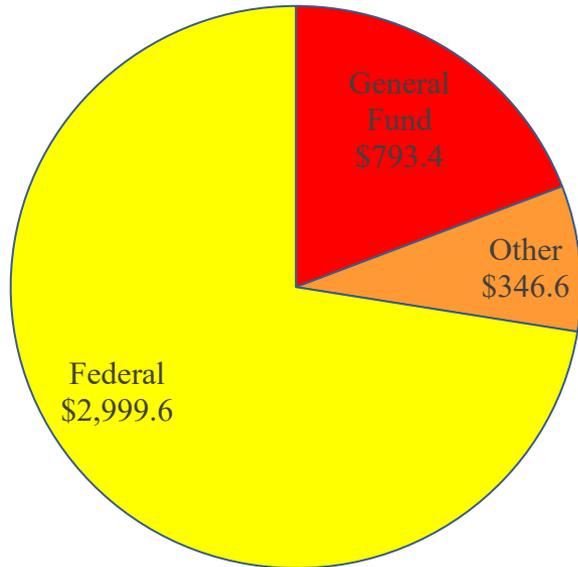
# 2. MAINECARE

## A. Basics of MaineCare

- **Who is covered:** Eligible low-income residents
- **What is covered:** Health, behavioral health, long-term services and supports
- **How services are provided:** States administer payment program to private providers for covered populations and services
  - States must follow federal rules from the Center for Medicare & Medicaid Services (CMS) and have an approved State Plan and State Plan Amendments (SPAs) to receive federal matching payments
    - Disaster SPAs or “D-SPAs” have been available during the Public Health Emergency which are expedited
  - May provide services outside of the State Plan through a Waiver:
    - Different types waive different parts of Medicaid law
    - Time limited
    - Cost no more than without waiver services (i.e., “budget neutral”)
    - Subject to additional application and oversight rules
- **How coverage is financed:**
  - Federal Medical Assistance Percentage (FMAP) is the percent paid by CMS based on a formula that takes into account the average per capita income for each State relative to the national average.
    - Changes annually on October 1
    - Maine’s regular FMAP for services is currently 63.29% and will drop to 62.65% in October
    - For all states, administrative costs are matched at 50%
      - 75% for compensation and training of State medical professionals; quality, medical reviews
      - 75 to 90% for technology improvements
  - Enhanced FMAP: Higher rates for:
    - Children’s Health Insurance Program (CHIP): 73.86%
    - Expansion population: 90%
    - COVID-19:
      - +6.2% (69.49%) through March 2023
      - +5% (68.29%) through June 2023
      - +2.5% (65.79%) through Sept. 2023
      - +1.5% (64.15%) through Dec 2023
  - Sources of state share:
    - General Fund, Medicaid Stabilization Fund
    - Provider taxes: hospitals (2.23%), nursing facilities (6%), service provider tax (6%) subject to rules
    - Fund for Healthy Maine, drug rebates

# MaineCare Budget and Accounts

**SFY22: \$4,140 (Millions)**



## Major Categories of Spending:

- **Medicaid:** \$4,007m (\$762m GF)
- **Administrative Services:** \$133m (\$31m GF)

## Historical Accounts:

- 0147 – Medical Care Services
- 0148 – Nursing Facilities
- 0202 – Drug’s for Maine’s Elderly
- Z009 – PNMI Room & Board
- Z201 – Mental Health Services Community Medicaid
- Z202 – Office of SA & Mental Health SRV – Medicaid Seed
- Z207 – Mental Health Services Child Medicaid
- Z210 – Medicaid Match – Developmental Services
- Z211 – Developmental Services Waiver – MaineCare
- Z212 – Developmental Services Supports Waiver
- Z214 – Traumatic Brain Injury Seed
- Z217 – Medicaid Waiver for Other Related Conditions
- Z218 – Medicaid Waiver for Brain Injury Res/Community Svcs

## Account Consolidation:

- Proposal in last biennial budget
- Process in this biennium

# MaineCare Within DHHS

**Office of MaineCare Services:** responsible for obtaining state and federal authority to provide coverage of and reimbursement for MaineCare-covered services coordinated/overseen through the following DHHS offices:

- **Office of Child and Family Services:** providing services to Maine's children
- **Office of Aging and Disability Services:** providing services to Maine's older adults and adults with disabilities
- **Office of Behavioral Health:** providing services to Mainers of all ages who need mental health and/or substance use disorder services.

The DHHS **Office for Family Independence** is responsible for MaineCare eligibility and enrollment, including obtaining federal and state authority for changes to eligibility requirements or categories. OFI also handles enrolling individuals in the appropriate MaineCare categories and oversees the annual recertification process for maintaining MaineCare eligibility.

