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STATE OF MAINE  
ONE HUNDRED AND THIRTY-SECOND LEGISLATURE  
COMMITTEE ON HEALTH AND HUMAN SERVICES

TO: Senator Margaret Rotundo, Senate Chair  
Representative Drew Gattine, House Chair  
Joint Standing Committee on Appropriations and Financial Affairs

FROM: Senator Henry Ingwersen, Senate Chair  
Representative Michele Meyer, House Chair  
Joint Standing Committee on Health and Human Services

DATE: March 12, 2025

SUBJECT: LD 210, An Act Making Unified Appropriations and Allocations from the General Fund and Other Funds for the Expenditures of State Government and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2025, June 30, 2026 and June 30, 2027

The Health and Human Services Committee is pleased to provide its recommendations on the Governor’s proposed biennial budget, LD 210. Pursuant to Joint Rule 304, the Joint Standing Committee on Health and Human Services met to review the Governor’s proposed budget initiatives and language pertaining to the agencies under our jurisdiction.

All members were present for the votes or registered their votes in a timely fashion.

Committee votes on the initiatives proposed in the budget are included in the attached Green Sheet and votes on the language sections are included in the attached Purple Sheet. Summaries of votes are included below, organized following the order of initiatives in the Green Sheet. The committee voted unanimously to submit an additional initiative for consideration, which is also described below. Finally, the committee’s Democratic and Republican members have included separate recommendations regarding certain topics.

**Adult behavioral health and substance use (lines 38-68 on Green Sheet)**

Committee members voted unanimously in favor of all initiatives in this section.

**Children’s services (lines 98-129 on Green Sheet)**

Committee members voted unanimously in favor of all initiatives on lines 98-113, lines 118-123 and lines 125-129.

Democratic members of the committee voted in favor of the initiatives on lines 114-117, which relate to establishing positions within the Office of Child and Family Services. Republican members opposed these initiatives.

Democratic members of the committee voted in favor of the initiative on lines 124, which relates to establishing a position within the Office of Behavioral Health. Republican members opposed this initiative.

**Child Care and Head Start (Lines 130-132 on Green Sheet)**

The committee voted 10-3 in opposition to the Governor's proposed reductions in funding for the child care worker monthly wage supplement, Head Start services, and the child care employment award under the Child Care Affordability Program. Members voting in support of these initiatives were Representatives Lemelin, Javner and Griffin.

Members voting in opposition to these initiatives recognize that the cost of these programs is substantial. As an alternative to the proposed reductions, these members suggest that AFA consider reviewing the eligibility criteria for the Child Care Affordability Program. Public Law 2023, chapter 412 (the 2024-2025 biennial budget) increased program eligibility from 85% to 125% of the state median income beginning January 2024. Given the current fiscal environment, members suggest that the AFA members reevaluate the upper limit of income eligibility for the program to prioritize funding for families with the greatest needs.

**Developmental Services (lines 147-172 on Green Sheet)**

Democratic members of the committee voted in favor of the initiatives on lines 147-151, which relate to establishing positions within the Office of Aging and Disability Services (OADS) and lines 154-155, which relates to continuing a contracted position within OADS. Republican members opposed these initiatives.

Committee members voted unanimously in favor of all initiatives on lines 152-153 and 156-172.

**DHHS Management (lines 191-232 on Green Sheet)**

Committee members voted unanimously in favor of all initiatives on lines 191-221 and on lines 228-232.

Committee members voted 7-6 in favor of the initiatives on lines 222-227, which relate to establishing positions within the Division of Licensing and Certification and the Office of Aging and Disability Services. All Democratic members with the exception of Senator Nangle voted in favor of the initiatives. All Republican members, and Senator Nangle, voted in opposition to the initiatives.

**Elder Services (lines 249-251 on Green Sheet)**

Committee members voted unanimously in favor of all initiatives in this section.

**Fund for a Healthy Maine (lines 252-265 on Green Sheet)**

Committee members voted unanimously against the proposed initiative on lines 252-265. This initiative proposes to reduce Fund for a Healthy Maine allocations and increase General Fund appropriations, in order to continue to support public health services currently funded by the Fund for a Healthy Maine in light of the decline in Fund for a Healthy Maine revenue due to reductions in tobacco settlement funds. Committee members propose, as an alternative, that additional revenue be provided to the Fund for a Healthy Maine from the General Fund so that the Fund has sufficient funding to deliver the current programs. They suggest that the AFA committee consider directing a portion of General Fund revenue from cigarette tax and tobacco products taxes to the Fund for a Healthy Maine.

**Maine Developmental Disability Council (line 276 on Green Sheet)**

Committee members voted unanimously in favor of the one initiative in this section.

**Nursing Facilities (lines 280-283 on Green Sheet)**

Committee members voted unanimously in favor of the initiatives in this section.

**MaineCare Administration (lines 294-303 on Green Sheet)**

Committee members voted unanimously in favor of the initiatives in this section.

**FMAP (lines 322-343 on Green Sheet)**

Committee members voted unanimously in favor of the initiatives in this section.

**Hospitals (lines 344-350 on Green Sheet and Part WW)**

Committee members voted unanimously in favor of the initiative on lines 344-345.

Democratic committee members voted in favor of the initiative on lines 346-347, and language Part WW, which provides for a new annual assessment on inpatient hospital beds to support the health information exchange (HealthInfoNet). Republican members opposed the initiative.

Committee members voted unanimously to amend the initiative on line 348-350. The Governor's proposal would have reduced MaineCare reimbursement for hospital professional costs at hospital based practices from 170% of Medicare reimbursement rates to 160% in the next biennium, and then to 109% over a 5 year period. The committee voted unanimously to approve the reduction of MaineCare reimbursement of hospital professional costs at hospital-based practices to 160% of Medicare reimbursement rates on the time schedule set by the department but with no future reduction in rates. Please see *attachment A* for the committee's proposed amended initiative language.

**Account Consolidation (lines 351-358 on Green Sheet)**

Committee members voted unanimously against inclusion of the initiative on lines 351-358, at the request of the Department.

**MaineCare Shortfall (lines 359-366 on Green Sheet)**

Democratic members of the committee voted in favor of the initiative on lines 359-366, which provides funding to increase MaineCare appropriations and allocations to reflect increases in cost and enrollment. Republican members opposed the initiative and urged the AFA Committee to consider reforms of MaineCare eligibility and benefits.

**Rate changes (line 367 on Green Sheet)**

Committee members voted 7-6 in favor of the initiative on line 367, which reduces funding for MaineCare rate changes for hospice services and laboratory services. Republican members and Representative Graham opposed the initiative because of the rate reduction proposed for hospice services.

**Ambulance Services (lines 368-372 on Green Sheet and Part TT)**

Committee members voted unanimously against inclusion of the initiatives in this section and language Part TT that relates to a proposed ambulance service provider tax and associated adjustments in reimbursement rates for ambulance services.

**Prescription Drugs (lines 374-383 on Green Sheet and Part SS)**

Committee members voted unanimously in favor of the initiative on lines 374-377.

Committee members voted unanimously to oppose the initiative on lines 378-383 and part SS that relate to a proposed assessment for each prescription at in-state pharmacies and an increase in MaineCare dispensing fees.

**Public Assistance (lines 402-414 on Green Sheet and Part VV)**

Committee members voted unanimously in favor of the initiatives on lines 402-409 and line 411.

Committee members voted unanimously against inclusion of the initiative on line 410 at the request of the department.

Democratic members of the committee voted in favor of the initiative on lines 412-413, which relates to establishing limited period positions within the Office for Family Independence. Republican members opposed the initiative.

Democratic members of the committee voted against the initiative at line 414, which reduces funding for the state-funded Supplemental Nutrition Assistance Program for noncitizens. Related, Democratic members of the committee voted against including language Part VV (removing the SNAP and TANF hardship exception). Republican members voted in favor of including the language.

**Public Health (lines 452-473 on Green Sheet and Part RR)**

Committee members voted 10-3 in favor of the initiative at line 452, which relates to establishing a position at the Health and Environmental Testing Laboratory. Representatives Javner, Griffin and Lemelin opposed the initiative.

Committee members voted 9-4 in favor of the initiative at line 453, which relates to positions at the Health and Environmental Testing Laboratory. Senator Moore and Representatives Javner, Griffin and Lemelin opposed the initiative.

Democratic members of the committee voted in favor of the initiative at line 454, which relates to making permanent 8 limited period positions at the Maine CDC related to environmental lead investigations. Republican members opposed the initiative.

Committee members voted unanimously in favor of all initiatives on line 455-457, line 459, lines 462-467, and line 469.

Democratic members of the committee voted in favor of the initiative at line 458, which relates to establishing a position within the Office of Population Health Equity. Republican members opposed the initiative.

Democratic members of the committee voted in favor of the initiative at lines 460-461, which relates to establishing a position at the Health and Environmental Testing Laboratory. Republican members opposed the initiative.

Democratic members of the committee voted in favor of the initiative at line 468, which relates to funding for the Universal Childhood Immunization Program. Republican members opposed the initiative.

All members of the committee, with the exception of Senator Nangle, voted in favor of the initiative at line 471, which reduces funding for annual grants within the Office of Violence Prevention. Senator Nangle opposed the initiative.

Democratic members of the committee voted in favor of the initiative at lines 472-473, along with Part RR, which relates to increased funding by increasing fees on manufacturers and wholesalers of paint for the Lead Poisoning Prevention Fund to reduce reliance on the Fund for a Health Maine. Republican members opposed the initiative.

**Social Services (lines 480-481 on Green Sheet)**

Committee members voted unanimously in favor of the proposed initiative on line 480.

Committee members voted 9-4 in favor of amending the proposed initiative at line 481 that provides funding to offset reductions in federal VOCA funding. Democratic members of the committee and Senator Moore voted to amend the initiative to add \$3 million annually to the proposed General Fund appropriation for a total of \$6 million annually. Please see *attachment A* for proposed amended initiative language. Republican members voted in favor of the initiative as proposed (\$3 million annually in VOCA funding).

## **New Initiative to provide COLAs and Part UU**

Committee members unanimously voted to support adding an initiative to the FY26-FY27 biennial budget to provide cost of living adjustments for essential support workers for the period July 1, 2025 through June 30, 2027. Cost of living adjustments for these workers were scheduled to go into effect on January 1, 2025, but were not implemented by the Department of Health and Human Services. In the HHS report back to AFA on the supplemental budget, LD 209, the committee unanimously recommended an initiative to implement the January 1, 2025, cost of living adjustments as soon as possible for the remainder of FY25. For the biennial budget, the committee unanimously recommends adding a new initiative to appropriate funds for these cost of living adjustments beginning at the start of the biennium (July 1, 2025). The department estimates this will cost up to \$84 million over the biennium.

In addition to supporting COLAs for essential support workers, the committee agrees in principle on including language in the biennial budget that ensures that these cost of living increases are then passed on to workers. The department has been applying COLAs to the whole reimbursement rate; it is the portion of the rate related to wages, and taxes and benefits associated with wages, that should be passed on to workers. To achieve this requirement, Democratic members of the committee voted in favor of accepting language Part UU but with an amendment to add the requirement for providers to pass on COLA increases to workers in the Maine Revised Statutes. Please see **attachment B** for the majority's proposed amendment language. Republican members of the committee voted against language Part UU altogether but propose unallocated language to add the same requirement. Please see **attachment C** for the minority's proposed language.

## **Remaining Language Parts not addressed above**

Language parts RR, SS, TT, UU, VV and WW are addressed above. All other language proposals, Parts XX through JJJ were approved unanimously by the committee to be included.

## **OTHER COMMENTARY**

### **General assistance**

Part S of the Governor's proposed supplemental budget (LD 209) proposed a change to the General Assistance statute to limit housing assistance under the program to a maximum of 3 months in a 12 month period, with the exception of assistance for temporary housing and emergency shelters. It also proposed to limit municipalities from exceeding the maximum levels of assistance for all assistance categories for no more than 30 days in a 12-month period per household. The Committee voted Part S "out" in the supplemental budget with the understanding that the issue would be considered in the biennial budget.

Democratic members of the committee are opposed to including this language in the biennial budget. However, Democratic members recognize the fiscal pressures on municipalities in administering general assistance and are invested in continuing conversations regarding reforms to the program. They also urge the AFA committee to support other, related housing solutions, including the Eviction Protection Program administered by Maine State Housing. Republican members of the committee support adding language identical to the Governor's proposed supplemental budget Part S to the biennial budget.

## **FQHC pharmacy services**

Part K of the Governor's proposed FY25 supplemental budget (LD 209) proposed a repeal of the language approved in Public Law 2023, chapter 643, Pt. QQ, §3 and §4 to support federally qualified health centers in developing and expanding pharmacy services and access to affordably priced prescription drugs for the patients of such health centers. While there are no related provisions in LD 209 as amended by the AFA committee (and on the floor), and there are no related provisions included in the proposed biennial budget, LD 210, given that final action has not been taken by the Legislature on LD 209, the Republican members of the committee wish to reiterate their support of this funding, and urge the AFA committee to retain the program and to extend funding for the program through the biennial.

## **Tax initiatives (separate vote sheet)**

During its budget work session, the Taxation Committee chose to defer to the Health and Human Services committee on two initiatives (appearing on Page A-46 of the Governor's budget) to provide one-time funding for computer programming costs to implement the ambulance services provider tax and the prescription pharmacy assessment. Because the HHS committee unanimously voted both of these proposals (including Part SS and Part TT) "out" of the biennial budget, they also voted unanimously against the associated computer programming funding initiatives. Please see *attachment D* for these initiatives.

Thank you for your consideration of our proposals. We are happy to further discuss this report at any time.

cc: Health and Human Services Committee members  
Commissioner Sara Gagné-Holmes, Department of Health and Human Services  
Deputy Commissioner Benjamin Mann, Department of Health and Human Services  
Deputy Commissioner Molly Bogart, Department of Health and Human Services  
Abby Stivers, Government Relations Director, Department of Health and Human Services  
Maureen Dawson, OFPR  
Lucia Nixon, OFPR  
Anna Broome, OPLA  
Samuel Senft, OPLA





**ATTACHMENT A to HHS LD 210 Biennial Budget Report Back to AFA**

**C-A-1731 [Ref #: 1801]**

**Purchased Social Services 0228**

Initiative: Provides funding to replace current and anticipated reductions in grants to the department under the federal victim assistance formula grant program administered by the United States Department of Justice, Office of Justice Programs, Office for Victims of Crime pursuant to the federal Victims of Crime Act of 1984.

<b>GENERAL FUND</b>	<b>2025-26</b>	<b>2026-27</b>
All Other	\$3,000,000	\$3,000,000
	<b>\$6,000,000</b>	<b>\$6,000,000</b>
<b>GENERAL FUND TOTAL</b>	<b>\$3,000,000</b>	<b>\$3,000,000</b>
	<b>\$6,000,000</b>	<b>\$6,000,000</b>

**C-A-7133 [Ref#: 1759, 1760, 1761]**

**Medical Care - Payments to Providers 0147**

Initiative: Reduces funding to transition reimbursement of hospital professional costs at hospital-based practices related to the department's rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 45, Hospital Services, to ~~109%~~ **160%** of Medicare rates ~~over a 5-year period~~.

<b>GENERAL FUND</b>	<b>2025-26</b>	<b>2026-27</b>
All Other	\$0	(\$6,876,577)
<b>GENERAL FUND TOTAL</b>	<b>\$0</b>	<b>(\$6,876,577)</b>
<b>FEDERAL EXPENDITURES FUND</b>	<b>2025-26</b>	<b>2026-27</b>
All Other	\$0	(\$16,966,294)
<b>FEDERAL EXPENDITURES FUND TOTAL</b>	<b>\$0</b>	<b>(\$16,966,294)</b>
<b>FEDERAL BLOCK GRANT FUND</b>	<b>2025-26</b>	<b>2026-27</b>
All Other	\$0	(\$266,356)
<b>FEDERAL BLOCK GRANT FUND TOTAL</b>	<b>\$0</b>	<b>(\$266,356)</b>

**ATTACHMENT B to HHS LD 210 Biennial Budget Report Back to AFA**

**PART UU**

**Sec. UU-1. 22 MRSA §1708, sub-§3**, as enacted by PL 1975, c. 365, §1 is amended to read:

**3. Compensation for nursing homes.** A nursing home, as defined under section 1812-A, or any portion of a hospital or institution operated as a nursing home, when the State is liable for payment for care, must be reimbursed at a rate established by the Department of Health and Human Services pursuant to this subsection. ~~The department may not establish a so-called "flat rate."~~ This subsection applies to all funds, including federal funds, paid by any agency of the State to a nursing home for patient care. The department shall establish rules concerning reimbursement that:

A. Take into account the costs of providing care and services in conformity with applicable state and federal laws, rules, regulations and quality and safety standards;

A-1. [PL 2001, c. 666, Pt. A, §1 (RP); PL 2001, c. 666, Pt. E, §1 (AFF).]

B. Are reasonable and adequate to meet the costs incurred by efficiently and economically operated facilities;

C. Are consistent with federal requirements relative to limits on reimbursement under the federal Social Security Act, Title XIX;

D. Ensure that any calculation of an occupancy percentage or other basis for adjusting the rate of reimbursement for nursing facility services to reduce the amount paid in response to a decrease in the number of residents in the facility or the percentage of the facility's occupied beds excludes all beds that the facility has removed from service for all or part of the relevant fiscal period in accordance with section 333. If the excluded beds are converted to residential care beds or another program for which the department provides reimbursement, nothing in this paragraph precludes the department from including those beds for purposes of any occupancy standard applicable to the residential care or other program pursuant to duly adopted rules of the department;

~~E. Contain an annual inflation adjustment that:~~

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- ~~(1) Recognizes regional variations in labor costs and the rates of increase in labor costs determined pursuant to the principles of reimbursement and establishes at least 4 regions for purposes of annual inflation adjustments; and~~
- ~~(2) Uses the applicable regional inflation factor as established by a national economic research organization selected by the department to adjust costs other~~

~~than labor costs or fixed costs; and~~

~~F. Establish a nursing facility's base year every 2 years and increase the rate of reimbursement beginning July 1, 2014 and every year thereafter until June 30, 2018. For the state fiscal year beginning July 1, 2018, the base year for each facility is its fiscal year that ended in the calendar year 2016. For state fiscal years beginning on or after July 1, 2019, subsequent rebasing must be based on the most recent cost report filings available. The department may provide a mechanism for subsequent adjustments to base year costs to reflect any material difference between as-filed cost reports used in rebasing and subsequent determinations of audited, allowable costs for the same fiscal period. The department's rules must provide that, beginning in the state fiscal year beginning July 1, 2018, the rates set for each rebasing year must include an inflation adjustment for a cost-of-living percentage change in nursing facility reimbursement each year in accordance with the United States Department of Labor, Bureau of Labor Statistics Consumer Price Index nursing homes and adult day care services index.—~~

~~Any rebasing done pursuant to this paragraph may not result in a nursing facility receiving a reimbursement rate that is lower than the rate in effect on June 30, 2018.~~

Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

**Sec. UU-2. 22 MRSA §7402 and §7403**, as enacted by PL 2021, c. 398, Pt. AAAA, §1, is amended to read:

Services provided by essential support workers that are reimbursed by the department under the MaineCare program or another state-funded program must include in the reimbursement rate the following:

**1. At least 125% of the minimum wage.** An amount equal to at least 125% of the minimum wage established in Title 26, section 664, subsection 1 for the labor portion of the reimbursement rate as determined under the process set forth in 22 MRSA §3173-J, sub-§2, ¶C-5 and subject to sufficient appropriations ~~An increase to the minimum wage must be applied to the reimbursement rate at the time the increase takes place; and~~ **. Beginning on July 1, 2025, increases in reimbursement rates to providers provided pursuant to this section must result in increases to wages in an amount that is equal to the amount of the increased reimbursement related to wages and taxes and benefits associated with wages. The increase must be granted or paid out retroactively from the date the department begins reimbursing at the increased rates.**

~~2. Taxes and benefits.~~ An amount necessary to reimburse the provider for taxes and benefits paid or costs incurred by the provider that are directly related to the reimbursed wage increase in subsection 1. This amount must be adjusted whenever an increase to the minimum wage is applied to the reimbursement rate under subsection 1.—

**3. Effective date.** This section takes effect January 1, 2022.

**§7403. Rebasing**

~~Except as otherwise provided, the department shall rebase reimbursement rates for the MaineCare program and other state-funded program reimbursement rates described in section 7402 at least every 5 years. Rebasing must be based on the most recent cost report filings available or provider cost surveys or other market data when cost reports are not available. The department may provide a mechanism for subsequent adjustments to base year costs to reflect any differences it determines are material between as-filed cost reports used in rebasing and subsequent determinations of audited, allowable costs for the same fiscal period.~~

**Sec. UU-3. 22 MRSA §3173-J**, as enacted by PL 2021, c. 639, §2 and amended by PL 2023, c. 238, §1, is further amended to read:

**§3173-J. Rate-setting system for development and maintenance of sustainable, efficient and value-oriented MaineCare payment models and rates**

This section establishes a rate-setting system for the development and maintenance of MaineCare payment models and rates that comply with the requirement in 42 United States Code, Section 1396a that rates be consistent with efficiency, economy and quality of care; that are adequate to support MaineCare member access to services; and that are equitable and data-driven.