## B. History of MaineCare

<b>MaineCare Trends: SFY 2013 to 2018</b>						
	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>Total Spending</b>	2,515,410,054	2,960,513,128	2,527,006,015	2,650,343,977	2,653,761,148	2,826,533,304
<b>Growth</b>		18%	-15%	5%	0%	7%
<b>Enrollment</b>	328,268	303,981	283,595	274,187	266,902	261,523
<b>Growth</b>		-7%	-7%	-3%	-3%	-2%
<b>Per Capita</b>	7,663	9,739	8,911	9,666	9,943	10,808
<b>Growth</b>		27%	-9%	8%	3%	9%

- Spending growth volatile, while enrollment consistently declined
  - 20% fewer enrollees in 2018 than 2013
- Relatively large increase in per-capita costs likely due to coverage loss of individuals with less intense needs

# 2019 to Early 2020: Pre-Pandemic

- **Eligibility:**
  - Expanded Medicaid to individuals with income up to 138 percent of federal poverty level (Up to ~100,000 people covered in Nov 2022) ([PL19, Ch. 343](#))
  - Restored eligibility for Low-Cost Drugs for the Elderly and Disabled program (1,800 people helped) and Medicare Savings Program ([PL19, Ch. 343](#))
  - Added slots for Section 29 (10 percent more people served in 2022 compared to 2018) ([PL19, Ch. 616](#), [PL21, Ch. 398](#))
- **Benefits:** Added coverage of:
  - Abortion ([PL19, Ch. 274](#)), gender-affirming care services (by rule)
  - Full range of substance use disorder treatment ([PL19, Ch. 343](#), CCCCC)
  - Evidence-based children’s behavioral health services ([PL19, Ch. 616](#))
- **Payment Rates:** Targeted increases for:
  - Nursing facilities ([PL19, Ch. 343](#), [PL21, Ch. 398](#))
  - Home- and community-based services ([PL19, Ch. 616](#); [PL21, Ch.29](#))
  - Behavioral health ([PL19, Ch. 616](#))

# Pandemic Impact and Actions

## Waivers and Temporary

### Options:

- Staff requirements for nursing facilities, PNMIs
- Coverage of COVID-19 related services for uninsured

### Temporary Rate Increases:

- Long Term Care Facilities
- Residential Treatment Facilities (e.g., children's, SUD)
- Home and Community Based Services waivers
- COVID Outbreak rates for all residential facilities

## One-Time Special Payments:

### • Supplemental payments:

- Hospitals: \$10M AF in FY20; \$23M in FY22 ([PL21, Ch. 398](#)); \$25M in FY23 ([PL21, Ch. 635](#))
- Long Term Care Facilities: \$25M CRF to LTC and hospitals ([PL21, Ch.398](#)); [\\$123M](#) in FY22 ([PL21, Ch. 398](#)); \$25M in FY23 ([PL21, Ch. 635](#))
- Behavioral Health: \$14M BH supplemental payments ([PL21, Ch.1](#)) \$9.6M “Ramp” payments (includes some LTSS); \$12M one-time payments and \$15.4M for rate reform ([PL21, Ch. 635](#))
- Pediatric primary and oral health care: Per member per month add on fall 2021

# Major Changes: 2021 and 2022

- **Rate System Reform** ([PL21, Ch. 639](#)):
  - Standardizes percent of current year Medicare for swath of benchmarked services
  - Brings all services up to “baseline,” where rates are adequate, efficient, and data-driven
  - Schedules rate studies and periodic updates for other services, including cost-of-living adjustments (COLAs)
  - Formalizes clear and transparent process for rate determination
- **Direct Care Workers’ 125% of Minimum Wage** ([PL21, Ch. 398 Part AAAA](#)):
  - Requires labor components of rates for direct care workers to equal at least 125% of minimum wage which increases annually on 1-1
- **Eligibility and Benefits:**
  - Adult dental – including update to all dental rates ([PL 21, Ch. 398 Part CCC](#))
  - Postpartum coverage ([PL21, Ch. 519](#))
  - Expansion to immigrant pregnant women, children ([PL 21, Ch. 398 Part DDD](#))
  - Expansion of CHIP (starts in 2023) ([PL21, Ch. 635 Part CCC](#))

# Spending Trends: 2019 to 2022

MaineCare Trends: SFY 2018 to 2022					
	2018	2019	2020	2021	2022
<b>Total Spending</b>	2,826,533,304	2,987,878,629	3,258,967,712	3,487,180,833	3,919,278,924
<b>Growth</b>		6%	9%	7%	12%
<b>Enrollment</b>	261,523	287,106	323,995	369,082	396,409
<b>Growth</b>		10%	13%	14%	7%
<b>Per Capita</b>	10,808	10,407	10,059	9,448	9,887
<b>Growth</b>		-4%	-3%	-6%	5%

- **Major investments made in this period:** In the current biennium alone, over \$700M (\$200M+ GF) was appropriated for MaineCare providers
- **Spending growth slower than enrollment growth:**
  - Pandemic lowered utilization in 2020 and part of 2021
  - Workforce shortage in 2021 and 2022 meant lower occupancy in long-term care facilities, less use of waiver services
  - Enrollment 52% higher than 2018 due to expansion and continuous coverage requirement under the public health emergency
- **Per-capita costs fell also due to Medicaid expansion whose members have lower health needs, lower utilization during the pandemic**

# C. Current Status of MaineCare: Higher than Expected Costs in FY 2023

- **Costs Included in the SFY23 Emergency Supplemental:**

- \$17 million General Fund (\$50 million All Funds) proposed for hospital, nursing facility one-time supplemental payments
- Builds on State-initiated one-time payments, including:

<u>Hospitals</u>	<u>Nursing Facilities</u>
\$25M October 2022	\$25M August 2022
\$23M September 2021	\$123m September 2021
\$12.5M August 2021	\$12.5M August 2021

- Additionally, the Provider Relief Fund from the Federal government has provided roughly \$530 million to Maine hospitals with \$50 million to Maine nursing homes
- This does not include MaineCare temporary or permanent rate increases since 2019

- **Costs Not Proposed for the Emergency Supplemental**

- ~\$20 million in General Fund needed in SFY23:
  - Cost-of-living adjustments
  - Part AAAA: minimum wage increased by 8.2% on January 1, 2023
  - Behavioral Health community rate reforms
  - Non-emergency transportation rate increase

# MaineCare Stabilization Fund

Fiscal year	Beginning balance	Transfer amount	Source	Citation
2019	\$0	\$14.5M GF; \$14.5M FHM	FY20-21 Biennial	PL 2019 c.343 Part BBBB
2020	\$29M	-	-	-
2021	\$29M	\$40M	FY22-23 Biennial	PL 2021 c.398 Part WW
2022	\$69M	(\$14.5M FHM); (\$12M)	FY20-21 Biennial; LD 372	PL 2019 c.343 Part BBBB; PL 2021 c.746
2023	\$42.5M	-	-	-

- In 2019, the Legislature added \$29 million to the Fund primarily to pay for unexpected costs of expansion, disallowances. ([PL19, Ch. 343](#), Part BBBB).
- In 2021, MaineCare rate reform ([PL21, Ch. 639](#)) enabled the Department to use it for rate adjustments when funding may be needed in addition to appropriations; the budget also added \$40 million.
- In 2022, the Legislature required Maine DHHS to give eligible hospitals \$12 million from the Fund to repay Medicare loans. ([PL21, Ch. 746](#)) repayment at the end of SFY2024.

# Uncertainty

- **Enrollment after the Public Health Emergency:** MaineCare enrollment will fall as individuals subject to the continuous coverage requirement are recertified.
- **Spending adjustment for recently enacted initiatives:** For example, funds needed for FQHC rebasing; CHIP coverage expansion.
- **Implementation of updated rates continues:** Major components are slated to be implemented such as behavioral health, hospital, and nursing facilities.
- **Potential provider tax disallowance:** CMS has deferred \$28.5 million because of its claim that the health components of the Service Provider Tax are illegal.
- **Costs in the health system’s “new normal”:**
  - Inflation: How quickly will it subside; how much of the pandemic costs were one time and will go away or are built into the base?
  - Workforce: Will shortages and high-cost contract staff costs persist?
  - Mode of care: Will telehealth, home- and community-based care, and other productivity improvements expand?
- **Over 80% of MaineCare FY24-25 biennial budget request is for current law rates, services, and eligibility.**



# B. History of General Assistance

- **2011 to 2018:**
  - 2015 biennial budget, [PL 2015, Ch. 267](#), changed state share from 90 percent for most municipalities to 70 percent for all municipalities and “Indian tribes”
  - Conducted oversight to limit Portland’s use of GA
  - Failed to implement the intent of [PL 2015, Ch. 324](#), which extended GA to those lawfully present or pursuing a process for immigration relief
- **2019-2020:**
  - Clarified previous Administration’s policy on certain non-citizens effective Aug. 5, 2019.
  - Informally supported Portland Expo asylum seeker services summer 2019.
  - Implemented [PL 2019, Ch. 515](#) that broadened the GA definition of “emergency” to include homelessness.