- 1. Definitions.** As used in this section, unless the context otherwise indicates, the following terms have the following meanings.
  - A. "Alternative payment model" means a health care payment model that uses financial incentives to promote or leverage greater value for patients, purchasers, payers or providers and that connects at least a portion of reimbursement to performance on defined quality measures.
  - B. "MaineCare section of policy" means a set of MaineCare-covered services, as categorized by the department through the adoption of rules that specify the parameters for coverage.
  - C. "Rate determination" means a process conducted by the department to establish the reimbursement rate methodology, base rate amount or payment model for a MaineCare section of policy or for a specific covered service, whether through adoption or adaptation of a benchmark rate from another payer or development through a rate study.
  - D. "Rate study" means an analysis conducted by the department or its contracted vendor to develop a recommended rate methodology and resulting base rate amount and

payment model based on the service model and cost components for the service.

**2. Rate-setting system principles and processes.** The department shall establish MaineCare provider reimbursement rates, including those paid through fee-for-service and alternative payment models. The rates must be established in accordance with the following principles and processes and adopted through rulemaking as described in subsection 3; provided that changes in rates required by the federal government, one-time payments authorized by the federal government to assist with emergency or extraordinary circumstances, or rate reductions for the purpose of responding to projected MaineCare budget shortfalls shall not be subject to this section. The department shall:

- A. Develop annually a schedule of rate determination by MaineCare section of policy in consultation with the MaineCare Rate Reform Expert Technical Advisory Panel established under subsection 5 as follows:
  - (1) Post the rate determination schedule on its publicly accessible website;
  - (2) Provide an opportunity for the public to review and comment on the rate determination schedule and make available a summary of these comments on its publicly accessible website; and
  - (3) Conduct off-schedule rate determinations as the department finds appropriate;
- B. Conduct or contract for, every 4 years, a comprehensive benchmarking report to compare MaineCare rates for all services to those paid by Medicare, at least 5 comparison Medicaid states and any appropriate Maine commercial payers; provided that the department may ensure that completion of such benchmarking report occurs on a schedule compatible and in alignment with any federally required comparative analysis of Medicaid fee-for-service payment rates. The department shall provide public notice of the initiation of the comprehensive benchmarking process, provide an opportunity for the public to review and comment on the draft report and make available a summary of these comments alongside the final report;
- C. No less frequently than once every 5 years, conduct a rate determination process for each MaineCare section of policy or for a specific covered service, in accordance with the following procedures:
  - (1) Provide public notice of initiation of the rate determination for a MaineCare section of policy or for a specific covered service;
  - (2) Consider and, when appropriate, adopt alternative payment models that use financial incentives to promote or leverage greater value for the MaineCare program. This consideration must include a review of research on any available

national models or best practices regarding payment models for the service;

(3) Determine whether a Medicare rate is available for the service and whether the Medicare rate represents the most appropriate benchmark and payment model;

(4) In the absence of a Medicare rate, determine whether a rate from a non-Medicare payer source, including, but not limited to, commercial health care rates in the State or other states' Medicaid rates, is available for the service and whether this alternate payer rate represents the most appropriate benchmark and payment model. The department shall determine an appropriate percentage of the benchmark rate for the service, taking into consideration the findings of the benchmarking report conducted in accordance with paragraph B;

(5) Conduct a rate study for every service for which a benchmark rate or payment model in accordance with subparagraph (3) or (4) either is unavailable or is inconsistent with the goals of efficiency, economy and quality of care to support member access. Each rate study must include the following:

(a) A review of data, which must include:

(i) An assessment as to whether the delivery of service and associated requirements have changed since the previous rate study, if available, to determine if the rate methodology needs to be revised;

(ii) The collection of data on provider costs and cost-related aspects of the delivery of service and associated requirements through existing cost reports, provider surveys and other available data sources; and

(iii) Research on any available national models or best practices regarding cost-related aspects of the delivery of service and associated requirements; and

(b) Developing or updating rates by considering the following:

(i) The appropriateness of adoption of a change in payment model consistent with the purposes of this section;

(ii) The current rate assumptions and their appropriateness given current provider costs, best practices or changes in the delivery of service and associated requirements;

(iii) The findings for related services of any comprehensive

benchmarking report under paragraph B; and

(iv) The degree to which services are dependent on MaineCare reimbursement, including, but not limited to, cost factors, such as average wage, that may be reflective of restraints of MaineCare reimbursement versus costs of the broader marketplace; and

(6) Upon completion of the rate determination process, present the department's rationale and recommendations for rate methodology, resulting base rate amount and payment model for public comment prior to the rule-making process; convene a meeting of interested providers and other interested members of the public to discuss the recommendations and hear comments; and respond in writing to comments with an explanation of whether and how feedback was incorporated into the final rate determination; and

D. Ensure that base rate amounts developed under paragraph C are updated to keep pace with changes in the costs of delivering the service by:

(1) For rates benchmarked to Medicare rates according to paragraph C, subparagraph (3), referencing Medicare rates for the most current year available, updated at least annually, and reviewing the current established percentage benchmark, as appropriate, taking into consideration the findings of the most recent benchmarking report conducted in accordance with paragraph B;

(2) For rates benchmarked to an alternate payer source in accordance with paragraph C, subparagraph (4), updating rates to the most current year of data for that payer source at least once every 2 years and reviewing the current established percentage benchmark, as appropriate, taking into consideration the findings of the benchmarking report conducted in accordance with paragraph B; and

(3) For base rates determined through a rate study in accordance with paragraph C, subparagraph (5), subject to available funds as set forth in section 4 below, providing an annual cost-of-living adjustment effective on a consistent date to be established by the department for each service that has not received a rate adjustment within the 12 months prior to the effective date of the cost-of-living adjustment and for which the department determines benchmarking in accordance with paragraph C, subparagraph (3) or (4) is not appropriate or advisable. In establishing and implementing cost-of-living adjustments, the department shall:

(a) Use inflation indices determined through rulemaking to reflect a reasonable cost of providing services for different categories of services; rather than reflecting other factors, such as private sector price increases or

cost-shifting from different payers; and

(b) Maximize use of a single, consistent and general cost-of-living adjustment index for services where the cost of direct care staffing is the primary driver of overall cost increases, consistent with the cost-of-living adjustment applied to the minimum wage as set forth in title 26, section 664, subsection 1. ~~laws, in order to ensure that the cost of living adjustment reflects increases to provider costs for delivering the service rather than other factors, such as private sector price increases or cost-shifting from different payers.~~ The Department shall:

(i) Apply this adjustment to services provided by essential support workers as defined in title 22, section 7401. The amount of the cost-of-living adjustment received must be provided to essential support workers as an increase in wages in the amount that equals the amount of increased reimbursement for wages, and taxes and benefits associated with wages. The increase must be granted or paid out retroactively from the date the department begins reimbursing at the increased rates. The agency providing the services that receives the increase in reimbursement must demonstrate, to the satisfaction of the department, compliance with this subdivision. The department shall submit a report annually to the joint standing committee of the Legislature having jurisdiction over health and human services matters demonstrating compliance with this division; and

(ii) For any services to which the department applies this adjustment equal to the increase in minimum wage, apply this adjustment to the reimbursement rate between 6 and 12 months after the minimum wage increase goes into effect.

**3. Rulemaking for establishment of rate methodology.** ~~In addition to the requirements of Title 5, chapter 375, r~~Rulemaking for MaineCare provider reimbursement rate methodologies must comply with the following.

A. Establishment of a rate methodology for a new MaineCare section of policy or specific new service or changes to an existing rate methodology must be adopted through rulemaking in accordance with the Maine Administrative Procedure Act. Rulemaking is not required for the addition of new billing codes or to specify rates for specific billing codes if there is no change in the overall methodology and rates are posted in accordance with this section.

B. For services the department benchmarks to Medicare or other available payer rates for



reimbursement, the department shall adopt a rule specifying the percentage, frequency of benchmark updates for alternate payer sources and other aspects of the benchmark methodology. Additional rulemaking is not required for rate changes tied to the adopted benchmark methodology, or for the addition of new billing codes, unless the department changes the benchmarking percentage or methodology.

~~C. No later than July 1, 2023, the department shall adopt a rule specifying the appropriate cost-of-living adjustment methodology for different types of services in accordance with subsection 2, paragraph D, subparagraph (3). Additional rulemaking is not required for rate increases adjustments tied to annual cost-of-living adjustments increases unless the department changes the cost-of-living adjustment methodology.~~

D. In addition to the authority provided by Title 5, chapter 375 subchapter 2 section 8056(1)(B)(1), rules established under this Section may incorporate by reference any part of a code, standard, rule, regulation, schedule or any other source deemed appropriate by the department. In addition, notwithstanding anything in statute, rules established under this Section shall not be subject to Title 5, Chapter 375, subchapter 2 section 8056(1)(B)(2)-(4); provided that such rules identify the incorporated matter by title or source, as appropriate.

Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A unless rules to adopt MaineCare reimbursement rates are designated as major substantive rules in another section of law.

#### **4. Funding.**

A. Reimbursement adjustments are subject to the availability of appropriations. The department may reduce otherwise specified cost of living adjustment amounts or rates in proportion to available funding, including elimination of a scheduled adjustment as necessary.

B. The department may use funds from the MaineCare Stabilization Fund established in section 3174-KK in order to fund the rate adjustments made in accordance with this section when funding may be needed in addition to any appropriations associated with separate initiatives. Use of the Stabilization Fund is a one-time use and must be followed by an ongoing appropriation in order to ensure the resulting reimbursement continues at the adjusted level;

C. If sufficient funds are not appropriated for reimbursement adjustments in accordance with this section and there are not sufficient funds available in the MaineCare Stabilization Fund for this purpose, the department shall, proportional to any funding for reimbursement adjustments that may be available, prioritize:

- (1) Reimbursement adjustments resulting from any rate determinations for sections of policy or services that do not yet have reimbursement established through a rate determination under this section;

- (2) Rate adjustments for services where there is evidence of member access issues.

**5. MaineCare Rate Reform Expert Technical Advisory Panel.** The MaineCare Rate Reform Expert Technical Advisory Panel, referred to in this subsection as "the panel," is established for the purpose of advising the commissioner by providing technical, nonpartisan, 3rd-party expertise to inform the department's planned schedule and actions on rate assumptions, payment models and other related technical matters. The panel may not propose rates or methodologies. The commissioner or the commissioner's designee shall serve as chair.

A. The panel includes the following members:

- (1) A representative from the Maine Health Data Organization;
- (2) A representative from the Department of Professional and Financial Regulation, Bureau of Insurance;
- (3) ~~A representative from the Department of Professional and Financial Regulation;~~
- (4) A representative from the department's division of licensing and certification;
- (5) A representative from the Office of Affordable Health Care;
- (6) A representative from the Department of Labor; and
- (7) A representative from the Department of Administrative and Financial

B. The panel shall:

- (1) Review annual schedules of MaineCare sections of policy scheduled for rate determinations under subsection 2, paragraph A;
- (2) Review common assumptions and recommendations from across rate determinations under subsection 2, paragraph C;
- (3) Review findings from benchmarking reports to inform the appropriateness of MaineCare rate levels across services; and
- (4) Advise on other related technical matters, as appropriate.

C. The panel shall meet at least ~~twice~~ once per year and as otherwise convened by the commissioner. Meetings of the panel are public, and the panel shall provide public notice of each meeting and an opportunity for public comment.

**6. MaineCare Advisory Committee.** The MaineCare Advisory Committee, required by 42 Code of Federal Regulations, Section 431.12 and further described in department rules, and referred to in this subsection as "the committee," shall participate in the department's rate-setting system in accordance with this subsection.

A. The committee must include a permanent rate system subcommittee that allows broad participation by the full spectrum of types of MaineCare providers. Participation in the rate system subcommittee may not be limited by number or type of stakeholder in order to allow for participation by any stakeholder affected by MaineCare reimbursement policy and interested in participating in the work of the subcommittee.

B. At each meeting of the committee or rate system subcommittee, if requested by the chair of the committee or rate system subcommittee, the department shall provide updates on the department's planned and completed activities under this section for discussion and advisement, including, but not limited to, the following:

- (1) Schedule and status of rate determination, planned and in progress, by MaineCare section of policy;
- (2) Status of and plans for comprehensive benchmarking studies; and
- (3) Contemplated rulemaking to establish rate methodology resulting from rate determination processes.

C. The rate system subcommittee may formulate and present recommendations to the committee pertaining to the department's activities under this section.

**7. Index of MaineCare rates by service code; publicly accessible website.** The department shall maintain and annually update a centralized master index of rates by service code and post this index on its publicly accessible website. The index ~~must~~ may contain the following, as applicable:

A. The service code, including any modifiers that affect reimbursement;

B. The current year rate;

C. The source for the rate, including, but not limited to, Medicare or alternate payer benchmark, rate study or other source, and the year and the author of the review, study or report that justified the rate;

D. The year the base rate was last updated prior to the application of any subsequent cost-of-living adjustments;

E. Whether the rate is subject to cost-of-living adjustments and, if so, the identity of the benchmark index;

F. The section of MaineCare policy pursuant to which the rate was adopted; and

G. The target date for the next rate review.

In addition to the index, the department shall post on its publicly accessible website all rate studies, benchmark reports and other materials used by the department to develop the rates and payment models.

**8. Notice prior to implementation.** For planned rate changes that do not require rulemaking as described in subsection 3, the department shall provide notice prior to implementation, of no less than 30 calendar days for cost-of-living adjustments and no less than 7 calendar days for Medicare fee schedule changes or the addition of new service codes, to stakeholders who request to receive such notice.

## **PART UU SUMMARY**

This Part simplifies and consolidates statutory language that relates to the adjustment of MaineCare reimbursement into the MaineCare rate reform statute under 22 M.R.S.A. 3173-J, and stipulates that such adjustments are subject to available appropriations. This includes repeal of the requirement for including a regional inflation adjustment in the calculation of nursing facility rates and the requirement for rebasing of nursing facility rates every two years. It also clarifies reimbursement adjustment and rebasing for essential worker reimbursement to be under and consistent with 22 M.R.S.A. 3173-J. It establishes exceptions to the rate setting process for rate adjustments required by law, payments authorized by the federal government in urgent circumstances, or rate reductions resulting from budget short falls. It permits comparative benchmarking to occur on a schedule consistent with that required by federal law and regulation. It also defines how inflation and cost of living indices should be used when establishing and implementing cost-of-living adjustments in order to provide for greater budget predictability. This Part also repeals the requirement that the department must adopt a rule specifying a cost-of-living adjustment methodology, and allows the department to establish rules under this section that incorporate by reference sources in addition to those permitted by Title 5, chapter 375, subchapter 2, section 8056(1)(B)(1), and exempting these rules from the requirements of Title 5, chapter 375, subchapter 2, section 8056(1)(B)(2)-(4). It also defines a process for prioritizing rate adjustments when funds are limited. It removes a second representative of the Department of Professional and Financial Regulation from the MaineCare Rate Reform Expert Technical Advisory Panel, further defines the scope of the panel's review, and reduces the minimum frequency of meetings to once annually.

## **ATTACHMENT C to HHS LD 210 Biennial Budget Report Back to AFA**

Minority unallocated language for COLAs:

Sec. . Increase to employee wages. To qualify for the rate increase from cost-of-living increases pursuant to section \_\_ of this Part, an agency providing services must demonstrate, to the satisfaction of Department of Health and Human Services, that an increase in and wages and benefits for employees providing direct services has been granted that equals the amount of increase received for wages, and taxes and benefits associated with wages, as a result of the increased reimbursement. The increase must be granted or paid out retroactively from the date the department begins reimbursing at the increased rates. The department shall submit a report annually to the joint standing committee of the Legislature having jurisdiction over health and human services matters demonstrating compliance with this section.



**FY 2026-2027 Biennial Budget (LD 210) - HHS Committee Programs - INITIATIVES**

Line #	WS Grp	Dept Code	Pgm Code	Program	Change Package	Initiative Text	Initiative Justification	Initiative Notes	Sort CLASS	Fund Code	Unit	HHS Vote	AFA Vote	Ref #	Position Count FY26	Position Count FY27	Total FY26	Total FY27
38	A	HUM	Z225	Disproportionate Share - Dorothea Dix Psychiatric Center	C-A-1309	Establishes one Family Nurse Practitioner position funded 62.08% Other Special Revenue Funds in the Dorothea Dix Psychiatric Center program and 37.92% General Fund in the Disproportionate Share - Dorothea Dix Psychiatric Center program and transfers General Fund All Other to Personal Services to cover the cost of the position, which was previously contracted.	Currently the Family Nurse Practitioner positions serving Dorothea Dix Psychiatric Center are hired through a contract. There is currently no state job classification for this position. Establishing this position would provide a cost effective way of providing medical services that is not reliant on an outside staffing contract.		Adult BH	10	15	IN 13-0		2082	0	0	-	-
39	A	HUM	Z222	Dorothea Dix Psychiatric	C-A-1309	Establishes one Family Nurse Practitioner position funded			Adult BH	14	25	IN 13-0		2077	1	1	97,793	101,729
40	A	HUM	Z225	Disproportionate Share - Dorothea Dix Psychiatric Center	C-A-1401	Reallocates the cost of one Public Service Coordinator I position from 62.21% Riverview Psychiatric Center program, Other Special Revenue Funds and 37.79% Disproportionate Share - Riverview Psychiatric Center program, General Fund to 31.04% Riverview Psychiatric Center program, Other Special Revenue Funds, 18.96% Disproportionate Share - Riverview Psychiatric Center program, General Fund, 31.04% Dorothea Dix Psychiatric Center program, Other Special Revenue Funds and 18.96% Disproportionate Share - Dorothea Dix Psychiatric Center program, General Fund. This initiative also adjusts funding for related All Other costs.	This initiative reallocates the Revenue Cycle Coordinator position from 100% Riverview Psychiatric Center to 50% Riverview Psychiatric Center and 50% Dorothea Dix Psychiatric Center to align funding sources with job duties. The new allocation is based on the April 2024 preliminary Federal Medical Assistance Percentage for fiscal year 2026.		Adult BH	10	15	IN 13-0		2084	0	0	25,103	26,248
41	A	HUM	Z220	Disproportionate Share -	C-A-1401	Reallocates the cost of one Public Service Coordinator I			Adult BH	10	10	IN 13-0		2068	0	0	(25,845)	(27,274)
42	A	HUM	Z219	Riverview Psychiatric	C-A-1401	Reallocates the cost of one Public Service Coordinator I			Adult BH	14	20	IN 13-0		2061	0	0	(40,937)	(42,550)
43	A	HUM	Z222	Dorothea Dix Psychiatric	C-A-1401	Reallocates the cost of one Public Service Coordinator I			Adult BH	14	25	IN 13-0		2079	0	0	41,670	43,567
44	A	HUM	Z198	Mental Health Services - Community	C-A-1901	Provides funding to annualize funds received in Public Law 2023, chapter 643 to operate 2 behavioral health crisis receiving centers, 24 hours per day, 7 days per week, in Penobscot County and in Androscoggin County.	Public Law 2023, chapter 643 provided funding for the establishment and one quarters worth of ongoing funding for 2 behavioral health crisis receiving centers beginning April 1, 2025. This initiative adjusts the assumed start date to January 1, 2026 and annualizes the ongoing funding to support the long-term behavioral health needs of the community. National best practice in crisis care is to offer individuals in crisis (a) someone to talk to (b) someone to respond and (c) a place to go. The Maine Crisis Line / 988 offers someone to talk to. Mobile crisis teams offer someone to respond. These 24/7 crisis centers would be the place to go, stabilizing individuals in behavioral health crisis, providing a firm linkage to care, and putting them on a path to community re-integration. The Crisis Receiving Center established in Cumberland County in 2022 has demonstrated the success of the model. Serving just under 200 individuals per month, with 54% of clients served within 2 visits or less, 91% of individuals received services that did not involve hospitalization and a significant amount of behavioral health calls to the Portland police department were diverted to the receiving center.		Adult BH	10	2	IN 13-0		1947	0	0	900,000	2,700,000
45	A	HUM	Z199	Office of Behavioral Health	C-A-1907	Transfers and reallocates one Management Analyst I position from the Office of Behavioral Health program, Federal Expenditures Fund to the Mental Health Services Community program, Federal Block Grant Fund and adjusts related All Other costs.	This initiative aligns the work of the Management Analyst I position with its proper funding source. This position supports the collection and analysis of mental health client-level data and is currently funded by a Substance Use Disorder federal grant and should be funded by a mental health federal grant.		Adult BH	13	1	IN 13-0		1970	-1	-1	(89,766)	(93,792)
46	A	HUM	Z198	Mental Health Services -	C-A-1907	Transfers and reallocates one Management Analyst I position			Adult BH	15	92	IN 13-0		1948	1	1	89,766	93,792
47	A	HUM	Z198	Mental Health Services - Community	C-A-1910	Provides Federal Expenditures Fund allocation to align with available resources.	Increased budget is needed to meet available resources, due to the increased anticipated grant revenue for Permanent Supported Housing Program grant awards and the Improving Maine's 988 Lifeline Capacity grant award.		Adult BH	13	41	IN 13-0		1950	0	0	1,210,452	1,210,452
48	A	HUM	Z198	Mental Health Services -	C-A-1910	Provides Federal Expenditures Fund allocation to align with			Adult BH	13	40	IN 13-0		1949	0	0	1,724,150	1,724,150