# Pandemic

## **State of Maine Emergency Policies:**

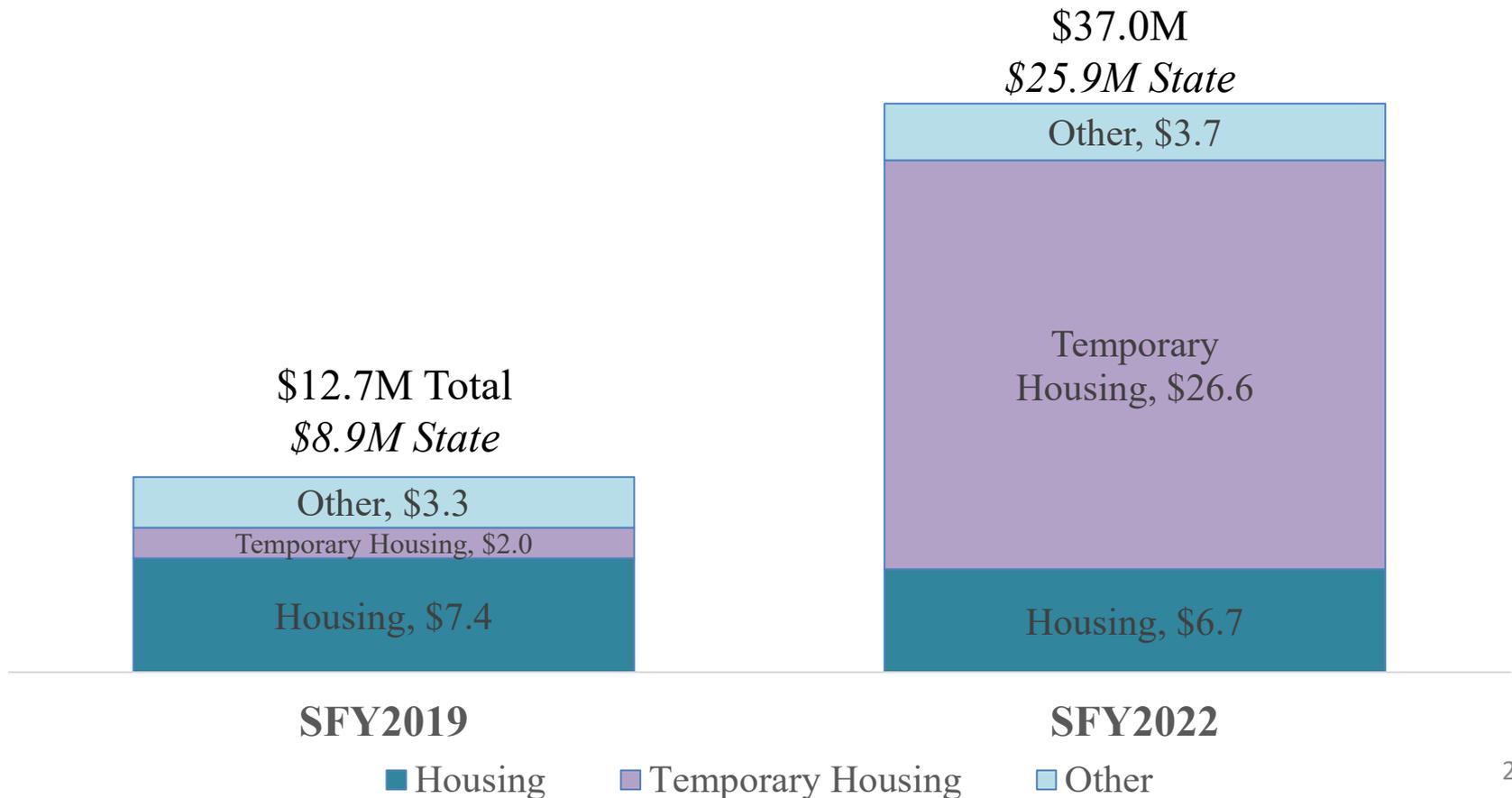
- EO 29 & 29A (19-20) suspended or modified GA policies from March 31, 2020 – June 30, 2021 as follows:
  - Increased benefit period to from 30 to 60 days;
  - All applications for GA benefits considered emergency application for purposes of eligibility;
  - Eliminated work search requirements;
  - Reimbursed Tribes at 100%; and
  - Exempted federal stimulus checks from income calculations
- EO 40 (19/20) prohibited unlawful evictions through July 30, 2021  
Waived congregate housing rules to support isolation and quarantine through present (narrowed to isolation in August 2022)

## **Federal Emergency Policies:**

- Eviction moratorium through August 2021
- Emergency Rental Assistance (ERA) through end of 2022
- FEMA 100 percent reimbursement for COVID-19 related costs through July 1, 2022; 90 percent after July 1 to present

# C. Recent GA Spending and Uncertainty

- Total GA costs (irrespective of funding sources) have dramatically increased; annual GA General Fund appropriation is \$10.4 million.
- Significant shift to temporary housing: 16% in SFY19 to 72% of total in SFY22.



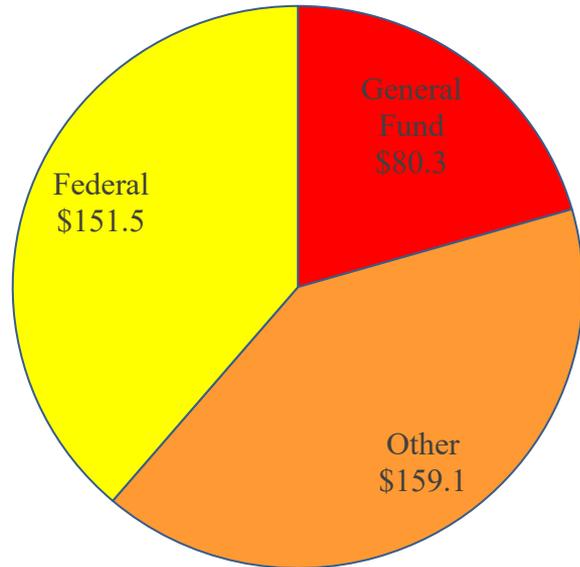
# Uncertainty and Approach

- **Challenge in Proposing Permanent Reforms Now:** FY 2023, FY 2024 and future year projections are highly volatile due to:
  - Uncertain GA volume (e.g., will there be an increase / decrease in asylum seekers, homelessness, COVID-19 isolation).
  - Unknown amount of total costs that FEMA will fully / largely reimburse:
    - FEMA reimbursement is limited to COVID-19-related services; since August 2022, hotel use has been limited to individuals in isolation (no longer quarantine or risk of exposure).
  - Municipality claims that have yet to be submitted: GA pays retroactively and often months later than costs were incurred.
  - Implications of the end of Emergency Rental Assistance, opening of new shelters, new housing stock.
- **Approach:**
  - Bridge funding in SFY23 and 2024 proposed budgets.
  - Engagement on permanent reforms.

# D. Other OFI Programs

## Overall Budget

SFY22: \$390.9 (Millions)



### Major Categories of Spending:

- **TANF / HOPE:** \$145m (\$29.3m GF)
- **Child Support:** \$132.9m (\$4.6m GF)
- **GA:** \$12.8m (\$10.4m GF)
- **Eligibility / Anti-Fraud:** \$46.8m (\$16.8m GF)
- **Disability Determinations:** \$10.2m All Federal Funding
- **SNAP Admin:** \$12.6m (\$3m GF)

### **SNAP Changes:**

- Federal pandemic relief ending

### **ASPIRE, HOPE, and SNAP Education and Training:**

- Continue implementation of whole family approach

### **Eligibility Determinations:**

- Largest workforce in DHHS
- Improved on-line portal and added Wilton Call Center to improve customer service and manage increased enrollment
- Preparing for redetermining eligibility for all MaineCare enrollees when continuous coverage during the COVID-19 public health emergency ends

# 4. CHILD WELFARE AND OCFS

## A. Recent Child Welfare Actions

### 2019:

- \$12.8 million (\$10.2 million GF) over the FY20-21 biennium, largely for 62 child welfare positions including 49 caseworkers

### 2020:

- Nearly \$2 million to support additional 20 child welfare positions, including 16 caseworkers
- Pandemic:
  - Suspended in-person engagement from March to June 2020
  - Received fewer mandated reports in light of closed schools, child care, and remote learning
  - Into 2021, continued to struggle with engagement and courts in light of COVID-19