**FY 2026-2027 Biennial Budget (LD 210) - HHS Committee Programs - INITIATIVES**

Line #	WS Grp	Dept Code	Pgm Code	Program	Change Package	Initiative Text	Initiative Justification	Initiative Notes	SORT CLASS	Fund Code	Unit	HHS Vote	AFA Vote	Ref #	Position Count FY26	Position Count FY27	Total FY26	Total FY27
49	A	HUM	Z205	Bridging Rental Assistance Program	C-A-1913	Provides additional funding for the Bridging Rental Assistance Program to meet increased housing needs of vulnerable Mainers.	This funding request is to meet the unprecedented significantly increased housing needs of vulnerable Mainers. In the 2024-25 biennial budget BRAP received a 6% increase to its baseline funding but that has been outstripped by pressures converging on the program and BRAP is now under a partial waitlist. Effective February 3, 2024, the program only awards rental assistance resources to those that fit the two highest program priorities: Priority 1 applicants who have discharged from an inpatient setting or residential treatment programs and Priority 2 applicants who have been discharged from a correctional facility or have been adjudicated through a Mental Health Treatment Court. Without further baseline support, the program may need to move to a full waitlist, exacerbating Maine's housing crisis. Since 2020 significant pressures have converged on BRAP, most notably the increase in rents. According to HUD's data on Fair Market Rents (FMR), which is the rent level used for the BRAP program, Cumberland County's FMR for a one-bedroom apartment increased by 63% from \$815/month in 2020 to \$1330/month currently. Bangor's FMR increased by 49% over this same timeframe from \$743/month to \$1,114/month. Other factors have contributed to increased costs related to BRAP including the limited available of the state-administered, federally funded Permanent Supportive Housing Program of the Maine Continuum of Care (it was frozen to new applicants between April 2023 and October 2024); the decrease in the tenant contribution from 51% of their income to 40% of their income for the BRAP program; and increased vendor costs to administer this complex program. The Department's request for \$480,000 (or another 6% increase) will not meet the full extent of BRAP's cost increases and may not be enough to sustain BRAP's partial waitlist; however, it is consistent with the FY24-25 biennium baseline increase and will support some current vulnerable individuals in remaining housed through the program.		Adult BH	10	1	IN 13-0		1993	0	0	480,000	480,000
50	A	HUM	Z198	Mental Health Services - Community	C-A-1914	Provides funding to support out-of-state services for specialized mental health treatment not provided in Maine or covered under the MaineCare program.	The Office of Behavioral Health (OBH) is required to support treatment services for certain mental health disorders that are not provided in Maine or covered under the MaineCare program. OBH had not been called upon to fulfill this unfunded obligation until the autumn of 2023, when OBH was required to cover costs for specialized services for several clients.		Adult BH	10	2	IN 13-0		1951	0	0	376,680	376,680
51	A	HUM	0129	Office of MaineCare Services	C-A-2006	Continues one limited-period Public Service Coordinator I position, one limited-period Social Services Manager I position and one Social Services Program Specialist II position previously continued in Public Law 2023, chapter 17 through June 12, 2027 funded 50% General Fund and 50% Federal Expenditures Fund in the Office of MaineCare Services program for the development and implementation of certified community behavioral health clinics. This initiative also provides one-time funding for related All Other costs.	Certified Community Behavioral Health Clinics (CCBHC) is an evidence-based model for behavioral health care delivery and financing intended to improve outcomes and access to high-quality and comprehensive services. The federal government continues to invest in this model and there are six large behavioral health organizations in Maine preparing to implement the CCBHC model. The Public Service Coordinator I position will lead CCBHC implementation and address further behavioral and physical health integration improvements. The Social Services Manager I position and the Social Services Program Specialist II position will be planning and coordinating implementation of the CCBHC service delivery model.		Adult BH	10	1	IN 13-0		1603	0	0	223,674	227,832
52	A	HUM	0129	Office of MaineCare	C-A-2006	Continues one limited-period Public Service Coordinator I			Adult BH	13	1	IN 13-0		1604	0	0	228,912	233,172
53	A	HUM	0147	Medical Care - Payments to Providers	C-A-2107	Provides funding to annualize the investment in the new mobile crisis rates and services to be included in the MaineCare Benefits Manual.	This funding is needed to annualize funding received in Public Law 2023, chapter 643 which only provided 6 months of funding and updates rates to account for cost trends. These services are eligible for enhanced 85% match through March 2027.		Adult BH	10	1	IN 13-0		1730	0	0	735,476	777,054
54	A	HUM	0147	Medical Care - Payments to	C-A-2107	Provides funding to annualize the investment in the new			Adult BH	13	1	IN 13-0		1731	0	0	2,426,812	2,385,352
55	A	HUM	0147	Medical Care - Payments to	C-A-2107	Provides funding to annualize the investment in the new			Adult BH	15	1	IN 13-0		1732	0	0	61,216	61,098
56	A	HUM	Z220	Disproportionate Share - Riverview Psychiatric Center	C-A-7402	Provides funding for the approved reclassification of 4 Psychologist III positions and one Psychologist IV position to Psychologist positions and provides funding for related All Other costs.	This initiative provides funding for the employee-initiated reclassification of 4 Psychologist III positions and one Psychologist IV position to Psychologist positions approved by Bureau of Human Resources on March 22, 2024, retroactive to March 25, 2019 (Psychologist III positions) and March 27, 2019 (Psychologist IV position). Retroactive funding included in fiscal year 2024-25, I-A-1411.	Reclass/Reorg	Adult BH	10	10	IN 13-0		2070	0	0	17,552	17,851
57	A	HUM	Z219	Riverview Psychiatric	C-A-7402	Provides funding for the approved reclassification of 4		Reclass/Reorg	Adult BH	10	50	IN 13-0		2063	0	0	10,929	16,362
58	A	HUM	Z219	Riverview Psychiatric	C-A-7402	Provides funding for the approved reclassification of 4		Reclass/Reorg	Adult BH	14	20	IN 13-0		2064	0	0	28,397	28,664



### FY 2026-2027 Biennial Budget (LD 210) - HHS Committee Programs - INITIATIVES

Line #	WS Grp	Dept Code	Pgm Code	Program	Change Package	Initiative Text	Initiative Justification	Initiative Notes	SORT CLASS	Fund Code	Unit	HHS Vote	AFA Vote	Ref #	Position Count FY26	Position Count FY27	Total FY26	Total FY27
59	A	HUM	Z198	Mental Health Services - Community	C-A-7918	Reduces funding approved in Public Law 2023, chapter 643 for employee recruitment and retention incentives to staff that provide medication management services provided by the Office of Behavioral Health that are similar to the services provided under the department's rule Chapter 101: MaineCare Benefits Manual, Chapter II, Section 65, Behavioral Health Services.	Public Law 2023, chapter 643, Part GGGG approved ongoing funding to support recruitment and retention of staff who provide medication management services. This funding was provided because there are waitlists and delays for individuals accessing medication management services which is a critical service for individuals experiencing severe and persistent mental illness. The Department will use the remaining \$1 million of the original \$2.5 million provided to support these recruitment and retention incentives.		Adult BH	10	2	IN 13-0		1952	0	0	(1,500,000)	(1,500,000)
60	A	HUM	Z199	Office of Behavioral Health	C-A-7922	Reduces funding approved in Public Law 2023, chapter 412, to establish a crisis receiving center in Kennebec County.	Public Law 2023, chapter 412 approved ongoing funding to operate a crisis receiving center / substance use disorder treatment center located in either Kennebec County based off of the successful model and outcomes achieved in the Cumberland County Receiving Center. Crisis receiving centers expand access to 24/7 low barrier mental health and substance use crisis services. The Department will continue to develop a network of crisis receiving center in a more measured approach, building on the existing Cumberland County location and expanding to Androscoggin County and Penobscot County.		Adult BH	10	1	IN 13-0		1974	0	0	(1,600,000)	(1,600,000)
61	A	HUM	Z198	Mental Health Services - Community	C-A-7923	Reduces funding approved in Public Law 2023, chapter 643 establishing a crisis receiving center in Aroostook County.	Public Law 2023, chapter 643, Part EEEE approved ongoing funding to establish a crisis receiving center in Aroostook County based off of the successful model and outcomes achieved in the Cumberland County Receiving Center. Crisis receiving centers expand access to 24/7 low barrier mental health and substance use crisis services. The Department will continue to develop a network of crisis receiving center in a more measured approach, building on the existing Cumberland County location and expanding to Androscoggin County and Penobscot County.		Adult BH	10	2	IN 13-0		1953	0	0	(450,000)	(450,000)
62	A	HUM	Z198	Mental Health Services - Community	C-A-7924	Reduces funding approved in Public Law 2023, chapter 643 to establish 24 mental health law enforcement liaisons to support mental health crisis intervention mobile response services.	Public Law 2023, chapter 643, Part DDDD approved ongoing funding to strengthen mental health crisis intervention mobile response services and establish 24 mental health law enforcement liaisons. This initiative is not yet implemented.		Adult BH	10	2	IN 13-0		1954	0	0	(953,300)	(953,300)
63	A	HUM	Z374	Housing First Program	C-A-7925	Provides funding in the Housing First Program, Other Special Revenue Funds pursuant to Public Law 2023, chapter 412, Part AAAA.	The Housing First Program was established in Public Law 2023, chapter 412 but did not provide funding. This initiative allocates estimated funding needed for the program based on the March 2024 revenue forecast for the real estate transfer		Adult BH	14	1	IN 13-0		2106	0	0	9,695,781	10,294,281
67	A	HUM	Z199	Office of Behavioral Health	C-A-1909	Continues one limited-period Social Services Program Specialist II position previously continued by Public Law 2023, chapter 17 through June 12, 2027 and transfers the position from the Mental Health Services - Children program, General Fund to the Office of Behavioral Health program, Federal Expenditures Fund. This initiative also provides one-time funding for related All Other costs.	This initiative continues a limited-period Social Services Program Specialist II position to support the growing needs for adolescent substance use treatment and recovery services, including to increase accessibility and availability and coordinating internal and external stakeholders for Substance Use Disorder (SUD) planning. Funding to support this initiative will move from the General Fund to the federal SUD grant appropriation funded by the State Opioid Response Project federal grant award.		Adult BH - Substance Use Disorder	13	1	IN 13-0		1971	0	0	141,065	146,699
68	A	HUM	Z406	Recovery Community Centers Fund	C-A-1911	Provides funding to meet legislated revenue transfer for the Recovery Community Centers Fund.	Public Law 2023, Chapter 658 established the Recovery Community Centers Fund, which created a sustainable funding source for Recovery Community Centers using a percentage of the Adult Use Cannabis Revenue. Allocation was approved at \$500 annually. Beginning July 1, 2025 and annually thereafter, a transfer of \$2,000,000 from the Adult Use Cannabis Public Health and Safety and Municipal Opt-in Fund will be established in Title 28-B, Section 1011 for operational support for community recovery centers and to provide funding for capacity building for recently established or new recovery community centers.		Adult BH - Substance Use Disorder	14	1	IN 13-0		2109	0	0	1,999,500	1,999,500
98	C	HUM	0307	Office of Child and Family Services - Central	C-A-1703	Provides funding for the approved reorganization of one Social Services Manager I position to a Child Protective Services Caseworker Supervisor position in the Office of Child and Family Services - Central program and provides funding for related All Other costs.	This position serves as the Youth Program Manager and manages 9 Child Protective Caseworker positions who are supporting youth engaged in transitioning from the child welfare system. The Youth Program Manager is the only statewide manager to manage caseworker staff. Due to range change and stipends, the manager pay is less than the staff supervised. This initiative reclasses the position from a classification which doesn't receive stipends to a classification which does.		Children's Services	10	1	IN 13-0		1809	0	0	14,681	14,685
99	C	HUM	0307	Office of Child and Family	C-A-1703	Provides funding for the approved reorganization of one			Children's	14	1	IN 13-0		1810	0	0	6,018	6,020

**FY 2026-2027 Biennial Budget (LD 210) - HHS Committee Programs - INITIATIVES**

Line #	WS Grp	Dept Code	Pgm Code	Program	Change Package	Initiative Text	Initiative Justification	Initiative Notes	SORT CLASS	Fund Code	Unit	HHS Vote	AFA Vote	Ref #	Position Count FY26	Position Count FY27	Total FY26	Total FY27
100	C	HUM	0307	Office of Child and Family Services - Central	C-A-1705	Continues one limited-period Social Service Program Specialist II position previously continued by Public Law 2023, chapter 17 and transfers the position from the Purchased Social Services program, General Fund to 72% General Fund and 28% Other Special Revenue Funds in the Office of Child and Family Services - Central program through June 12, 2027. This initiative also provides funding for related All Other costs.	This initiative provides funding to continue one limited-period Social Services Program Specialist II position to serve as the Violence Prevention Program Coordinator. This position works collaboratively with the Violence Prevention Manager performing planning, evaluation, budgeting and reporting functions; and providing functional supervision of Victims of Crime Act (VOCA) programs. This position is responsible for the assessment of financial and programmatic performance of VOCA funded contracts, participates in federal and state audit activities and reviews and authorizes expenditures for statewide services provided to victims of crime.		Children's Services	10	1	IN 13-0		1811	0	0	102,162	103,171
101	C	HUM	0307	Office of Child and Family	C-A-1705	Continues one limited-period Social Service Program			Children's	14	1	IN 13-0		1812	0	0	41,874	42,288
102	C	HUM	0563	Child Care Services	C-A-1707	Continues one limited-period Social Services Program Specialist II position previously continued by Financial Order 003671 F5 through June 12, 2027 to serve as the Child Care Data System Coordinator and provides funding for related All Other costs.	The Child Care Data System Coordinator, within the Office of Child and Family Services (OCFS), plays a pivotal role in collaborating with the child care system project team to ensure an understanding of Maine's child care system. This position oversees work directly affecting program goals, objectives, plans, policies, procedures, rules, regulations and develops requirements for system development, implementation, and life cycle maintenance. The position directs reporting on system performance to ensure end users can satisfy program policies and quality standards. Work is performed under limited supervision. The Child Care Data System Coordinator: -Provides program and field expertise for the development of the Child Care Data System. -Provides recommendations for solution implementation approach, user story prioritization for inclusion in sprints and cross-functional design decisions; and -Works with OCFS partners to identify opportunities for business process re-engineering with respect to specific child care programs, practices, and policies. -Straddles the line between Office of Information Technology (OIT) and the Child Care Development Unit staff to help bridge the gap and improve efficiency.		Children's Services	15	1	IN 13-0		1851	0	0	149,555	151,032
103	C	HUM	0563	Child Care Services	C-A-1708	Continues one limited-period Developmental Disabilities Resource Coordinator position previously continued by Public Law 2023, chapter 643 through June 12, 2027 to serve as the Help Me Grow Cultural Broker/Family Support Specialist and provides funding for related All Other costs.	The Help Me Grow Cultural Broker/Family Support Specialist position serves the New Mainer families who speak languages other than English, which is over 250 families served by Help Me Grow. This position is responsible for bridging the New Mainer families and community providers, ensuring trust and understanding is achieved and that families have a path to meeting their needs. This position serves the entire Early Care and Education team, as well as Child Welfare and Maine Center for Disease Control and Prevention. As Immigrant/refugee/asylee families continue to move to Maine, in order to ensure their needs are met and understood, we must ensure that we have culturally responsive staff, such as this position, for the long term.		Children's Services	13	1	IN 13-0		1852	0	0	40,960	127,359
104	C	HUM	0563	Child Care Services	C-A-1710	Continues one limited-period Community Care Worker position previously continued by Public Law 2021, chapter 635 through June 12, 2027 and provides funding for related All Other costs.	Provides funding to continue one limited-period Community Care Worker position to serve as a Licensing Specialist. This position is needed due to the addition of components for meeting health and safety being added to the inspections provided by children's licensing and investigation services per the Child Care Development Fund (CCDF) rule and additional coordination with the Child Care Subsidy Program specific to license-exempt providers. Satisfying this requirement to inspect license exempt was noted as a weakness during the most recent federal Office of Child Care program audit. CCDF Rule 98.42(b)(2)(ii): Inspection of License-Exempt Providers: "For license-exempt child care providers and facilities that are eligible to provide services for which assistance is made available in accordance with this part, an annual inspection for compliance with health and safety (including, but not limited to, those requirements described in§98.41), and fire standards; (iii) Coordinate, to the extent practicable, monitoring efforts with other Federal, State, and local agencies that conduct similar inspections."		Children's Services	15	1	IN 13-0		1853	0	0	105,529	110,439