### 2021:

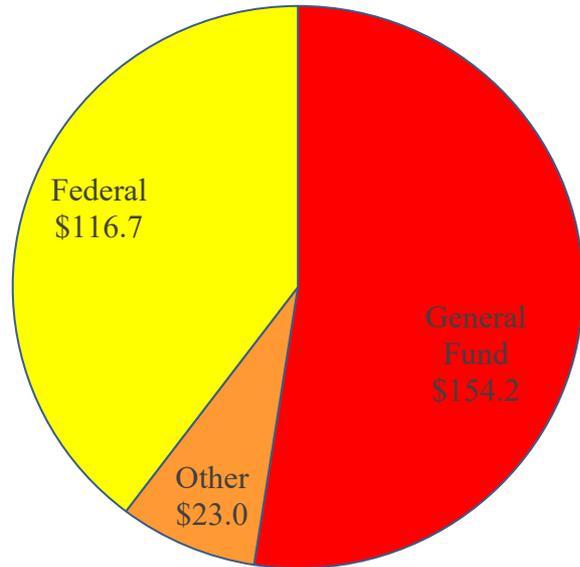
- Child fatalities and immediate response: review, SUD redirect
- Over \$13 million in funding and nearly a dozen bills to improve the system
- Launched Family First Preventive Services Act on October 1, 2021

### 2022:

- Implemented new information system (Katahdin - replaced MACWIS) on time, on budget
- Over \$31 million in budget initiatives for services, supports, and staff reflecting recommendations of Ombudsman, MACWAN, Collaborative Safety; 42 child welfare positions, including specific positions for nights and weekends
- Started HHS Committee Quarterly Reports

# B. Other OCFS Programs

SFY22: \$293.9 (Millions)



## Major Categories of Spending:

- **Child Protective Services:** \$109m (\$67.2m GF)
- **Child Care:** \$45.1m (\$.29m GF)
- **Children’s Behavioral Health:** \$19.4m (\$17.1m GF)

## Child Care:

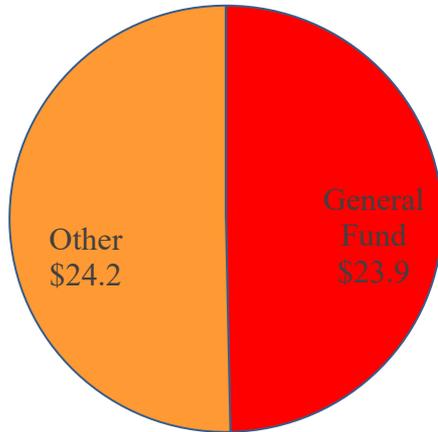
- Significant federal funds, including Maine Jobs & Recovery Plan helped with recovery and expansion
  - Recent analysis say gap between capacity and demand is 34% lower than in 2019
- Implementing General Fund child care worker salary supplements

## Children’s Behavioral Health:

- Developed plan in 2019
- Hard hit by the pandemic
- Implemented MaineCare crisis funding in change package in SFY23 supplemental
- Proposed major OCFS and MaineCare investment in biennial budget

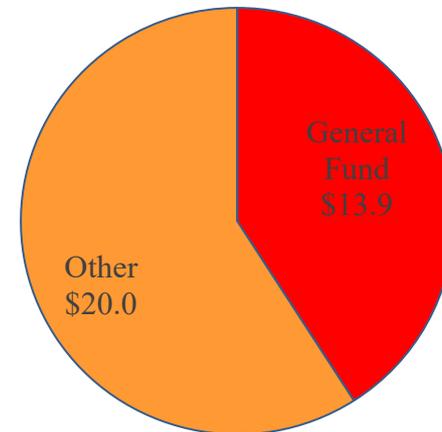
# 5. HOSPITALS

## Riverview Psychiatric Center SFY22: \$48.1 (Millions)



Four Units with 91 Beds  
Dental Clinic  
Outpatient Services

## Dorothea Dix Psychiatric Center SFY22: \$33.9 (Millions)



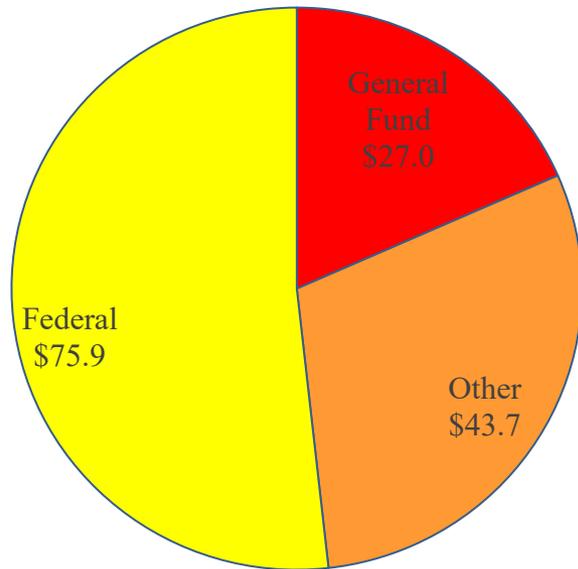
Three 17-Bed Units  
One 16-Bed Gero-Psych Unit  
Outpatient Services