**FY 2026-2027 Biennial Budget (LD 210) - HHS Committee Programs - INITIATIVES**

Line #	WS Grp	Dept Code	Pgm Code	Program	Change Package	Initiative Text	Initiative Justification	Initiative Notes	SORT CLASS	Fund Code	Unit	HHS Vote	AFA Vote	Ref #	Position Count FY26	Position Count FY27	Total FY26	Total FY27
105	C	HUM	0563	Child Care Services	C-A-1711	Transfers and reallocates one Management Analyst II position from 100% Child Care Services program, General Fund to 72% General Fund and 28% Other Special Revenue Funds in the Office of Child and Family Services - Central program and adjusts funding for related All Other costs.	This initiative allocates work to the appropriate account. The Management Analyst II position is part of the Information Services Unit within the Office of Child and Family Services (OCFS), which provides services to meet the needs of all OCFS programs. Currently, this position is charged directly to the Child Care Services program, General Fund and this creates a cost allocation issue when they work on a different program not supported by the Child Care Services program. To resolve this issue, OCFS requests this position be assigned to the OCFS - Central program and allocated to General Fund and Other Special Revenue Funds, like the other Information Services Unit positions. This will allow the position to be properly allocated to the correct Federal or State fund source.		Children's Services	10	1	IN 13-0		1854	-1	-1	(129,146)	(130,369)
106	C	HUM	0307	Office of Child and Family	C-A-1711	Transfers and reallocates one Management Analyst II position			Children's	10	1	IN 13-0		1813	1	1	92,985	93,866
107	C	HUM	0307	Office of Child and Family	C-A-1711	Transfers and reallocates one Management Analyst II position			Children's	14	1	IN 13-0		1814	0	0	38,115	38,475
108	C	HUM	0139	State-funded Foster Care/Adoption Assistance	C-A-1712	Provides funding for child welfare cycle payments.	This initiative increases funding for the structural gap for the cost of IV-E eligible kids in care. Closing the structural gap will better align the Office of Child and Family Services (OCFS) budget within the Child Welfare Program and decrease dependency on outside funding sources which may change in the future and could cause child welfare subsidy payments to go unpaid due to lack of funding. Failure to address the structural gap puts at risk vital services and supports intended to keep children safe. Although OCFS remains committed to organizational improvement to ensure consistent, quality statewide casework practice, the structural gap continues to make the future uncertain which limits the ability to make substantive changes needed for child safety.		Children's Services	10	1	IN 13-0		1638	0	0	8,670,666	8,258,410
109	C	HUM	0137	IV-E Foster Care/Adoption	C-A-1712	Provides funding for child welfare cycle payments.			Children's	10	1	IN 13-0		1624	0	0	8,389,123	8,954,026
110	C	HUM	0137	IV-E Foster Care/Adoption	C-A-1712	Provides funding for child welfare cycle payments.			Children's	13	1	IN 13-0		1625	0	0	13,389,493	14,177,015
111	C	HUM	0563	Child Care Services	C-A-1721	Continues 3 limited-period Social Services Program Specialist II positions and one limited-period Social Services Program Manager position previously continued by Public Law 2023, chapter 643 and one limited-period Social Services Manager I position established by Financial Order 003673 F5 through June 12, 2027 and provides funding for related All Other costs.	These positions are 100% federal grant funded. The Pre-school Development Grant from the U.S. Department of Health and Human Services' Administration for Children and Families will enhance a variety of early childhood services for Maine children aged 5 or younger. These will include expanded outreach and programming to families with young children, pilot projects to make Pre-K more accessible, professional development for early childhood educators, and financial support for child care providers to improve their program offerings. The grant will also support the development of an Early Childhood Integrated Data System to help make data-driven decisions about programs and policies to benefit Maine children. The grant, which runs over three years, is administered by the Office of Child and Family Services (OCFS) in the Maine Department of Health and Human Services in partnership with the Early Learning Team at the Department of Education and the staff of the Governor's Children's Cabinet. These positions are performing critical management and oversight functions as spelled out in the grant application and budget. Failure to continue these positions would end DHHS coordination with DOE and GOPIF and the state would no longer be in compliance with the grant.		Children's Services	13	1	IN 13-0		1855	0	0	326,353	742,504
112	C	HUM	0563	Child Care Services	C-A-1722	Continues one limited-period Financial Resources Specialist position previously continued by Public Law 2021, chapter 635, through June 12, 2027 and provides one-time funding for related All Other costs.	This position makes decisions regarding family applications for the Child Care Affordability Program (CCAP) and procedures and rules for those receiving subsidy. The Financial Resources Specialist must make determinations on a case-by-case basis, applying various criteria and analyzing the needs of each individual family. This position is 100% federally funded by the Child Care Development Fund Block Grant.		Children's Services	15	1	IN 13-0		1856	0	0	113,458	114,923
113	C	HUM	0563	Child Care Services	C-A-1724	Reduces funding in the Child Care Services program, Federal Block Grant - ARP to align allocations with projected available resources.	Through the American Rescue Plan Act (ARPA) (Pub. Law 117-2) signed on March 11, 2021, Maine received additional Child Care and Development Fund (CCDF) dollars for stabilizing the early care and education (ECE) market. The funds are broken into two different categories of funds. The ARPA Discretionary funds were required to be obligated by September 30, 2023. The ARPA Stabilization funds were required to be obligated by September 30, 2022. Both awards had a 1-year liquidation period which has ended. This initiative is to reduce the allocation to \$500.		Children's Services	26	1	IN 13-0		1857	0	0	(40,919,784)	(40,919,784)

**FY 2026-2027 Biennial Budget (LD 210) - HHS Committee Programs - INITIATIVES**

Line #	WS Grp	Dept Code	Pgm Code	Program	Change Package	Initiative Text	Initiative Justification	Initiative Notes	SORT CLASS	Fund Code	Unit	HHS Vote	AFA Vote	Ref #	Position Count FY26	Position Count FY27	Total FY26	Total FY27
114	C	HUM	0452	Office of Child and Family Services - District	C-A-1727	Establishes 2 Child Protective Services Case Aide positions funded 79% General Fund and 21% Other Special Revenue Funds in the Office of Child and Family Services - District program. This initiative also provides funding for related All Other costs.	As part of the psychotropic medication settlement, child welfare staff will have increased reporting, tracking and oversight requirements of psychotropic medication use to comply with the agreement. The agreement will require medical practitioner involvement to ensure the health and safety of children prescribed psychotropic medication and also includes timeliness requirements for reporting, medical exams, and resource parent notification. The agreement applies to all children receiving medications while in custody.		Children's Services	10	1	IN 8-5		1824	2	2	143,464	149,446
115	C	HUM	0452	Office of Child and Family	C-A-1727	Establishes 2 Child Protective Services Case Aide positions			Children's	14	1	IN 8-5		1825	0	0	39,983	41,614
116	C	HUM	0307	Office of Child and Family Services - Central	C-A-1729	Establishes one Financial Resource Specialist position funded 72% General Fund and 28% Other Special Revenue Funds in the Office of Child and Family Services - Central program to support the federal Title IV-E Prevention Program and provides funding for related All Other costs.	This initiative establishes one Financial Resource Specialist position for the federal Title IV-E Prevention Program due to an increase of youth in foster care. Caseload for Financial Resource Specialists who determine eligibility for Title IV-E foster care have increased to a minimum of 250 cases each. This resulted in the need to re-allocate the Quality Assurance position to strictly holding a caseload. The current caseload requires additional staff to assist with the eligibility caseload and quality assurance reviews to ensure accurate claiming and eligibly determinations for these federal funds.		Children's Services	10	1	IN 8-5		1815	1	1	64,072	66,796
117	C	HUM	0307	Office of Child and Family	C-A-1729	Establishes one Financial Resource Specialist position funded			Children's	14	1	IN 8-5		1816	0	0	26,261	27,378
118	C	HUM	0137	IV-E Foster Care/Adoption Assistance	C-A-1730	Provides one-time funding for system enhancements to the Child Welfare Information System (Katahdin) as it relates to the needs and requirements of the psychotropic medication settlement agreement.	As part of the psychotropic medication settlement agreement, child welfare staff will have increased reporting, tracking and oversight requirements of psychotropic medication use to comply with the agreement. The agreement will require improvements to the Child Welfare Information System (Katahdin). Enhancements to this system will be necessary to effectively implement the timeliness and heightened reporting, tracking and monitoring requirements for all children receiving medication while in custody.		Children's Services	10	1	IN 13-0		1626	0	0	250,000	-
119	C	HUM	0137	IV-E Foster Care/Adoption	C-A-1730	Provides one-time funding for system enhancements to the			Children's	13	1	IN 13-0		1627	0	0	255,800	-
120	C	HUM	Z206	Mental Health Services - Children	C-A-1904	Provides funding for the continuation of a children's behavioral health single assessment per Public Law 2023, chapter 412 funded 75% Office of MaineCare Services, Federal Expenditures Fund and 25% Mental Health Services - Children, General Fund.	Public Law 2023, chapter 412 approved one-time funding of \$1,119,304 in both state fiscal years 2024 and 2025 for the Department to create a single assessment for children's behavioral health services, but did not provide ongoing funding to implement the assessment. The single assessment is a cornerstone of the Children's Behavioral Health Plan and of the draft federal Department of Justice (DOJ) agreement bringing DHHS into compliance with the Americans with Disabilities Act (ADA). The DOJ highlighted concerns in their June 22, 2022 letter to the State about Maine's behavioral health delivery system and recommended that it adopt an evidence-based, coordinated and integrated screening to determine children's behavioral health service needs in the least restrictive setting. The Office of Behavioral Health (OBH) has determined it will use the Level of Care Utilization System (LOCUS) suite of instruments given their evidence of effectiveness and support through the American Academy of Child and Adolescent Psychiatry. OBH has implemented the assessment initially within children's residential care facility services and expects to extend to other service areas over the 2026-2027 biennium, subject to funding. Implementation of the single assessment is eligible for 75% Medicaid match. Based on current estimates, the Children's Behavioral Health Services program would require roughly \$1,262,664 annually to implement the single assessment.		Children's Services	10	7	IN 13-0		2000	0	0	315,666	315,666
121	C	HUM	0129	Office of MaineCare	C-A-1904	Provides funding for the continuation of a children's			Children's	13	1	IN 13-0		1598	0	0	968,968	968,968

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Line #	WS Grp	Dept Code	Pgm Code	Program	Change Package	Initiative Text	Initiative Justification	Initiative Notes	SORT CLASS	Fund Code	Unit	HHS Vote	AFA Vote	Ref #	Position Count FY26	Position Count FY27	Total FY26	Total FY27
122	C	HUM	Z206	Mental Health Services - Children	C-A-1906	Provides funding to continue the Center of Excellence hub for youth behavioral health service providers, as described in the Department's Children's Behavioral Health Plan per the recommendation of the Department of Justice.	The Center of Excellence (CoE) is the training, resource, and fidelity monitoring hub for youth behavioral health service providers delivering three designated evidence-based practices: High-Fidelity Wraparound, family peer support using the PEARLS model, and youth peer support using the Peer Connect model. The CoE is a cornerstone of the Children's Behavioral Health Plan and of the draft federal Department of Justice (DOJ) agreement bringing DHHS into compliance with the Americans with Disabilities Act (ADA). The DOJ highlighted concerns in their June 2022 letter to the State about Maine's behavioral health delivery system and recommended that it develop and expand community-based intensive care coordination. The CoE development was supported through Home and Community Based Services (HCBS) 9817 funding. Because this funding is time limited (expiring March 2025), the Department is requesting funding in order to sustain this work, geared toward the successful implementation and support of this critical evidence-based services. The final 3 months of the fiscal year is able to be funded under existing sources, but more funding is necessary to support this work in future fiscal years. The CoE is eligible for 50% Medicaid match.		Children's Services	10	7	IN 13-0		2001	0	0	1,154,355	1,539,141
123	C	HUM	0129	Office of MaineCare	C-A-1906	Provides funding to continue the Center of Excellence hub for			Children's	13	1	IN 13-0		1599	0	0	1,181,136	1,574,849
124	C	HUM	Z206	Mental Health Services - Children	C-A-1908	Establishes one Management Analyst I position in the Mental Health Services - Children program, General Fund to support expanded data and reporting requirements and provides funding for related All Other costs.	This initiative is to support expanded data and reporting requirements for children's behavioral health; specifically with regard to federal grants (Pediatric Mental Health Care Access Program, Empower ME - Supporting All Maine Children and Families to Live Safe, Happy, and Health Lives - System of Care grant and Block Grants for Community Mental Health Services - Children), the draft settlement agreement with the federal Department of Justice dated January 2022, and recent legislative mandates for significant reporting and analysis, Public Law 2021, chapter 191 and Resolve 2023, chapter 158. To fulfill these obligations the Office of Behavioral Health (OBH) needs data resources to: 1. Develop systems by which we collect, organize, maintain, and analyze data across the system of care 2. Work with outside auditors to validate and improve data collection efforts 3. Integrate data from various systems, 4. Research best practices and national standards over the data lifecycle 5. Assist with the creation of reports to the courts 6. Work with vendors to create tools and mechanisms to capture data OBH has limited data capacity and cannot absorb these requirements. Acentra has some ability to provide data, but it is unreliable. Data and program staff from other teams are covering the needs for now, but this is not sustainable and not consistent with skillsets needed.		Children's Services	10	7	IN 8-5		2002	1	1	100,238	104,183
125	C	HUM	0147	Medical Care - Payments to Providers	C-A-2102	Provides additional funding for final rates resulting from rate determination work and updated utilization assumptions for the department's rule Chapter 101: MaineCare Benefits Manual, Section 98, Therapeutic Foster Care and new Therapeutic Intensive Homes per Public Law 2023, chapter 412.	Service model changes to include a new level of multi-dimensional therapeutic care were necessary to address recent Department of Justice findings outlined in a letter to the Governor on July 22, 2022. This resulted in additional necessary investment to draft rates and utilization assumptions. This initiative annualizes previously appropriated funds and adjusts for finalized rates and updated utilization ramp-up projections.		Children's Services	10	1	IN 13-0		1728	0	0	1,560,422	2,506,621
126	C	HUM	0147	Medical Care - Payments to	C-A-2102	Provides additional funding for final rates resulting from rate			Children's	13	1	IN 13-0		1729	0	0	2,490,518	3,968,763
127	C	HUM	0147	Medical Care - Payments to Providers	C-A-2120	Provides funding to annualize funds received in Public Law 2021, chapter 635 for psychiatric residential treatment facility services.	This initiative is necessary because Public Law 2021, chapter 635 only provided funding for 3 months worth of activity. Additional funding will be required for fiscal year 2025-26 and forward as the Department intends to have a facility operational for the full year by that time.		Children's Services	10	1	IN 13-0		1747	0	0	33,769	1,790,712
128	C	HUM	0147	Medical Care - Payments to	C-A-2120	Provides funding to annualize funds received in Public Law			Children's	13	1	IN 13-0		1748	0	0	4,226	1,703,510
129	C	HUM	0147	Medical Care - Payments to	C-A-2120	Provides funding to annualize funds received in Public Law			Children's	15	1	IN 13-0		1749	0	0	4,181	384,558
130	C	HUM	0563	Child Care Services	C-A-7733	Reduces funding approved in Public Law 2023, chapter 412, to double the monthly wage supplement for child care workers.	Funding approved in Public Law 2023, chapter 412 to double the monthly wage supplement for all child care workers is being repealed. This program was developed to help recruit, retain, and support the workforce of early childhood professionals in licensed child care programs. This program will continue to provide support for child care workers at a funded level of slightly more than \$15 million annually.		Children's Services	10	1	OUT 10-3		1858	0	0	(15,000,000)	(15,000,000)

**FY 2026-2027 Biennial Budget (LD 210) - HHS Committee Programs - INITIATIVES**

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131	C	HUM	0545	Head Start	C-A-7734	Reduces funding approved in Public Law 2023, chapter 412 for the delivery of Head Start services to support families up to 185% of the federal poverty level.	Public Law 2023, chapter 412, Part PPPPP approved additional annual funding of \$3,600,000 for the delivery of Head Start services to support families earning up to 185% of the federal poverty level. Prior to the change in the law, Head Start services funded 100% of the federal poverty level. Head Start programs in Maine operate over 100 centers and 200+ classrooms, serve over 3,000 children, and receive over \$44 million a year in federal funding. Maine is one of 14 states that invests state dollars in Head Start programs.		Children's Services	10	4	OUT 10-3		1842	0	0	(3,600,000)	(3,600,000)
132	C	HUM	0563	Child Care Services	C-A-7735	Reduces funding approved in Public Law 2023, chapter 412, for the child care employment award program, which includes child care staff in the Maine Child Care Affordability Program.	Public Law 2023, chapter 412 approved funding to include child care staff in the Maine Child Care Affordability Program. The Child Care Affordability Program (CCAP) Child Care Employment Award is a 2-year pilot program designed to provide a workplace benefit for staff working in licensed child care programs in Maine. Because the Employment Award works in conjunction with CCAP, if a child care staff employee is eligible for CCAP they would still receive a subsidy payment if enrolled in the program. As of November 1, 2024, 238 families are benefitting from this award, serving 512 children of child care staff in Maine. Many/most of these families would be eligible for CCAP.		Children's Services	10	1	OUT 10-3		1859	0	0	(2,500,000)	(2,500,000)
147	C	HUM	Z208	Developmental Services - Community	C-A-1601	Establishes 3 Developmental Disabilities Resources Coordinator positions and 4 Public Service Manager II positions funded 50% Developmental Services - Community program, General Fund and 50% Office of MaineCare Services program, Federal Expenditures Fund for the new Home and Community Based Services (HCBS) lifespan waiver. This initiative also provides funding for related All Other costs.	This initiative establishes 7 positions for the new Home and Community Based (HCBS) lifespan waiver, 34-B MRSAA§5003-B, serving individuals with Intellectual and Developmental Disabilities (IDD), one Transition Director (Public Service Manager II); 3 Community Resource Coordinators (DD Resource Coordinator); one Training Coordinator (Public Service Manager II); one Supports Intensity Scale (SIS) Project Manager (Public Service Manager II); and one Developmental Services Housing/Self Direction Coordinator (Public Service Manager II). These positions would provide the staffing and support needed to add a significant influx of youth (ages 14 through 17) to services under the Office of Aging and Disability Services, ensure quality by overseeing provider agencies as they provide the new and existing services to align with our policy goals, and continue to provide the training and education resources to create better access to our system. In addition, the lifespan waiver will necessitate the use of a nationally recognized needs assessment tool, Supports Intensity Scale (SIS), which will provide high-quality, reliable, and consistent information about the support needs of waiver members and those on the waitlist. The overall goal of the lifespan waiver is to address significant service gaps for individuals with Intellectual and Developmental Disabilities (IDD) and Autism, which are present in our two current legacy Home and Community Based Services (HCBS) waiver programs serving the IDD community, department's rule Chapter 101: MaineCare Benefits Manual, Chapters II and III, Sections 21 and 29. In addition, the Lifespan Waiver will: - Offer more flexibility to address goals and needs that naturally change across an individual's lifespan; - Improve transition and in-home support services to support successful transition from childhood to adulthood; and - Use new ideas that work to support access to innovative services for people with intellectual and developmental disabilities and their families.		Developmental Services	10	60	IN 8-5		2010	7	7	445,223	465,338
148	C	HUM	0129	Office of MaineCare	C-A-1601	Establishes 3 Developmental Disabilities Resources			Developmental Services	13	1	IN 8-5		1593	0	0	455,119	475,687

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149	C	HUM	Z208	Developmental Services - Community	C-A-1602	Establishes one Public Service Manager II position funded 100% in the Office of Aging and Disability Services Central Office program, General Fund and one Public Service Manager II position funded 50% in the Developmental Services - Community program, General Fund and 50% in the Office of MaineCare Services program, Federal Expenditures Fund for quality assurance work. This initiative also provides funding for related All Other costs.	Public Law 2023, Chapter 89 (LD 449) and Public Law 2023, Chapter 309 (LD 636) were recently signed into law following the First Session of the 131st Legislature. Chapter 89 requires licensing by the Department for all entities, including residential care facilities, that provide services to an adult with an intellectual disability, autism spectrum disorder, a related condition or an acquired brain injury, an extensive array and volume of new providers compared to current licensing requirements. Formerly, a portion of those services would have been subject to licensing under assisted living licensing rules, however, this new law requires all providers of these services to be licensed. Similarly, Chapter 309 replaced a simple registration process with a licensing process for all of Maine's personal care agencies, and the Department now has a much greater role in the oversight and licensing of those entities as well. To appropriately meet the requirements of these two statutes, the Department requires two positions within the Office of Aging and Disability Services (OADS) to issue licenses, perform surveys, address consumer complaints, and to ensure and increase quality. These licensing-focused legislative changes are meant to ensure a higher level of quality in the provision of the aforementioned services for adults in Maine. To that end, OADS has identified the need for two additional Public Service Manager II (PSMII) positions to be focused on quality assurance and oversight. One PSMII will be for the Aging and Long-Term Services and Supports Unit of OADS, and the remaining position for the Developmental Disability and Brain Injury (DDBI) Unit of OADS. The needs of the DDBI unit are higher due to greater supervisory requirements and breadth of services and changes, including development and oversight of new policies of behavior management and safety plans for individuals with IDD and Autism. These positions are necessary due to the differentiation and complexity of these programs, and the differences in licensing requirements. These positions will support current programs, as well as provide dedicated quality oversight, analysis, and program review in partnership with the DHHS Division of Licensing and Certification.		Developmental Services	10	60	IN 8-5		2011	1	1	75,632	79,339
150	C	HUM	0140	Office of Aging and	C-A-1602	Establishes one Public Service Manager II position funded			Developmen	10	1	IN 8-5		1652	1	1	142,418	148,991
151	C	HUM	0129	Office of MaineCare	C-A-1602	Establishes one Public Service Manager II position funded			Developmen	13	1	IN 8-5		1594	0	0	77,379	81,159
152	C	HUM	Z208	Developmental Services - Community	C-A-1603	Reallocates 2 Social Services Program Specialist I positions and one Social Services Program Manager position from 100% Developmental Services - Community program, General Fund to 50% Developmental Services - Community program, General Fund and 50% Office of MaineCare Services program, Federal Expenditures Fund and adjusts funding for related All Other costs.	These positions are all within the Office of Aging and Disability Services employment support program, which supports individuals with intellectual/developmental disability (IDD) to get jobs in the employment of their choosing. The individuals served within this program are all participants in the federally funded Home and Community Based Services (HCBS) waiver programs, and therefore, these positions are eligible for 50% federal MaineCare funding.		Developmental Services	10	60	IN 13-0		2012	0	0	(178,446)	(181,378)
153	C	HUM	0129	Office of MaineCare	C-A-1603	Reallocates 2 Social Services Program Specialist I positions			Developmen	13	1	IN 13-0		1595	0	0	182,623	185,623