- **Staff:** Challenged like other hospitals with nurses, contract staff; aiming to expand outpatient mental health at DDPC
- **Physical plant:** Typical requests for upgrades (e.g., security system; bathroom renovations)

# 6. OTHER OFFICES

## A. Maine CDC

SFY22: \$146.5 (Millions)



### Major Categories of Spending:

- **Most contracts of all offices**
- **Examples of programs:** Environmental & Community Health, Disease Prevention & Surveillance, Medical Epidemiology, Public Health Systems, Public Health Nurses, Population Health Equity

### **Federal Funding:**

- Increased dollars and number of grants in recent years
- Currently relying on significant federal support for workforce, reducing health disparities

### **Special Funds:**

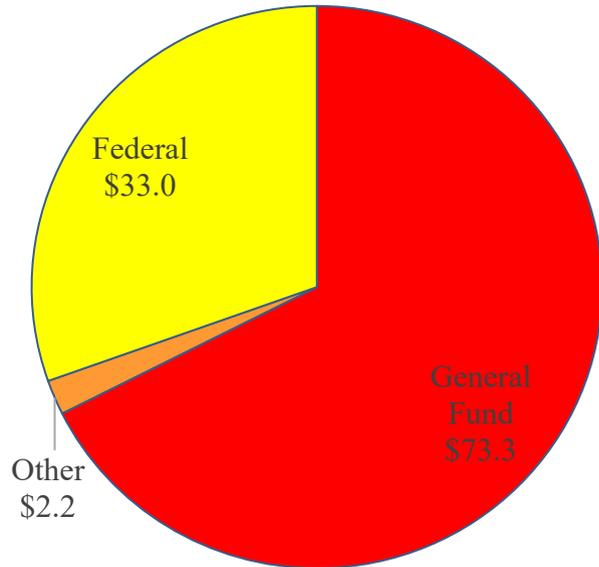
- Fund for Healthy Maine continues to support key initiatives

### **General Fund:**

- Continued need to support staff such as Public Health Nurses Strengthening Health and Environmental Texting Laboratory (HETL)

# B. Office of Behavioral Health

SFY22: \$108.5 (Millions)



## Major Categories of Spending:

- **Mental Health:** \$53m (\$39m GF)
- **Substance Use Services and Opioid Response:** \$41m (\$19m GF)

## Monitoring Federal grant landscape

- Significant funds through pandemic
- May continue in light of Congressional interest in mental health and the opioid epidemic

## Settlement Funds:

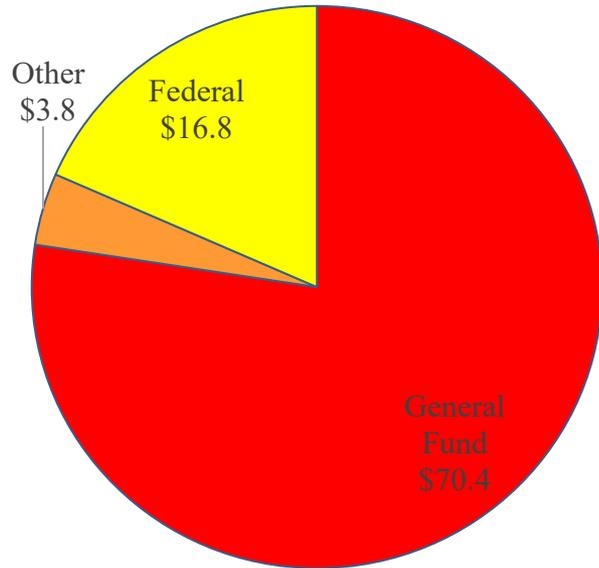
- Available this year; working to ensure funding complements current activities

## LD 1262: Strategic Plan:

- Catalogs and plans improvement to continuum of services

# C. Office of Aging and Disability Services

SFY22: \$91.0 (Millions)



## Major Categories of Spending:

- **Aging & Physical Disability:** \$22m (\$5m GF)
- **Intellectual and Developmental Disability (IDD) and Brain Injury:** \$30m (\$27m GF)
- **Adult Protective Services:** \$8m all GF