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Line #	WS Grp	Dept Code	Pgm Code	Program	Change Package	Initiative Text	Initiative Justification	Initiative Notes	SORT CLASS	Fund Code	Unit	HHS Vote	AFA Vote	Ref #	Position Count FY26	Position Count FY27	Total FY26	Total FY27
154	C	HUM	0140	Office of Aging and Disability Services Central Office	C-A-1604	Provides funding to continue a contracted Director of Workforce Initiatives position funded 50% Office of Aging and Disability Services, General Fund and 50% Office of MaineCare Services, Federal Expenditures Fund to coordinate healthcare workforce related initiatives across the Office of Aging and Disability Services programs. This initiative also provides funding for related All Other costs.	Establish ongoing funding for a contracted Director of Workforce Initiatives position. This position will determine the need and most appropriate methods and techniques to coordinate, publicize and promote the healthcare workforce development and retention efforts across OADS, with other DHHS offices, and in collaboration with the Maine Department of Labor (ME DOL). This position currently exists through federal funding provided under Section 9817 of the American Rescue Plan, which expires in March of 2025. This budget initiative will provide funding to continue the position and its work. The position has collaborated with ME DOL on the "Caring for ME" marketing campaign and currently leads the DHHS-led "Careers with Purpose" marketing campaign to recruit new Home and Community Based Services (HCBS) workers and elevate the status of the profession. This position also serves as the project leader for the Direct Support Worker (DSW) curriculum development across DHHS services and is in the process of securing an appropriate Learning Management System (LMS) to help further the goal to support recruitment and retention of trained, qualified DSWs across systems to ensure consistency and streamlining. Upon completion of the DSW curriculum this position will also be responsible for managing the translation work for the curriculum to be translated into multiple languages, in order to further grow the DSW workforce. In addition to directly managing multiple projects the Director of Workforce Initiatives position will also continue to analyze trends, retirement populations, demographics, available training, and other relevant information that influences and impacts workforce development and support the creation of targeted strategies to advance the recruitment and retention of a qualified caregiver workforce. This has included working with existing employers around retention strategies to reduce workforce turn-over and communication with other states and national organizations on emerging best practices. This position remains essential in continuing these efforts.		Developmental Services	10	1	IN 8-5		1653	0	0	153,247	153,247
155	C	HUM	0129	Office of MaineCare	C-A-1604	Provides funding to continue a contracted Director of			Developmental Services	13	1	IN 8-5		1596	0	0	156,537	156,537
156	C	HUM	0420	Long Term Care - Office of Aging and Disability Services	C-A-1607	Reallocates 21 positions and transfers and reallocates one Social Services Program Specialist II position within the Office of Aging and Disability Services (OADS) program, Long Term Care - OADS program and Developmental Services - Community program to align the duties being performed with the proper funding source and adjusts funding for related All Other costs. Position detail is on file with Bureau of the Budget.	This initiative reallocates 21 positions and transfers and reallocates one Social Services Program Specialist II position within the Office of Aging and Disability Services which are involved with the administration of Medicaid-related services and are eligible to receive enhanced federal match funding. These positions are focused on the delivery of Home and Community Based Services (HCBS) waiver programs and other Medicaid services focused on aging and disabled populations.		Developmental Services	10	1	IN 13-0		1819	0	0	(96,347)	(97,879)
157	C	HUM	0140	Office of Aging and	C-A-1607	Reallocates 21 positions and transfers and reallocates one			Developmental Services	10	1	IN 13-0		1654	1	1	(20,692)	(18,940)
158	C	HUM	Z208	Developmental Services -	C-A-1607	Reallocates 21 positions and transfers and reallocates one			Developmental Services	10	60	IN 13-0		2013	-1	-1	(824,832)	(846,086)
159	C	HUM	0129	Office of MaineCare	C-A-1607	Reallocates 21 positions and transfers and reallocates one			Developmental Services	13	1	IN 13-0		1597	0	0	963,917	985,443
160	C	HUM	Z216	Crisis Outreach Program	C-A-1608	Provides funding for the approved reorganization of 4 Human Services Casework Supervisor positions to 4 Social Services Manager I positions and one Community Response Worker position to a Social Services Program Manager position funded 52.4% General Fund and 47.6% Other Special Revenue Funds in the Crisis Outreach Program and one Public Service Manager II from range 30 to range 32 serving as the Crisis Team Program Administrator in the Developmental Services - Community program.	This initiative supports the growing workload and complexity encountered within these positions at the Office of Aging and Disability Services (OADS). Approved by Bureau of Human Resources on April 1, 2024; July 12, 2024; and July 25, 2024. The OADS Crisis Team serves individuals with intellectual/developmental disability (IDD) or brain injuries who are in crisis. The Crisis Team has 47 members and serves clients in four state-run Crisis House locations throughout Maine and serves individuals in the community. One position is the Program Administrator who leads this team and has been implementing team improvements through new training and management practices. A second position would be created by enhancing an existing, vacant role, and would provide a second person to support the Crisis Team Program Administrator with statewide improvements and management of the OADS Crisis Team. The remaining four positions represent reorganizations of the four regional Crisis Team Leaders who provide direct supervision of the Crisis team members.		Developmental Services	10	1	IN 13-0		2045	0	0	31,910	33,347
161	C	HUM	Z208	Developmental Services -	C-A-1608	Provides funding for the approved reorganization of 4 Human			Developmental Services	10	60	IN 13-0		2014	0	0	11,577	11,582
162	C	HUM	Z216	Crisis Outreach Program	C-A-1608	Provides funding for the approved reorganization of 4 Human			Developmental Services	14	1	IN 13-0		2046	0	0	29,656	30,997



**FY 2026-2027 Biennial Budget (LD 210) - HHS Committee Programs - INITIATIVES**

Line #	WS Grp	Dept Code	Pgm Code	Program	Change Package	Initiative Text	Initiative Justification	Initiative Notes	SORT CLASS	Fund Code	Unit	HHS Vote	AFA Vote	Ref #	Position Count FY26	Position Count FY27	Total FY26	Total FY27
163	C	HUM	Z208	Developmental Services - Community	C-A-1609	Provides funding for the approved reorganization of 3 Social Services Program Specialist II positions to 3 Social Services Manager I positions Developmental Services Community program.	This initiative supports the growing workload and complexity encountered within these positions at the Office of Aging and Disability Services (OADS). Approved by Bureau of Human Resources on June 14, 2024. These positions manage three separate federally funded Home and Community Based Services (HCBS) Waiver programs: Section 18 (Brain Injury Services), Section 21 (IDD) and Section 29 (IDD). Work under these waiver programs has expanded in complexity due to changing federal compliance requirements.	Reclass/Reorg	Developmental Services	10	60	IN 13-0		2015	0	0	26,937	25,234
164	C	HUM	Z206	Mental Health Services - Children	C-A-1916	Provides funding for the approved reclassification of 2 Developmental Disability Resource Coordinator positions to Social Services Program Specialist II positions, retroactive to June 22, 2018 and provides funding for related All Other costs.	An employee initiated FJA was submitted June 22, 2018 to reclassify 2 Developmental Disability Resource Coordinator positions but it was denied by the Bureau of Human Resources on March 18, 2021. The employees appealed the decision and it went to arbitration where the decision was overturned and approved on May 24, 2024. This initiative provides ongoing funding to reclass the positions. A fiscal year 2025 initiative, I-A-1918, has been submitted requesting funding for the retroactive payment and 3 months of permanent ongoing funding.	Reclass/Reorg	Developmental Services	10	7	IN 13-0		2003	0	0	8,475	9,120
165	C	HUM	0129	Office of MaineCare	C-A-1916	Provides funding for the approved reclassification of 2			Developmental Services	13	1	IN 13-0		1600	0	0	8,669	9,337
166	C	HUM	Z211	Developmental Services Waiver - MaineCare	C-A-2123	Provides funding for agency home supports in the department's rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 21, Home and Community Benefits for Members with Intellectual Disabilities or Autism Spectrum Disorder.	Funding received in Public Law 2023, chapter 17 was based on an understated utilization due to inaccurately capturing units of services in the requested estimate. This initiative corrects that analysis and requests funding to properly account for the actual annual spending for this service.		Developmental Services	10	59	IN 13-0		2028	0	0	22,795,066	22,906,999
167	C	HUM	0147	Medical Care - Payments to	C-A-2123	Provides funding for agency home supports in the			Developmental Services	10	1	IN 13-0		1750	0	0	230,253	231,384
168	C	HUM	0147	Medical Care - Payments to	C-A-2123	Provides funding for agency home supports in the			Developmental Services	13	1	IN 13-0		1751	0	0	37,511,612	37,398,548
169	C	HUM	Z211	Developmental Services Waiver - MaineCare	C-A-7134	Reduces funding for efficiencies achieved under the department's rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 21, Home and Community Based Services for Members with Intellectual Disabilities or Autism Spectrum Disorder by returning to pre-COVID residential assignment practices to ensure efficient use of facilities.	Achieve savings by returning to pre-COVID residential assignment practices to ensure efficient use of facilities. Single resident occupancy placements that are not required to meet participant needs result in avoidable increased costs related to staffing and facilities. Reducing single resident occupancy placements in favor of small, community-based placements ensure full and efficient use of facilities and promote socialization and community living skills. These transitions would account for individual participant needs and continue independent living accommodations where appropriate.		Developmental Services	10	59	IN 13-0		2029	0	0	(3,549,044)	(3,566,477)
170	C	HUM	0147	Medical Care - Payments to	C-A-7134	Reduces funding for efficiencies achieved under the			Developmental Services	10	1	IN 13-0		1762	0	0	(57,708)	(57,991)
171	C	HUM	0147	Medical Care - Payments to	C-A-7134	Reduces funding for efficiencies achieved under the			Developmental Services	13	1	IN 13-0		1763	0	0	(5,868,823)	(5,851,107)
172	C	HUM	Z036	Division of Licensing and Certification	Part-XX-1	This Part clarifies the licensing fees and terms for agencies that provide services to adults with certain conditions pursuant to PL 2023 c. 89, An Act to Authorize the Department of Health and Human Services to License Home-based and Community-based Services for Persons with an Intellectual Disability, Autism Spectrum Disorder or a Related Condition or an Acquired Brain Injury and Define Autism Spectrum Disorder.			Developmental Services	10	1	IN 13-0			0	0	-	-
191	A	HUM	Z034	Multicultural Services	C-A-1212	Provides funding for the approved reorganization of one Office Specialist II position to a Public Service Coordinator I position funded 60% General Fund and 40% Other Special Revenue Funds in the Department of Health and Human Services Central Operations program and one Public Service Manager II position from range 30 to range 31. This initiative also transfers and reallocates the Public Service Manager II position from 100% General Fund in the Multicultural Services program to 60% General Fund and 40% Other Special Revenue Funds in the Department of Health and Human Services Central Operations program and adjusts funding for related All Other costs.	These two reorganizations and one transfer align the job classes with the current duties of the positions and with similar positions within the department. The Office Specialist II reorganization was approved by Bureau of Human Resources on July 19, 2024 and the Public Service Manager II reorganization was approved by the Bureau of Human Resources on September 10, 2024.	Reclass/Reorg	DHHS Mgmt - Policy	10	1	IN 13-0		1896	-1	-1	(157,981)	(161,832)
192	A	HUM	0142	Department of Health and	C-A-1212	Provides funding for the approved reorganization of one			DHHS	10	1	IN 13-0		1661	1	1	103,915	104,510
193	A	HUM	0142	Department of Health and	C-A-1212	Provides funding for the approved reorganization of one			DHHS	14	1	IN 13-0		1662	0	0	71,047	71,489

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Line #	WS Grp	Dept Code	Pgm Code	Program	Change Package	Initiative Text	Initiative Justification	Initiative Notes	SHORT CLASS	Fund Code	Unit	HHS Vote	AFA Vote	Ref #	Position Count FY26	Position Count FY27	Total FY26	Total FY27
194	A	HUM	0142	Department of Health and Human Services Central Operations	C-A-1213	Provides funding for the Department's share of the cost for the financial and human resources service center within the Department of Administrative and Financial Services.	Service Centers within DAFS provide centralized accounting, payroll, budgeting and human resources services to departments and agencies. Service Centers are established as an internal service funds intended to recoup their costs through billings to departments and agencies for services provided. The Service Centers expenses are higher due to negotiated and benefit changes to Personal Services as well as increases in operational costs. This recoupment process results in increased billing rates to departments and agencies.		DHHS Mgmt - Policy	10	1	IN 13-0		1663	0	0	858,694	1,096,327
195	A	HUM	0129	Office of MaineCare	C-A-1213	Provides funding for the Department's share of the cost for the			DHHS	10	1	IN 13-0		1586	0	0	178,895	228,402
196	A	HUM	0129	Office of MaineCare	C-A-1213	Provides funding for the Department's share of the cost for the			DHHS	13	1	IN 13-0		1587	0	0	183,045	233,700
197	A	HUM	0142	Department of Health and	C-A-1213	Provides funding for the Department's share of the cost for the			DHHS	14	1	IN 13-0		1664	0	0	585,744	747,842
198	A	HUM	Z034	Multicultural Services	C-A-1215	Reduces Federal Expenditures Fund and Other Special Revenue Funds allocation to align with available resources.	Reduces funding to align allocation with anticipated revenue.		DHHS Mgmt - Policy	13	1	IN 13-0		1897	0	0	(1,469,248)	(1,469,248)
199	A	HUM	0140	Office of Aging and	C-A-1215	Reduces Federal Expenditures Fund and Other Special			DHHS	13	2	IN 13-0		1650	0	0	(105,000)	(105,000)
200	A	HUM	Z036	Division of Licensing and	C-A-1215	Reduces Federal Expenditures Fund and Other Special			DHHS	13	1	IN 13-0		1907	0	0	(884,177)	(884,177)
201	A	HUM	Z199	Office of Behavioral Health	C-A-1215	Reduces Federal Expenditures Fund and Other Special			DHHS	13	5	IN 13-0		1967	0	0	(4,040,153)	(4,040,153)
202	A	HUM	0129	Office of MaineCare	C-A-1215	Reduces Federal Expenditures Fund and Other Special			DHHS	14	4	IN 13-0		1588	0	0	(77,000)	(77,000)
203	A	HUM	0129	Office of MaineCare	C-A-1215	Reduces Federal Expenditures Fund and Other Special			DHHS	14	5	IN 13-0		1589	0	0	(500)	(500)
204	A	HUM	0129	Office of MaineCare	C-A-1215	Reduces Federal Expenditures Fund and Other Special			DHHS	15	2	IN 13-0		1590	0	0	(4,571,186)	(4,571,186)
205	A	HUM	Z198	Mental Health Services -	C-A-1215	Reduces Federal Expenditures Fund and Other Special			DHHS	15	93	IN 13-0		1945	0	0	(1,872,874)	(1,872,874)
206	A	HUM	Z199	Office of Behavioral Health	C-A-1215	Reduces Federal Expenditures Fund and Other Special			DHHS	15	6	IN 13-0		1968	0	0	(6,530,972)	(6,530,972)
207	A	HUM	0129	Office of MaineCare	C-A-1215	Reduces Federal Expenditures Fund and Other Special			DHHS	20	3	IN 13-0		1591	0	0	(1,505,268)	(1,505,268)
208	A	HUM	0140	Office of Aging and	C-A-1215	Reduces Federal Expenditures Fund and Other Special			DHHS	25	1	IN 13-0		1651	0	0	(1,382,751)	(2,782,751)
209	A	HUM	Z198	Mental Health Services -	C-A-1215	Reduces Federal Expenditures Fund and Other Special			DHHS	26	92	IN 13-0		1946	0	0	-	(3,138,475)
210	A	HUM	Z199	Office of Behavioral Health	C-A-1215	Reduces Federal Expenditures Fund and Other Special			DHHS	26	1	IN 13-0		1969	0	0	(3,640,385)	(5,640,385)
211	A	HUM	Z206	Mental Health Services -	C-A-1215	Reduces Federal Expenditures Fund and Other Special			DHHS	26	97	IN 13-0		1999	0	0	-	(2,388,417)
212	A	HUM	0137	IV-E Foster Care/Adoption Assistance	C-A-1216	Provides funding for statewide technology services provided by the Department of Administrative and Financial Services, Office of Information Technology.	MaineIT is responsible for the delivery of safe, secure, and high-performing networks and systems to State Agencies for daily performance of their missions for the citizens of Maine. IT enterprises functions benefitting all state agencies are managed through this office to ensure consistency, volume discount efficiencies, and optimum performance and throughput. MaineIT is established as an internal service fund intended to recoup their costs through billings to departments and agencies for services provided. MaineIT expenses are higher due to negotiated and benefit changes to Personal Services as well as increases in operational costs, including vendor increases, supply chain costs, and network and systems modernization and upgrades. This recoupment process results in increased billing rates to departments and agencies.		DHHS Mgmt - Policy	10	1	IN 13-0		1623	0	0	769,070	715,160
213	A	HUM	0129	Office of MaineCare	C-A-1216	Provides funding for statewide technology services provided			DHHS	10	1	IN 13-0		1592	0	0	219,969	199,255
214	A	HUM	0139	State-funded Foster	C-A-1216	Provides funding for statewide technology services provided			DHHS	10	1	IN 13-0		1637	0	0	37,336	37,336
215	A	HUM	0142	Department of Health and	C-A-1216	Provides funding for statewide technology services provided			DHHS	10	1	IN 13-0		1665	0	0	242,871	255,481
216	A	HUM	0453	Office for Family	C-A-1216	Provides funding for statewide technology services provided			DHHS	10	1	IN 13-0		1829	0	0	224,741	224,741
217	A	HUM	Z200	Driver Education &	C-A-1216	Provides funding for statewide technology services provided			DHHS	10	1	IN 13-0		1977	0	0	92,285	92,285
218	A	HUM	Z216	Crisis Outreach Program	C-A-1216	Provides funding for statewide technology services provided			DHHS	10	1	IN 13-0		2043	0	0	18,124	18,124
219	A	HUM	Z219	Riverview Psychiatric	C-A-1216	Provides funding for statewide technology services provided			DHHS	10	50	IN 13-0		2059	0	0	661,345	620,375
220	A	HUM	Z222	Dorothea Dix Psychiatric	C-A-1216	Provides funding for statewide technology services provided			DHHS	10	55	IN 13-0		2076	0	0	716,807	675,837
221	A	HUM	Z216	Crisis Outreach Program	C-A-1216	Provides funding for statewide technology services provided			DHHS	14	1	IN 13-0		2044	0	0	16,848	16,848
222	A	HUM	Z036	Division of Licensing and Certification	C-A-1501	Establishes 4 Social Service Program Specialist I positions funded 66% Other Special Revenue Funds and 34% General Fund in the Division of Licensing and Certification program for required personal care agency and waiver home surveys and to address complaints. This initiative also provides funding for related All Other costs.	The Division of Licensing and Certification (DLC) is seeking to create 4 surveyor positions for the oversight and licensing of personal care agencies and waiver home. Public Law 2023, c. 89 and 309 increased the need for oversight and joint rule-making with the Office of Aging and Disability Services, requiring DHHS to license and survey 300+ personal care agencies and 1000+ waiver home beds. The number of providers for each program type has increased since legislation was passed. The complexity of the rules in development will require additional staff to implement the new regulatory scheme. We are hoping to offset some of these costs by adding licensing fees for waiver homes (and other similar entities).		DHHS Mgmt - Policy	10	1	IN 7-6		1908	0	0	139,868	145,896

**FY 2026-2027 Biennial Budget (LD 210) - HHS Committee Programs - INITIATIVES**

Line #	WS Grp	Dept Code	Pgm Code	Program	Change Package	Initiative Text	Initiative Justification	Initiative Notes	SORT CLASS	Fund Code	Unit	HHS Vote	AFA Vote	Ref #	Position Count FY26	Position Count FY27	Total FY26	Total FY27
223	A	HUM	Z036	Division of Licensing and	C-A-1501	Establishes 4 Social Service Program Specialist I positions			DHHS	14	4	IN 7-6		1909	4	4	227,340	237,128
224	A	HUM	Z036	Division of Licensing and	C-A-1501	Establishes 4 Social Service Program Specialist I positions			DHHS	14	8	IN 7-6		1910	0	0	50,520	52,694
225	A	HUM	Z036	Division of Licensing and Certification	C-A-1504	Establishes one Social Services Program Manager position funded 66% Other Special Revenue Funds and 34% General Fund in the Division of Licensing and Certification program to serve as the program manager for the new team providing personal care agency and waiver home surveys. This initiative also provides funding for related All Other costs.	Public Law 2023, chapters 89 and 309 increased the need for oversight and subsequent joint rule-making with the Office of Aging and Disability Services, requiring DHHS to license and survey 300+ personal care agencies and 1000+ waiver home beds. This initiative establishes one Social Services Program Manager position to serve as the program manager for the new personal care agency and waiver home surveyor team. This position will add parity with other survey teams within the Division of Licensing and Certification, effectively managing all aspects of this new licensing program. We are hoping to try and offset some of this costs by adding licensing fees for personal care agencies and waiver homes.		DHHS Mgmt - Policy	10	1	IN 7-6		1911	0	0	43,314	45,358
226	A	HUM	Z036	Division of Licensing and	C-A-1504	Establishes one Social Services Program Manager position			DHHS	14	4	IN 7-6		1912	1	1	70,402	73,721
227	A	HUM	Z036	Division of Licensing and	C-A-1504	Establishes one Social Services Program Manager position			DHHS	14	8	IN 7-6		1913	0	0	15,644	16,383
228	A	HUM	Z036	Division of Licensing and Certification	C-A-1508	Reallocates the costs of 80 positions and transfers and reallocates one Comprehensive Health Planner II position between various accounts within the Division of Licensing and Certification program to align funding with the tasks performed by the positions. This initiative also reallocates funding for related All Other costs. Position detail is on file in the Bureau of the Budget.	The Division of Licensing and Certification (DLC) is seeking to reallocate 80 various positions and transfer and reallocate one position that are currently budgeted in the cost allocated accounts. 8 of the positions are budgeted at 35% General Fund and 65% Other Special Revenue cost allocated split and 73 positions budgeted at a 39% General Fund and 61% Other Special Revenue cost allocated split. This initiative seeks to reallocate 12% of the total personal services charges for each position directly to the Maine Background Check Program account for time spent working for this program and the remaining budget to all be allocated at the 39% General Fund, 61% Other Special Revenue split. The result of the reallocation is a reduction to the general fund obligation of \$441,999 in FY26 and \$453,590 in FY27.		DHHS Mgmt - Policy	10	1	IN 13-0		1914	-1	-1	(429,464)	(439,197)
229	A	HUM	Z036	Division of Licensing and	C-A-1508	Reallocates the costs of 80 positions and transfers and			DHHS	14	8	IN 13-0		1916	0	0	1,167,245	1,197,436
230	A	HUM	Z036	Division of Licensing and	C-A-1508	Reallocates the costs of 80 positions and transfers and			DHHS	14	4	IN 13-0		1915	1	1	(702,399)	(719,316)
231	A	HUM	Z036	Division of Licensing and Certification	Part-HHH-1	This Part lapses \$1,500,000 from the Maine Background Check Program, Other Special Revenue Funds account to the unappropriated surplus of the General Fund no later than June 30, 2026.			DHHS Mgmt - Policy	10	8	IN 13-0			0	0	-	-
232	A	HUM	Z036	Division of Licensing and	Part-HHH-2	This Part lapses \$1,500,000 from the Maine Background			DHHS Mgmt	14	8	IN 13-0			0	0	-	-
249	A	HUM	Z040	Office of Aging and Disability Services Adult Protective Services	C-A-1610	Provides funding for the approved reorganization one Social Services Program Specialist I position to a Management Analyst II position funded in the Office of Aging and Disability Services (OADS) Central Office program, General Fund and one Social Services Program Specialist I position to a Management Analyst II position and one Social Services Program Specialist II position to a Social Services Program Manager position funded in the OADS Adult Protective Services program, General Fund.	This initiative supports the growing workload and complexity encountered within these positions at the Office of Aging and Disability Services (OADS). Approved by Bureau of Human Resources on May 3, 2024 and May 28, 2024. The Adult Protective Services (APS) Client Asset Management Unit (CAMU) serves individuals under public guardianship to manage assets. The CAMU Supervisor and 2 CAMU Specialist positions are being reclassified, due to a greater volume of work and complexity of work from the probate code changes that recently went into effect.	Reclass/ Reorg	Elder Services	10	1	IN 13-0		1927	0	0	11,664	16,820
250	A	HUM	0140	Office of Aging and	C-A-1610	Provides funding for the approved reorganization one Social			Elder	10	1	IN 13-0		1655	0	0	8,736	8,738
251	A	HUM	0420	Long Term Care - Office of Aging and Disability Services	C-A-7612	Reduces funding in the Long Term Care - Office of Aging and Disability Services program, General Fund to align with projected expenditures.	This account is being adjusted to align with projected expenditures. This reduction will mean that certain state-funded long-term services and supports programs will be held at current service levels and will decrease the department's ability to respond quickly to emerging long-term services and supports needs.		Elder Services	10	1	IN 13-0		1820	0	0	(4,000,000)	(4,000,000)
252	C	HUM	0228	Purchased Social Services	C-A-7736	Transfers positions and funding from the Fund for Healthy Maine within the Department of Health and Human Services to the General Fund to address declining tobacco settlement funds. Position details on file with the Bureau of Budget.	Transfers positions and funding from the Fund for Healthy Maine within the Department of Health and Human Services to the General Fund to address declining tobacco settlement funds.		FHM	10	1	OUT 13-0		1802	0	0	-	1,971,118
253	C	HUM	0143	Maine Center for Disease	C-A-7736	Transfers positions and funding from the Fund for Healthy			FHM	10	1	OUT 13-0		1702	0	12	7,500,000	17,391,734
254	C	HUM	0545	Head Start	C-A-7736	Transfers positions and funding from the Fund for Healthy			FHM	10	4	OUT 13-0		1843	0	0	-	1,354,580

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255	C	HUM	Z199	Office of Behavioral Health	C-A-7736	Transfers positions and funding from the Fund for Healthy			FHM	10	1	OUT 13-0		1972	0	0	-	1,070,802
256	C	HUM	0143	Maine Center for Disease	C-A-7736	Transfers positions and funding from the Fund for Healthy			FHM	13	3	OUT 13-0		1703	0	0	-	8
257	C	HUM	0143	Maine Center for Disease	C-A-7736	Transfers positions and funding from the Fund for Healthy			FHM	24	25	OUT 13-0		1704	0	0	-	(300,000)
258	C	HUM	0143	Maine Center for Disease	C-A-7736	Transfers positions and funding from the Fund for Healthy			FHM	24	26	OUT 13-0		1705	0	0	-	(2,873,870)
259	C	HUM	0143	Maine Center for Disease	C-A-7736	Transfers positions and funding from the Fund for Healthy			FHM	24	27	OUT 13-0		1706	0	-7	-	(1,833,692)
260	C	HUM	0143	Maine Center for Disease	C-A-7736	Transfers positions and funding from the Fund for Healthy			FHM	24	28	OUT 13-0		1707	0	0	-	(36,463)
261	C	HUM	0143	Maine Center for Disease	C-A-7736	Transfers positions and funding from the Fund for Healthy			FHM	24	30	OUT 13-0		1708	0	-5	(7,500,000)	(11,903,033)
262	C	HUM	0143	Maine Center for Disease	C-A-7736	Transfers positions and funding from the Fund for Healthy			FHM	24	31	OUT 13-0		1709	0	0	-	(777,504)
263	C	HUM	0228	Purchased Social Services	C-A-7736	Transfers positions and funding from the Fund for Healthy			FHM	24	1	OUT 13-0		1803	0	0	-	(1,971,118)
264	C	HUM	0545	Head Start	C-A-7736	Transfers positions and funding from the Fund for Healthy			FHM	24	4	OUT 13-0		1844	0	0	-	(1,354,580)
265	C	HUM	Z199	Office of Behavioral Health	C-A-7736	Transfers positions and funding from the Fund for Healthy			FHM	24	1	OUT 13-0		1973	0	0	-	(1,070,802)
276	A	ADM	Z185	Maine Developmental Disabilities Council	C-A-1020	Provides funding to align allocations with projected expenditures and available resources for the Maine Developmental Disabilities Council.	This initiative provides funding to align allocations with projected expenditures and available resources for the Maine Developmental Disabilities Council.		HHS Other	13	1	IN 13-0		210	0	0	519,535	519,535
280	B	HUM	0148	Nursing Facilities	C-A-2114	Provides funding to annualize funds received in Public Law 2023, chapter 643 to support nursing facility rate reform efforts beginning January 1, 2025.	Public Law 2023, chapter 643 approved funding to support rate reform efforts beginning January 1, 2025. This initiative annualizes that funding.		MaineCare - Nursing Facilities	10	1	IN 13-0		1774	0	0	3,252,000	3,271,000
281	B	HUM	0148	Nursing Facilities	C-A-2114	Provides funding to annualize funds received in Public Law			MaineCare -	13	1	IN 13-0		1775	0	0	6,148,000	6,129,000
282	B	HUM	0148	Nursing Facilities	C-A-2114	Provides funding to annualize funds received in Public Law			MaineCare -	14	2	IN 13-0		1776	0	0	600,000	600,000
283	B	HUM	0148	Nursing Facilities	C-A-7777	Adjusts funding to align with revenue projections from the December 1, 2024 revenue forecast.	This initiative aligns allocation with December 1, 2024 revenue forecast.	RFC Adjustment	MaineCare - Nursing Facility Tax	14	2	IN 13-0		1777	0	0	1,455,716	1,455,716
294	B	HUM	Z040	Office of Aging and Disability Services Adult Protective Services	C-A-1606	Reallocates 99 Human Services Caseworker positions, 16 Human Services Casework Supervisor positions and 4 Public Service Manager II positions from 90% General Fund to 87% General Fund and from 10% Other Special Revenue Funds to 13% Other Special Revenue Funds in the Office of Aging and Disability Services Adult Protective Services program. This initiative also adjusts funding for related All Other costs.	This initiative seeks to reallocate the funding of certain Adult Protective Services (APS) positions, in order to achieve General Fund Personal Services savings by receiving federal administrative match for the Medicaid-related activities of these positions. The federal match has been secured through the application of a Random Moment Time Study (RMTS) process, carried out with the support of a contracted consultant. The RMTS is used to calculate a percentage of "moments" for APS Investigators throughout a work day that are either Medicaid-related or not Medicaid-related. The results of the RMTS become the auditable record to demonstrate that the match is allowable.		MaineCare Admin	10	1	IN 13-0		1925	0	0	(448,167)	(457,076)
295	B	HUM	Z040	Office of Aging and	C-A-1606	Reallocates 99 Human Services Caseworker positions, 16			MaineCare	14	2	IN 13-0		1926	0	0	462,080	471,197
296	B	HUM	0129	Office of MaineCare Services	C-A-2004	Establishes one limited-period Public Service Coordinator II position funded 50% General Fund and 50% Federal Expenditures Fund in the Office of MaineCare Services program through June 12, 2027 and provides funding for related All Other costs.	This initiative establishes one limited-period Public Service Coordinator II position. Hospital rate reform established in Public Law 2021, chapter 639, is an ongoing effort, and more specialized support will be needed as MaineCare takes on rate reform for Institutions for Mental Diseases (IMDs). Additionally, as the first phases of hospital reform are implemented, there will be an increased need for subject matter expertise to troubleshoot and respond to any questions and issues that arise. Lastly, this position is needed to provide oversight of the very large scale of new investments being made in hospitals.		MaineCare Admin	10	1	IN 13-0		1601	0	0	69,409	72,555
297	B	HUM	0129	Office of MaineCare	C-A-2004	Establishes one limited-period Public Service Coordinator II			MaineCare	13	1	IN 13-0		1602	0	0	71,094	74,315
298	B	HUM	0129	Office of MaineCare Services	C-A-2011	Continues one limited-period Reimbursement Specialist position previously continued by Financial Order 003589 F5 funded 50% General Fund and 50% Federal Expenditures Fund in the Office of MaineCare Services program through June 12, 2027 and provides funding for related All Other costs.	The caseload for the casualty recovery team remains high and shows no signs of coming down to pre-Medicaid Expansion or pre-COVID levels. Continuing this LPP will enable this unit to keep up with all the current and pending cases per the Social Security Administration, section 1902(a)(25) and 42 CFR 433 Subpart D. This is also an income generating position that brings in dollars owed to MaineCare by insurance companies.		MaineCare Admin	10	1	IN 13-0		1605	0	0	50,116	52,089
299	B	HUM	0129	Office of MaineCare	C-A-2011	Continues one limited-period Reimbursement Specialist			MaineCare	13	1	IN 13-0		1606	0	0	51,293	53,311

### FY 2026-2027 Biennial Budget (LD 210) - HHS Committee Programs - INITIATIVES

Line #	WS Grp	Dept Code	Pgm Code	Program	Change Package	Initiative Text	Initiative Justification	Initiative Notes	SORT CLASS	Fund Code	Unit	HHS Vote	AFA Vote	Ref #	Position Count FY26	Position Count FY27	Total FY26	Total FY27
300	B	HUM	0129	Office of MaineCare Services	C-A-2012	Provides funding for a contracted vendor funded 50% General Fund and 50% Federal Expenditures Fund in the Office of MaineCare Services program to serve as the federally required waiver evaluator for Maine's expanding behavioral health and justice-related waiver.	The Office of MaineCare Services is required to expand eligibility of MaineCare starting in 2025 to juveniles 21 and under who are incarcerated 30 days prior to release to improve the continuum of care and re-entry health outcomes by the Federal Consolidated Appropriations Act of 2023 - P.L. 117-328 (CAA). Additionally, in 2023 the Maine State Legislature passed Public Law 2023, chapter 458 requiring MaineCare to apply for the 1115 re-entry waiver in 2025 to provide similar support to all MaineCare members discharging from carceral settings. To implement these changes and other behavioral health improvements, MaineCare plans to combine changes into a renewal and expansion of the current SUD 1115 waiver. The federal government requires significant oversight and reporting associated with 1115 waiver flexibilities. This initiative seeks to provide funding for a contracted resource to implement the Centers for Medicaid and Medicare Services (CMS) approved Substance Use Disorder (SUD) - Institute for Mental Disease (IMD) Evaluation Plan, conduct a SUD Mid-Point Assessment, including a written report of finding, develop and work with the Department to obtain CMS approval on a revised Evaluation Desing for four SUD pilot projects, and implement the final approved Maine Pilot Project evaluation.		MaineCare Admin	10	1	IN 13-0		1607	0	0	62,500	62,500
301	B	HUM	0129	Office of MaineCare	C-A-2012	Provides funding for a contracted vendor funded 50% General			MaineCare	13	1	IN 13-0		1608	0	0	63,950	63,950
302	B	HUM	0129	Office of MaineCare Services	C-A-2016	Reallocates one Comprehensive Health Planner II position from 50% Federal Expenditures Fund and 50% General Fund to 75% Federal Expenditures Fund and 25% General Fund within the same program and adjusts funding for related All Other costs.	This initiative reallocates one Comprehensive Health Planner II position within the Office of MaineCare Services to a higher Federal Financial Participation (FFP) rate as the work performed is 100% allowed at the enhanced rate. The initiative provides for General Fund savings.		MaineCare Admin	10	1	IN 13-0		1609	0	0	(31,736)	(31,953)
303	B	HUM	0129	Office of MaineCare	C-A-2016	Reallocates one Comprehensive Health Planner II position			MaineCare	13	1	IN 13-0		1610	0	0	32,479	32,701
322	B	HUM	Z225	Disproportionate Share - Dorothea Dix Psychiatric Center	C-A-1311	Adjusts funding for positions in the Dorothea Dix Psychiatric Center as a result of the decrease in the 2026 Federal Medical Assistance Percentage. The new rate is 61.48% for fiscal year 2025-26 and 61.29% for fiscal year 2026-27.	This initiative adjusts funding for positions within the Dorothea Dix Psychiatric Center to reflect the decrease in the Federal Medical Assistance Percentage (FMAP) from 62.06% to 61.29% in federal fiscal year 2025-26. The blended FMAP rate is a decrease from 62.21% in fiscal year 2024-25.		MaineCare FMAP	10	15	IN 13-0		2083	0	0	458,808	525,182
323	B	HUM	Z220	Disproportionate Share -	C-A-1311	Adjusts funding for positions in the Dorothea Dix Psychiatric			MaineCare	10	10	IN 13-0		2067	0	0	1,172	1,315
324	B	HUM	Z219	Riverview Psychiatric	C-A-1311	Adjusts funding for positions in the Dorothea Dix Psychiatric			MaineCare	14	20	IN 13-0		2060	0	0	(1,185)	(1,327)
325	B	HUM	Z222	Dorothea Dix Psychiatric	C-A-1311	Adjusts funding for positions in the Dorothea Dix Psychiatric			MaineCare	14	25	IN 13-0		2078	0	0	(463,473)	(530,770)
326	B	HUM	Z220	Disproportionate Share - Riverview Psychiatric Center	C-A-1404	Adjusts funding for positions in the Riverview Psychiatric Center as a result of the increase in the 2026 Federal Medical Assistance Percentage. The new rate is 61.48% for fiscal year 2025-26 and 61.29% for fiscal year 2026-27.	This initiative adjusts funding for positions within the Riverview Psychiatric Center to reflect the decrease in the Federal Medical Assistance Percentage (FMAP) from 62.06% to 61.29% in federal fiscal year 2025-26 pursuant to final rates received October 3, 2024. The blended FMAP rate is a decrease from 62.21% in fiscal year 2024-25.		MaineCare FMAP	10	10	IN 13-0		2069	0	0	388,730	475,897
327	B	HUM	Z219	Riverview Psychiatric	C-A-1404	Adjusts funding for positions in the Riverview Psychiatric			MaineCare	14	20	IN 13-0		2062	0	0	(394,203)	(482,598)
328	B	HUM	0148	Nursing Facilities	C-A-2109	Adjusts funding as a result of the increase in the state share of the blended Federal Medicaid Assistance Percentage from fiscal year 2024-25.	This initiative adjusts funding to reflect the increase in the Federal Medical Assistance Percentage (FMAP) from a state share blended rate of 37.79% in fiscal year 2024-25 to a projected blended rate of 38.52% in fiscal year 2025-26 and 38.71% in fiscal year 2026-27.		MaineCare FMAP	10	1	IN 13-0		1772	0	0	4,034,851	5,085,018
329	B	HUM	0147	Medical Care - Payments to	C-A-2109	Adjusts funding as a result of the increase in the state share of			MaineCare	10	1	IN 13-0		1735	0	0	15,528,680	19,641,956
330	B	HUM	Z201	Mental Health Services -	C-A-2109	Adjusts funding as a result of the increase in the state share of			MaineCare	10	40	IN 13-0		1980	0	0	1,123,211	1,415,554
331	B	HUM	Z202	Office of Behavioral Health	C-A-2109	Adjusts funding as a result of the increase in the state share of			MaineCare	10	41	IN 13-0		1984	0	0	271,839	342,592
332	B	HUM	Z207	Mental Health Services -	C-A-2109	Adjusts funding as a result of the increase in the state share of			MaineCare	10	80	IN 13-0		2006	0	0	829,768	1,045,735
333	B	HUM	Z210	Medicaid Services -	C-A-2109	Adjusts funding as a result of the increase in the state share of			MaineCare	10	50	IN 13-0		2021	0	0	752,621	948,508
334	B	HUM	Z211	Developmental Services	C-A-2109	Adjusts funding as a result of the increase in the state share of			MaineCare	10	59	IN 13-0		2024	0	0	3,898,992	4,913,798
335	B	HUM	Z212	Developmental Services	C-A-2109	Adjusts funding as a result of the increase in the state share of			MaineCare	10	54	IN 13-0		2033	0	0	1,011,312	1,274,531
336	B	HUM	Z214	Traumatic Brain Injury	C-A-2109	Adjusts funding as a result of the increase in the state share of			MaineCare	10	51	IN 13-0		2039	0	0	2,486	3,133
337	B	HUM	Z217	Medicaid Waiver for Other	C-A-2109	Adjusts funding as a result of the increase in the state share of			MaineCare	10	56	IN 13-0		2049	0	0	77,542	97,724
338	B	HUM	Z218	Medicaid Waiver for Brain	C-A-2109	Adjusts funding as a result of the increase in the state share of			MaineCare	10	58	IN 13-0		2052	0	0	185,304	233,534
339	B	HUM	0147	Medical Care - Payments to	C-A-2109	Adjusts funding as a result of the increase in the state share of			MaineCare	13	1	IN 13-0		1736	0	0	(24,333,365)	(30,666,706)
340	B	HUM	0148	Nursing Facilities	C-A-2109	Adjusts funding as a result of the increase in the state share of			MaineCare	13	1	IN 13-0		1773	0	0	(4,034,851)	(5,085,018)
341	B	HUM	0147	Medical Care - Payments to	C-A-2109	Adjusts funding as a result of the increase in the state share of			MaineCare	15	1	IN 13-0		1737	0	0	(612)	(72,337)
342	B	HUM	0147	Medical Care - Payments to	C-A-2109	Adjusts funding as a result of the increase in the state share of			MaineCare	24	1	IN 13-0		1738	0	0	625,883	788,784