## Recovery from pandemic continues:

- Advancing Direct Care Workers, other workforce

## American Rescue Plan funding (Sec. 9817) has helped with recovery and catalyzed changes:

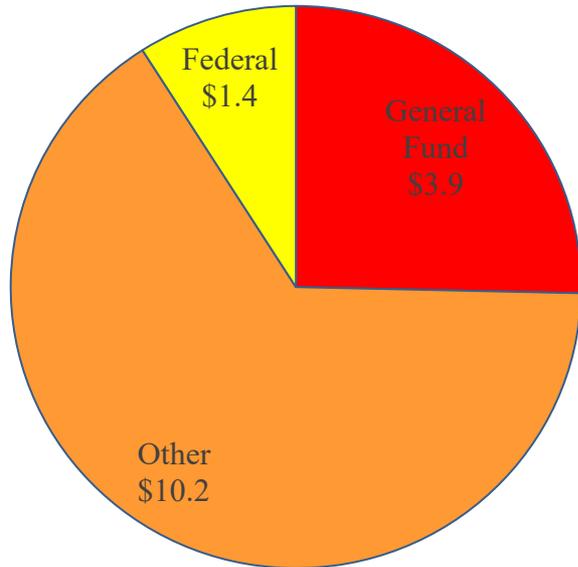
- Roughly \$240 million through 2025

## Major changes on the horizon:

- Lifespan waiver
- Implementation of Elder Justice Roadmap
- Support for the Cabinet on Aging
- Nursing facility payment reform

# D. Division of Licensing and Certification

SFY22: \$15.6 (Millions)



## Major Categories of Spending:

- **Licensing/Certification, CON, hospital assessments, civil monetary penalties: \$15.6m (\$3.9m GF)**

## **Pandemic:**

- Regular process replaced by COVID-19 waivers, certifications, and infection control work

## **Recovery:**

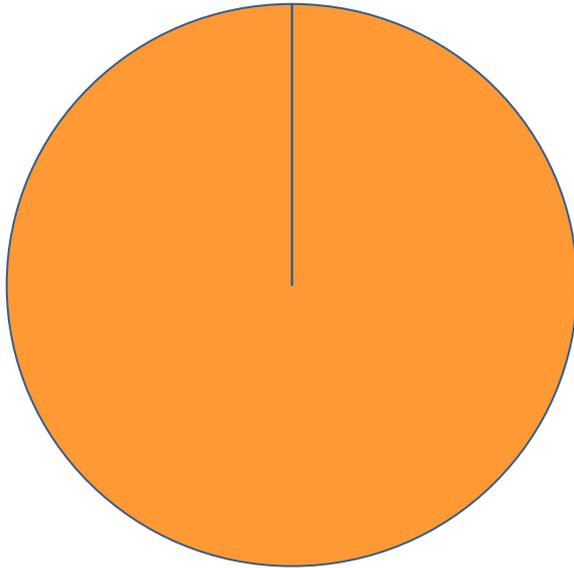
- Increased workload with fewer staff, particularly nurses

## **Workforce**

- Since 2019, 126% increase in applications for its Certified Nursing Assistance Registry
- Improving training certifications for Personal Support Specialists and Certified Residential Medication Aide (CRMA) staff

# E. Office of the Health Insurance Marketplace

**SFY22: \$7.6 (Millions)**



## Major Categories of Spending:

- **Website, call center, outreach**
  - Mostly administered through contracts

## **Funded by user fees:**

- Health insurance carriers that participate in the State-Based Marketplace, CoverME.gov, pay 3% of revenue to support its operations

**Continuing to improve performance within existing funding**

**Planning for increased activity with MaineCare redeterminations starting in April**

**Continuing to hire with user fee funding**

# APPENDIX

# Non-GF Major Financing Sources for MaineCare

- **Fund for Healthy Maine:** \$31 million; overall funding for account declining
- **Hospital Tax:** \$127 million; rebasing will lower revenue due to pandemic-related costs but will likely rebound
- **Nursing Facility and ICF Tax:** \$41 million; lower occupancy leading to lower overall incoming revenue
- **Service Provider Tax:** \$53 million: given CMS concerns, the questions are “how much” and “when” rather than “whether” CMS will take action
- **Drug Rebate:** Current \$69 million allotment; has generated surplus over time

# 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

# American Rescue Plan Funding for Home- and Community- Based Services

- **Section 9817 of the American Rescue Plan:**
  - Provides time-limited enhanced match for home- and community-based services (HCBS), including behavioral health
- **Requires use of funds solely for HCBS:**
  - Must have a plan approved by CMS
  - Cannot be rescinded for other budget uses
- **Maine Plan:**
  - Estimated new funding of \$240 million through March 31, 2025
  - About half (\$121 million) was already distributed for one-time recruiting / retention bonuses in 2021
  - Some for other activities such as:
    - Innovation grants for new ways of delivering care
    - Remediation grants to HCBS providers that are subject to and have been working to comply with the HCBS settings rule

# Other MaineCare Waiver Programs

## **1915(b) Waiver:**

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

## **1115 Waivers:**

- **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 (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) (approved July 2022)
- Pilot to extend MaineCare coverage for parents during the CPS assessment process (approved July 2022)