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Line #	WS Grp	Dept Code	Pgm Code	Program	Change Package	Initiative Text	Initiative Justification	Initiative Notes	SORT CLASS	Fund Code	Unit	HHS Vote	AFA Vote	Ref #	Position Count FY26	Position Count FY27	Total FY26	Total FY27
343	B	HUM	Z202	Office of Behavioral Health	C-A-2109	Adjusts funding as a result of the increase in the state share of			MaineCare	24	41	IN 13-0		1985	0	0	26,338	33,193
344	B	HUM	0147	Medical Care - Payments to Providers	C-A-2108	Public Law 2023 chapter 643 changed the hospital tax year from fiscal year 2019-20 to 2021-22, updated the tax rate applied to acute care hospitals from 2.23% to 3.25%, and eliminated the hospital tax for critical access hospitals. These changes are in effect beginning January 1, 2025. As a result, the initiative reflected only 6 months of funding. This initiative annualizes these changes in each year of biennium.	Public Law 2023 chapter 643 changed the hospital tax year from fiscal year 2019-20 to 2021-22, updated the tax rate applied to acute care hospitals from 2.23% to 3.25%, and eliminated the hospital tax for critical access hospitals. These changes are in effect beginning January 1, 2025. As a result, the initiative reflected only 6 months of funding. This initiative annualizes these changes in each year of the biennium.		MaineCare Hospitals	10	1	IN 13-0		1733	0	0	(29,472,420)	(29,472,420)
345	B	HUM	0147	Medical Care - Payments to	C-A-2108	Public Law 2023 chapter 643 changed the hospital tax year			MaineCare	14	4	IN 13-0		1734	0	0	29,472,420	29,472,420
346	B	HUM	0129	Office of MaineCare Services	C-A-2126	Provides allocation for Health Information Technology-related efforts, including the State-designated Health Information Exchange (HIE), funded by a new annual assessment on inpatient hospital beds to be collected by the Department.	The Centers for Medicare & Medicaid Services now recognizes the HIE as part of MaineCare's Medicaid Enterprise System, which enables the Department to receive 75% federal Medicaid match on expenses to support ongoing operation of the HIE. PL 2023 c. 643 provided a one-time source of state share to leverage this 75% federal funding to maintain the HIE through September 30, 2025. This new assessment is needed to create an ongoing source of state share for this purpose, and for other efforts related to the use of Health Information Technology to advance MaineCare's Enterprise System. The HIE supports the collection of cross-system clinical data to provide the only full picture of a patient's clinical care to enhance care coordination between providers to improve the value of patient care. For hospitals, this assessment will replace the participant fee they currently pay to participate in the HIE.	Part WW	MaineCare Hospitals	13	1	IN 8-5		1611	0	0	5,400,000	5,400,000
347	B	HUM	0129	Office of MaineCare	C-A-2126	Provides allocation for Health Information Technology-related			MaineCare	14	1	IN 8-5		1612	0	0	1,800,000	1,800,000
348	B	HUM	0147	Medical Care - Payments to Providers	C-A-7133	Reduces funding to transition reimbursement of hospital professional costs at hospital based practices related to the department's rule Chapter 101, MaineCare Benefits Manual, Chapter III, Section 45, Hospital Services to 109% of Medicare rates over a 5 year period.	Under our current cost settlement reimbursement methodology, providers have no incentive to curb cost growth and the state does not have the ability to limit cost growth. Hospitals have been expanding/reclassifying their affiliated practices as hospital-based in order to take advantage of the cost settlement of professional costs on top of the reimbursement they receive under the fee schedules for other services that aligns with reimbursement received by independent practices. Hospital based practices currently receive the weighted average equivalent of 170% of Medicare, which is very generous for Medicaid reimbursement. Individual hospital reimbursement has approached close to 400% of Medicare, which is indefensible. In the first year, individual hospitals exceeding 160% of Medicare reimbursement across all hospitals will be capped at 160% of Medicare reimbursement.	Amendment: Transition rates to 160% of Medicare	MaineCare Hospitals	10	1	AMD 13-0		1759	0	0	-	(6,876,577)
349	B	HUM	0147	Medical Care - Payments to	C-A-7133	Reduces funding to transition reimbursement of hospital		see above	MaineCare	13	1	AMD 13-0		1760	0	0	-	(16,966,294)
350	B	HUM	0147	Medical Care - Payments to	C-A-7133	Reduces funding to transition reimbursement of hospital		see above	MaineCare	15	1	AMD 13-0		1761	0	0	-	(266,356)
351	B	HUM	Z211	Developmental Services Waiver - MaineCare	C-A-2111	Adjusts appropriated funding to better align with anticipated actual expenditures following the implementation of the new consolidated structure of non-administrative MaineCare appropriations.	This initiative rebalances baseline appropriation amounts across the new consolidated non-administrative MaineCare accounts proposed under CA2110. This is necessary because the mapping of current to future expenditures that will be used to create the new consolidated appropriations will not initially exactly align with the categories created by the new appropriations. For example, expenditures and baseline appropriations for Private Non-Medical Institution (PNMI) services are currently included largely in 010-014701. However, under the new consolidated approach, PNMI expenses will fund allocate instead to the new Long Term Care and PNMI account. This initiative will move an amount equal to what was spent on PNMI services in FY 2024 from 010-014701 to the new Long Term Care and PNMI account. For full detail on which expenses are projected to be rebalanced to other appropriations, see included analysis tabs.	DHHS propose to remove initiative	MaineCare Other	10	59	OUT 13-0		2025	0	0	-	25,324,681
352	B	HUM	0147	Medical Care - Payments to	C-A-2111	Adjusts appropriated funding to better align with anticipated			MaineCare	10	1	OUT 13-0		1739	0	0	-	(113,202,784)
353	B	HUM	Z421	Long Term Care and PNMI	C-A-2111	Adjusts appropriated funding to better align with anticipated			MaineCare	10	30	OUT 13-0		2116	0	0	-	81,840,486
354	B	HUM	Z422	Children's Health Insurance	C-A-2111	Adjusts appropriated funding to better align with anticipated			MaineCare	10	20	OUT 13-0		2119	0	0	-	6,037,617
355	B	HUM	0147	Medical Care - Payments to	C-A-2111	Adjusts appropriated funding to better align with anticipated			MaineCare	13	1	OUT 13-0		1740	0	0	-	(665,512,444)
356	B	HUM	Z211	Developmental Services	C-A-2111	Adjusts appropriated funding to better align with anticipated			MaineCare	13	59	OUT 13-0		2026	0	0	-	467,715,199
357	B	HUM	Z421	Long Term Care and PNMI	C-A-2111	Adjusts appropriated funding to better align with anticipated			MaineCare	13	30	OUT 13-0		2117	0	0	-	181,085,740
358	B	HUM	Z422	Children's Health Insurance	C-A-2111	Adjusts appropriated funding to better align with anticipated			MaineCare	15	20	OUT 13-0		2120	0	0	-	16,711,505

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Line #	WS Grp	Dept Code	Pgm Code	Program	Change Package	Initiative Text	Initiative Justification	Initiative Notes	Sort CLASS	Fund Code	Unit	HHS Vote	AFA Vote	Ref #	Position Count FY26	Position Count FY27	Total FY26	Total FY27
359	B	HUM	0202	Low-cost Drugs To Maine's Elderly	C-A-2116	Provides funding to increase MaineCare appropriations and allocations to reflect increases in costs and enrollment.	MaineCare has added over 100,000 members without significant new funding since 2020, and continues to see high rates of new enrollment and corresponding broad-based increases to utilization. This initiative requests funding to better align appropriation and allocation levels with currently projected amounts and includes updates for general cost increases in residential and home and community-based services, hospital cost settlement and prior hospital prospective interim payments and federally required coverage of new and expensive drugs, among other areas.		MaineCare Other	10	1	IN 8-5		1789	0	0	346,343	344,872
360	B	HUM	0147	Medical Care - Payments to	C-A-2116	Provides funding to increase MaineCare appropriations and			MaineCare	10	1	IN 8-5		1741	0	0	96,729,843	96,840,359
361	B	HUM	Z009	PNMI Room and Board	C-A-2116	Provides funding to increase MaineCare appropriations and			MaineCare	10	1	IN 8-5		1876	0	0	7,102,535	7,072,368
362	B	HUM	Z211	Developmental Services	C-A-2116	Provides funding to increase MaineCare appropriations and			MaineCare	10	59	IN 8-5		2027	0	0	17,693,181	17,618,034
363	B	HUM	Z212	Developmental Services	C-A-2116	Provides funding to increase MaineCare appropriations and			MaineCare	10	54	IN 8-5		2034	0	0	878,480	874,749
364	B	HUM	0147	Medical Care - Payments to	C-A-2116	Provides funding to increase MaineCare appropriations and			MaineCare	13	1	IN 8-5		1742	0	0	361,802,773	360,655,916
365	B	HUM	0147	Medical Care - Payments to	C-A-2116	Provides funding to increase MaineCare appropriations and			MaineCare	14	5	IN 8-5		1743	0	0	1,207,432	3,215,701
366	B	HUM	0147	Medical Care - Payments to	C-A-2116	Provides funding to increase MaineCare appropriations and			MaineCare	15	1	IN 8-5		1744	0	0	8,354,198	8,299,977
367	B	HUM	0147	Medical Care - Payments to Providers	C-A-7129	Reduces funding to reflect rate changes for the department's rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 43, Hospice Services from 123% to 100% of the Medicare rate and Section 55, Laboratory Services from 70% of the 2009 Medicare rates to 72.4% of current Medicare rates.	MaineCare Benefits Manual, Chapter III, Section 43, Hospice Services are currently paid at 123% of the Medicare rate for many hospice services, more than most other services, despite Medicare recently updating their methodology to better cover hospice-related costs. This initiative sets hospice rates to 100% of the Medicare rate, which ties payment to performance outcomes, improving focus on the provision of high value care. MaineCare Benefits Manual, Chapter III, Section 55, Laboratory Services currently reimburses at 70% of the 2009 Medicare rate and this initiative changes the rate to 72.4% of current year, which is the same level for Section 90 and other sections of policy. Note that Medicare rates have decreased since 2009 which is why this adjustment results in savings. Aligning lab services rate to the current year for Medicare eliminates unintended policy incentives with respect to billing decisions and creates parity with other services. These rate changes result in a savings.		MaineCare Other Providers	10	1	IN 7-6		1752	0	0	(213,401)	(853,604)
368	B	HUM	0147	Medical Care - Payments to Providers	C-A-7131	Provides funding to increase MaineCare reimbursement for ambulance services under the department's rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 5, Ambulance Services.	The Office of MaineCare Services provides coverage that includes ambulance service providers. Please note a related Budget Initiative for state fiscal years beginning on or after July 1, 2026, non-municipal ambulance service providers are required to pay an ambulance service tax. The Office of MaineCare Services will use the funding to support the increased costs of MaineCare-covered services, and will reinvest a portion of the new revenue in reimbursement for ambulance service providers. The Office of MaineCare Services provides coverage that includes ambulance service providers, and the costs of covering those services has grown rapidly in recent years. Please note a related Budget Initiative for state fiscal years beginning on or after July 1, 2026, non-municipal ambulance service providers are required to pay an ambulance service tax. The Office of MaineCare Services will use the funding to support the increased costs of MaineCare-covered services, and will reinvest a portion of the new revenue in reimbursement for ambulance service providers.		MaineCare Other Providers - EMS	10	1	OUT 13-0		1753	0	0	-	1,632,151
369	B	HUM	0147	Medical Care - Payments to	C-A-7131	Provides funding to increase MaineCare reimbursement for			MaineCare	13	1	OUT 13-0		1754	0	0	-	3,653,645
370	B	HUM	0147	Medical Care - Payments to	C-A-7131	Provides funding to increase MaineCare reimbursement for			MaineCare	15	1	OUT 13-0		1755	0	0	-	50,573
371	B	HUM	0147	Medical Care - Payments to Providers	C-A-7135	Adjusts funding to institute a tax on ambulance services under the department's rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 5, Ambulance Services.	The Office of MaineCare Services (OMS) provides coverage that includes ambulance service providers. For state fiscal years beginning on or after July 1, 2026, this requires non-municipal ambulance service providers to pay an ambulance service tax. The OMS will use the funding to support the increased costs of MaineCare-covered services, and will reinvest a portion of the new revenue in reimbursement for ambulance service providers in a separate, related Budget Initiative.	Part TT	MaineCare Other Providers - EMS	10	1	OUT 13-0		1764	0	0	-	(3,635,508)
372	B	HUM	0147	Medical Care - Payments to	C-A-7135	Adjusts funding to institute a tax on ambulance services under			MaineCare	14	19	OUT 13-0		1765	0	0	-	3,635,508
374	B	HUM	0202	Low-cost Drugs To Maine's Elderly	C-A-2101	Provides funding for the annual Medicare Part D rate increase.	Medicare rates change annually and funding is needed to reflect a significant Part D increase for Calendar Year 2025.		MaineCare Prescription	10	1	IN 13-0		1788	0	0	273,783	291,226
375	B	HUM	0147	Medical Care - Payments to	C-A-2101	Provides funding for the annual Medicare Part D rate increase.			MaineCare	10	1	IN 13-0		1727	0	0	8,529,525	9,072,938

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Line #	WS Grp	Dept Code	Pgm Code	Program	Change Package	Initiative Text	Initiative Justification	Initiative Notes	SORT CLASS	Fund Code	Unit	HHS Vote	AFA Vote	Ref #	Position Count FY26	Position Count FY27	Total FY26	Total FY27
376	B	HUM	0147	Medical Care - Payments to Providers	C-A-2117	Adjusts funding between the General Fund and Other Special Revenue Funds within the MaineCare pharmacy program to reflect the drug rebates received annually.	This initiative adjusts the amount of the state portion of drug rebates received annually based on projections.		MaineCare Prescription Drugs	10	1	IN 13-0		1745	0	0	(18,500,000)	(18,500,000)
377	B	HUM	0147	Medical Care - Payments to Providers	C-A-2117	Adjusts funding between the General Fund and Other Special Revenue Funds within the MaineCare pharmacy program to reflect the drug rebates received annually.			MaineCare Prescription Drugs	14	5	IN 13-0		1746	0	0	18,500,000	18,500,000
378	B	HUM	0147	Medical Care - Payments to Providers	C-A-7132	Provides funding to increase current MaineCare dispensing fees under the department's rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 80, Pharmacy Services to reflect increased dispensing costs, including the cost of the proposed per-prescription pharmacy assessment.	The Office of MaineCare Services provides a pharmacy benefit for prescription drug coverage for MaineCare enrollees. The costs associated with the pharmacy program have grown due to large increases in the number of MaineCare enrollees, and due to new and expensive drugs entering the market. A related budget initiative will create a revenue stream to help fund the pharmacy benefit, while reinvesting a portion of the new revenue in increased pharmacy dispensing fees to reflect increased dispensing costs to pharmacies. The dispensing fees were determined based on a 2017 study and have not been updated from that amount. MaineCare is participating in a dispensing cost study with other New England states to help determine the new dispensing fee.	Part SS	MaineCare Prescription Drugs	10	1	OUT 13-0		1756	0	0	587,801	2,351,206
379	B	HUM	0139	State-funded Foster	C-A-7132	Provides funding to increase current MaineCare dispensing			MaineCare	10	1	OUT 13-0		1639	0	0	4,211	16,842
380	B	HUM	0147	Medical Care - Payments to Providers	C-A-7132	Provides funding to increase current MaineCare dispensing			MaineCare	13	1	OUT 13-0		1757	0	0	1,484,138	5,936,551
381	B	HUM	0147	Medical Care - Payments to Providers	C-A-7132	Provides funding to increase current MaineCare dispensing			MaineCare	15	1	OUT 13-0		1758	0	0	29,161	116,643
382	B	HUM	0147	Medical Care - Payments to Providers	C-A-7136	Adjusts funding for a per prescription assessment on in-state pharmacy providers under the department's rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 80, Pharmacy Services in response to increased costs to the pharmacy benefit.	The Office of MaineCare Services provides a pharmacy benefit for prescription drug coverage for MaineCare enrollees. The costs associated with the pharmacy program have grown due to large increases in the number of MaineCare enrollees, and due to new and expensive drugs entering the market. This initiative will create a revenue stream to help fund this benefit, while reinvesting a portion of the new revenue in increased pharmacy dispensing fees to reflect increased dispensing costs to pharmacies.	Part SS	MaineCare Prescription Drugs	10	1	OUT 13-0		1766	0	0	(2,286,170)	(9,144,681)
383	B	HUM	0147	Medical Care - Payments to Providers	C-A-7136	Adjusts funding for a per prescription assessment on in-state pharmacy providers under the department's rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 80, Pharmacy Services in response to increased costs to the pharmacy benefit.			MaineCare	14	18	OUT 13-0		1767	0	0	2,286,170	9,144,681
402	D	HUM	0453	Office for Family Independence - District	C-A-1801	Continues and makes permanent 45 limited-period Customer Representative Associate II - Human Services positions and 3 limited-period Family Independence Unit Supervisor positions previously continued by Public Law 2023, chapter 17 funded 75% Other Special Revenue Funds and 25% General Fund in the Office for Family Independence - District program. This initiative also provides funding for related All Other costs.	The Office for Family Independence maintains a call center to serve over 400,000 clients who access MaineCare, Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance for Needy Families (TANF). Currently, these 45 positions triage over 700,000 phone calls per year, but are only able to fully resolve one third of calls received. The remaining calls need to be handled by Eligibility Specialists, especially for calls related to SNAP or TANF. In addition to cost savings resulting from increased Federal funding, this initiative would improve retention and enable the 45 positions to both respond to MaineCare questions and fully process MaineCare eligibility decisions, reducing the number of applications and renewals that need to be handled by multiple staff. As a result of this initiative, clients would be able to more quickly reach the correct staff member to respond to their question or process the eligibility decision that they are requesting.		Public Assistance	10	1	IN 13-0		1830	0	0	1,143,753	1,187,824
403	D	HUM	0453	Office for Family Independence	C-A-1801	Continues and makes permanent 45 limited-period Customer Representative Associate II - Human Services positions and 3 limited-period Family Independence Unit Supervisor positions previously continued by Public Law 2023, chapter 17 funded 75% Other Special Revenue Funds and 25% General Fund in the Office for Family Independence - District program. This initiative also provides funding for related All Other costs.			Public	14	1	IN 13-0		1831	48	48	3,514,943	3,650,201
404	D	HUM	Z020	Office for Family Independence	C-A-1803	Continues one limited-period Family Independence Program Manager position previously established by Public Law 2023, chapter 412 through June 12, 2027, funded 50% General Fund and 50% Other Special Revenue Funds in the Office for Family Independence program and provides funding for related All Other costs.	This position is necessary for ensuring continued compliance with State, 22 MRSA, chapter 855, and Federal, 42 CFR Parts 430, 438 and 457, regulations. This position is responsible for overseeing the MaineCare program integrity team to ensure compliance with statute/regulations, as well as leading the Department through Centers for Medicare and Medicaid Services (CMS) federally required Payment Error Rate Measurement (PERM) audit and Medicaid Eligibility Quality Control (MEQC) audit, as well as internal DHHS Medicaid and Children's Health Insurance Program (CHIP) audits. As part of the audit processes the position must validate or invalidate all findings, ensure necessary case corrections are completed, update internal staff guidance, and develop and enforce corrective action plans to ensure continued funding matches. Exiting the Public Health Emergency and returning to pre-pandemic guidelines will increase Medicaid closures and increases the need for this position to oversee and support correct eligibility decisions.		Public Assistance	10	1	IN 13-0		1887	0	0	66,004	69,185
405	D	HUM	Z020	Office for Family Independence	C-A-1803	Continues one limited-period Family Independence Program Manager position previously established by Public Law 2023, chapter 412 through June 12, 2027, funded 50% General Fund and 50% Other Special Revenue Funds in the Office for Family Independence program and provides funding for related All Other costs.			Public	14	1	IN 13-0		1888	0	0	67,545	70,799



**FY 2026-2027 Biennial Budget (LD 210) - HHS Committee Programs - INITIATIVES**

Line #	WS Grp	Dept Code	Pgm Code	Program	Change Package	Initiative Text	Initiative Justification	Initiative Notes	SORT CLASS	Fund Code	Unit	HHS Vote	AFA Vote	Ref #	Position Count FY26	Position Count FY27	Total FY26	Total FY27
406	D	HUM	Z019	Food Supplement Administration	C-A-1804	Continues one limited-period Senior Planner position previously continued by Public Law 2023, chapter 412 through June 12, 2027 and provides funding for related All Other cost.	The Senior Planner position is critical to the ongoing management of the Supplemental Nutrition Assistance Program Education program (SNAP-Ed) and Supplemental Nutrition Assistance Program Education and Training (SNAP E&T) programs. SNAP E&T is required by 7 U.S.C. § 2015(d) and detailed in 7 C.F.R. § 273.7. Maine makes use of contractors as appropriate and allowable but many functions are required to be performed by state staff. The Senior Planner coordinates the efforts of and facilitates communication among contractors and staff including accepting referrals, providing additional screening and connecting clients with contracted providers, accepting referrals from providers, and authorizing reimbursement of supports. The Senior Planner compiles reports for Food and Nutrition Service (FNS) oversight. They contribute to program integrity by performing site visits, timely answering of questions from contractors, and deduplicating participant rosters against rosters for other programs providing the same supports. Maine operates a SNAP education plan as authorized by 7 C.F.R. § 272.5.		Public Assistance	13	1	IN 13-0		1881	0	0	134,753	140,137
407	D	HUM	Z020	Office for Family Independence	C-A-1805	Continues one Family Independence Program Manager position previously established by Public Law 2023, chapter 412 funded 50% General Fund and 50% Other Special Revenue Funds in the Office for Family Independence program through June 12, 2027 and provides funding for related All Other costs.	The Family Independence Program Manager position is critical to the ongoing implementation of the summer electronic benefit transfer (EBT) program established by the Consolidated Appropriations Act of 2023 (P.L. 117-328) and Public Law 2023, chapter 643. This position also supports the Supplemental Nutrition Assistance Program (SNAP) Senior Program Manager position. For Summer EBT, this position will oversee technology integration, rules, communications, data sharing agreements, and audit activities. For SNAP, this position is instrumental in improving Maine's Payment Error Rate, maintaining compliance with eligibility criteria, and implementing four new federal SNAP requirements and initiatives.		Public Assistance	10	1	IN 13-0		1889	0	0	66,004	69,185
408	D	HUM	Z020	Office for Family	C-A-1805	Continues one Family Independence Program Manager			Public	14	1	IN 13-0		1890	0	0	67,545	70,799
409	D	HUM	0208	Disability Determination - Division of	C-A-1808	Continues 5 limited-period Disability Claims Adjudicator positions, one limited-period Disability Claims Supervisor position and one limited-period Office Associate II position previously established by Public Law 2023, chapter 17 through June 12, 2027 and provides funding for related All Other costs.	Maine Disability Determination Services (DDS) is required to clear 17,000-20,000 disability claims each year and historically has been vastly understaffed relative to other State DDSs. Disability claims are projected to rise this year and in coming years. Maine DDS has needed to assign a workload pace well beyond the national average for case processing staff, and as such Maine DDS has operated with an attrition rate between 20-38% of these staff per year for the last 4 years and has an extensive backlog of cases to process. This backlog has created long wait times for the most vulnerable Maine citizens to receive life-changing benefits. Maine DDS has relied on outside assistance of Social Security Administration (SSA) Federal case processing staff and other states to complete the necessary workloads required for Maine residents. These additional positions have helped correct staffing levels, and therefore workload assignments, and assist the Maine DDS to complete its required workload without relying on limited outside assistance and will reduce case processing times to better serve Maine. These positions are 100% federally funded by the SSA and address statutory and regulatory compliance standards related to the DDS system, Social Security Administration Program Operations Manual DI 39557.003 Current Performance Standards - DDS.		Public Assistance	13	1	IN 13-0		1794	0	0	811,569	844,273

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410	D	HUM	0146	Additional Support for People in Retraining and Employment	C-A-1809	Continues one limited-period Family Independence Program Manager position previously established by Public Law 2023, chapter 17 through June 12, 2027 and provides funding for related All Other costs.	The Senior Planner positions serve as Whole Family Case Coordinators (WFCCs) and play an integral role in the success of ASPIRE families statewide. Focused on families that have not progressed in the same way other ASPIRE households have, WFCCs work to address unmet needs through accessing existing community and State resources and support. This team works with families that have been enrolled in the program for an extended period of time, that have been sanctioned, that present special circumstances, and that have been involved in other programs, such as those administered by the Office of Child and Family Services. WFCCs assist in program re-engagement, both improving Maine's federally-required Work Participation Rate and ultimately working to reduce reliance on social assistance programs. The Field Investigator Program Manager position serves as the Whole Family Case Coordinator Program Manager and oversees a state-wide team of 15 Senior Planners, ensuring that the WFCC work is administered in an efficient and effective manner. This position supervises and supports that team; sets objectives and assesses progress towards those objectives; and analyzes program data to ensure incremental and longitudinal benchmarks are met.	DHHS propose to remove initiative	Public Assistance	15	1	OUT 13-0		1715	0	0	157,198	158,701
411	D	HUM	0130	General Assistance - Reimbursement to Cities and Towns	C-A-1812	Provides funding for the approved reorganization of one Family Independence Program Manager position to a Public Service Coordinator II position in the General Assistance - Reimbursement to Cities and Towns program, Other Special Revenue Funds and provides funding for related All Other costs.	This initiative reorganizes a Family Independence Program Manager position to a Public Service Coordinator II position in the General Assistance - Reimbursement to Cities and Towns program to align the position classification with current duties and responsibilities. The Functional Job Analysis (FJA) was approved by the Bureau of Human Resources on May 30, 2024.	Reclass/Reorg	Public Assistance	14	1	IN 13-0		1616	0	0	14,491	19,955
412	D	HUM	0453	Office for Family Independence - District	C-A-1823	Establishes 11 limited-period Eligibility Specialist positions and 2 limited-period Family Independence Unit Supervisor positions funded 62.1% Other Special Revenue Funds and 37.9% General Fund in the Office for Family Independence - District program through June 12, 2027 and provides funding for related All Other costs.	The Office for Family Independence (OFI) is seeking to create these positions to address significant increases in workload and caseload. Because of telephonic interview requirements for the Supplemental Nutrition Assistance Program (SNAP) and other features that require live, time-sensitive help from eligibility workers, nearly all calls that need eligibility-specialist attention. This has put substantially increased pressure on the OFI call queue, and consequently we are not meeting our obligation to address phone calls from the public about their benefits. Clients routinely experience wait times in excess of 2 hours to talk with an eligibility worker and we frequently are unable to transfer calls to an eligibility worker on the same day as the call is received. Since 2019, the average number of clients that OFI serves per month has increased from 300,000 to 420,000 (an increase of 42%). During this time, staffing only increased by 6%. The increase in program enrollment is due primarily to MaineCare expansion as well as increased demand for the SNAP, which saw a 12% enrollment increase in the past two years alone. Additional MaineCare expansions in the past two years include: extension of transitional MaineCatr (3174-G), increase MSP FPLs (3174-LLL), postpartum coverage extension (3174-G and 42 CFR§457.10), expansion for kids to 300% FPL (3174-G), and removal of premiums and lock-outs for CHIP (3174-T). Additional Eligibility Specialist (ES) positions will address increased workload due to increased enrollment and the need to comply with processing standards for SNAP (7 C.F.R. §273.2(g)) and Medicaid (42 CFR§435.916 and §919). These 11 new ES positions will also need the managerial support of 2 supervisors to maintain existing staff to supervisor ratios.		Public Assistance	10	1	IN 8-5		1832	0	0	504,499	524,934
413	D	HUM	0453	Office for Family	C-A-1823	Establishes 11 limited-period Eligibility Specialist positions			Public	14	1	IN 8-5		1833	0	0	845,904	880,156
414	D	HUM	Z019	Food Supplement Administration	C-A-7833	Reduces funding for state-funded Supplemental Nutrition Assistance Program benefits within the Food Supplement Administration program, General Fund per the repeal of Maine Revised Statutes, Title 22, section 3104-A, hardship criteria D.	22 M.R.S. §3104-A states "The department shall provide food assistance to households that would be eligible for assistance under the federal Food Stamp Act of 1977, 7 United States Code, Section 2011 et seq. and under the federal Food and Nutrition Act of 2008 but for provisions of Sections 401, 402 and 403 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996" if they meet one of the 4 hardship criteria. Maine is one of only five states that provide a state-funded benefit to noncitizens not eligible for Federally Funded SNAP. Since 2022, the number of individuals receiving this benefit has increased 334%. Hardship D makes individuals who have obtained proper work documentation but are unemployed eligible for state SNAP benefits. The repeal of Hardship D will result in elimination of the current state SNAP budget shortfall and will produce permanent savings.		Public Assistance	10	1	OUT 8-5		1882	0	0	(3,375,000)	(4,500,000)

**FY 2026-2027 Biennial Budget (LD 210) - HHS Committee Programs - INITIATIVES**

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452	C	HUM	0143	Maine Center for Disease Control and Prevention	C-A-1101	Establishes one Public Service Coordinator II position to serve as the Laboratory Safety Officer and provides funding for related All Other costs.	The Public Service Coordinator II position serves as the Laboratory Safety Officer (LSO) and is necessary for developing, implementing and maintaining a comprehensive health and safety program for the Health and Environmental Testing Laboratory (HETL). The HETL is a complex operation involving microbiological, environmental, and forensic sections, with numerous staff who face hazards in their daily activities and/or during emergency response activities and strong oversight is needed to ensure the safety of all staff and visitors. This position will also meet the Department of Labor-mandated role of Chemical Hygiene Officer. The Worker Health and Safety Program will include the identification and assessment of potential physical, chemical, biological, and radiological hazards and the selection and implementation of appropriate measures to prevent or control these hazards, including appropriate waste management. The LSO will be responsible for staff education/training on health and safety measures and for complying with relevant health and safety regulations. The LSO will chair the HETL Safety Committee and will conduct periodic safety and health audits across the HETL facility. The LSO will update safety and health policies, processes, and procedures as indicated. This position will be responsible for promoting a culture of safety at HETL and reporting of actual and potential safety issues which may place staff and others at risk, assessing those risks, implementing redundant systems to keep risks to the absolute minimum, oversight of site-specific workplace safety policies and procedures, and maintaining a safety plan that meets agency and OSHA requirements.		Public Health	25	19	IN 10-3		1688	1	1	138,823	145,112
453	C	HUM	0143	Maine Center for Disease Control and Prevention	C-A-1102	Continues and makes permanent one Chemist II position and one Chemist III position previously continued in Public Law 2023, chapter 17 and establishes 2 Chemist II positions and provides funding for related All Other costs. This initiative also provides funding for a lab instrument service contract and lab consumables.	This initiative continues and makes permanent one Chemist II position and one Chemist III position and establishes 2 Chemist II positions in the forensic chemistry section of the Health and Environmental Testing Laboratory (HETL) to perform forensic drug testing, including blood drug, blood alcohol, urine drug testing for OUI cases and other forensic investigations, including sexual assaults. Creating these positions will maintain the current level of capacity in the lab, since the 2 new Chemist II positions will replace 2 contracted positions. The 2 limited-period positions are currently funded with federal National Highway Traffic Safety Administration (NHTSA) funding through the Department of Public Safety, Bureau of Highway Safety (DPS-BHS). As of July 2024, more states are eligible for this federal funding resulting in less funds being awarded to Maine. The DPS-BHS has discretion as to which projects will receive funding and has alerted HETL that they can no longer support the positions. These positions are critical to the Forensic Unit within the lab. Without the Chemist III position and the 3 Chemist II positions, HETL would lose its capability to perform toxicology and lose accreditation in toxicology testing due to lack of a technical supervisor. This funding requests also includes funding for a lab instrument service contract and lab consumables, including drug standards and whole blood which is currently paid by DPS-BHS funding.		Public Health	14	4	IN 9-4		1689	4	4	627,573	634,689
454	C	HUM	0143	Maine Center for Disease Control and Prevention	C-A-1103	Continues and makes permanent 8 Environmental Specialist III positions previously continued by Public Law 2021, chapter 398 in the Maine Center for Disease Control and Prevention program, General Fund for the Childhood Lead Poisoning Prevention Program and provides funding for related All Other costs.	This initiative converts 8 Environmental Specialist III positions from limited-period positions to permanent positions. These positions provide essential, mandated environmental lead investigations in the homes of lead-poisoned children to identify and order removal of lead hazards per the Lead Poisoning Control Act, Maine Revised Statutes, Title 22, sections 1320 to 1322. These positions were established in response to amendments to the Lead Poisoning Control Act in 2015 and 2019 that expanded the number of new cases managed by the Childhood Lead Poisoning Prevention Program from 50-80 per year to 300-400 per year. The number of new cases per year has remained consistent and there is no indication of a reduction in cases in the next 5 years. This initiative would make these essential positions permanent to support the ongoing need for the services and promote staff recruitment and retention.		Public Health	10	1	IN 8-5		1690	8	8	906,465	940,018

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455	C	HUM	0143	Maine Center for Disease Control and Prevention	C-A-1104	Continues 5 limited-period Environmental Specialist III positions and one limited-period Environmental Specialist IV position previously established by Public Law 2023, chapter 412, 2 limited-period Environmental Specialist III positions, one limited-period Environmental Engineer position and one limited-period Assistant Environmental Engineer position previously continued by Financial Order CV0718 F5 and one limited-period Environmental Specialist III position previously continued by Public Law 2023, chapter 17 through June 12, 2027 and provides one-time funding for related All Other costs.	This initiative continues 11 limited-period positions in the Drinking Water Program to address the significant increase in responsibilities stemming from new federal mandates regarding perfluoroalkyl and polyfluoroalkyl substances (PFAS), lead service lines, lead in schools, cybersecurity, climate resilience, and infrastructure funding needs at Public Water Systems. The need for these positions continues into the future to maintain primacy for oversight of the Safe Drinking Water Act in the face of new challenges. These 11 positions are currently federally funded, and this funding level can be maintained after Bipartisan Infrastructure Law (BIL) and ARPA funds expire - no General Funds are needed. Permanent funding sources are the Drinking Water State Revolving Fund set-asides (SRF 013-10A-2471-03) for nine positions, with the other two being funded by the Public Water Supply System grant (PWSS 013-10A-2473-03) and the Alternative Funding Mechanism fees (AFM 014-10A-2423-01). These positions include eight Environmental Specialist III's focused on PFAS, lead, cybersecurity, climate resilience and database support, an Environmental Engineer and Assistant Environmental Engineer overseeing drinking water infrastructure projects, as well as one Environmental Specialist IV leading a newly organized compliance unit providing violation follow-up and technical assistance to struggling and disadvantaged water systems. There is significant support for these on-going capabilities from the water industry.		Public Health	13	3	IN 13-0		1691	0	0	1,328,090	1,374,431
456	C	HUM	0143	Maine Center for Disease Control and Prevention	C-A-1105	Continues and makes permanent one Public Health Educator III position and one Planning and Research Associate I position previously continued by Financial Order CV0733 F5 to support oral health services provided in Maine schools and provides funding for related All Other costs.	The Oral Health Program, as authorized by Maine Revised Statutes, Title 22, sections 2127 and 2128, is currently comprised of 3 positions, a Health Program Manager, a limited-period Public Health Educator III, and a limited-period Planning and Research Associate I. Making the limited-period positions permanent, allows for stability of the work and provides ongoing support to ensure the Department has sufficient resources to direct and oversee oral health programming and services, ensuring that oral health services are provided in all schools in Maine. This level of permanent staffing is necessary to ensure the program meets the mandate to have services implemented to all applicable standards and at the highest quality. The program also leads workforce development strategies for oral health, a critical need given that Maine is already experiencing shortage of oral health professionals, and over half of dentists currently licensed in Maine are over the age of 65.		Public Health	13	3	IN 13-0		1692	2	2	208,814	217,502
457	C	HUM	0191	Maternal and Child Health	C-A-1107	Continues one limited-period Comprehensive Health Planner II position previously continued by Public Law 2023, chapter 412 through June 12, 2027 to assist with meeting the priorities of the Maternal and Child Health program and provides one-time funding for related All Other costs.	The Comprehensive Health Planner II position ensures there is staff capacity to help meet the priorities of the Maternal Child Health Block Grant, Social Security Act, Title V. The Maternal and Child Health team currently has staff assigned to infants and children with special healthcare needs, and this position covers maternal/perinatal needs. This position fills a gap by performing tasks related to: Family planning, including congenital syphilis Work with outpatient OB providers Safe sleep and safer babies including work on SUD Maternal mental health MCH Conference planning Count the Kicks If this position were to be discontinued, the women's domain would not be covered, leaving a significant gap in the required work of the Maternal and Child Health Block Grant.		Public Health	15	1	IN 13-0		1781	0	0	138,135	143,653
458	C	HUM	0143	Maine Center for Disease Control and Prevention	C-A-1108	Continues one limited-period Health Program Manager position previously continued by Public Law 2023, chapter 17 through June 12, 2027 to support the work of the Office of Population Health Equity and provides one-time funding for related All Other costs.	The Health Program Manager position provides leadership for the Office of Population Health Equity (OPHE) programs which includes developing program goals and objectives, monitoring program progress, grant administration, and evaluation in collaboration with OPHE consultants and staff.		Public Health	10	1	IN 8-5		1693	0	0	130,147	135,343
459	C	HUM	0143	Maine Center for Disease Control and Prevention	C-A-1109	Continues one limited-period Comprehensive Health Planner II position previously continued by Financial Order CV0733 F5 through June 12, 2027 to provide oversight and support to municipality appointed Local Health Officers and provides one-time funding for related All Other.	This limited-period position coordinates and supports the Department's statutory obligation to provide oversight and support to the 460 municipally appointed Local Health Officers per Maine Revised Statutes, Title 22, sections 451 through 462. Without this position the Department will not be able to meet its statutory obligation effectively. This request aligns with the Director's priority to enhance local readiness and response.		Public Health	25	19	IN 13-0		1694	0	0	139,149	140,550

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460	C	HUM	0143	Maine Center for Disease Control and Prevention	C-A-1110	Establishes one Chemist III position, funded 62% General Fund and 38% Other Special Revenue Funds in the Maine Center for Disease Control and Prevention program to serve as the seized drug testing supervisor within the Health and Environmental Testing Laboratory and provides funding for related All Other costs.	This initiative establishes one Chemist III position to serve as a supervisor for the seized drug testing program, within the forensic section of the Health and Environmental Testing Laboratory. Presently there is a backlog of approximately 700 samples and the Department is currently testing samples received by the HETL from October 2022. Each testing discipline of a forensic lab should have a dedicated supervisor to serve as the technical leader. The seized drug section of HETL does not have a dedicated supervisor and this role has been filled historically by the forensic lab director. As such, there was minimal time for direct supervision and daily operations oversight of this testing section. A direct supervisor would also perform testing and assist with backlog reduction and coverage of staff for vacations or court appearances. A long term contract position was provided at the end of 2023 but it is still vacant due to the temporary nature of a contract position. Additionally, this position would be directly handling seized drug materials and there is added liability involved utilizing a contract position to fill this role.		Public Health	10	1	IN 8-5		1695	1	1	82,855	86,622
461	C	HUM	0143	Maine Center for Disease Control and Prevention	C-A-1110	Establishes one Chemist III position, funded 62% General Fund and 38% Other Special Revenue Funds in the Maine Center for Disease Control and Prevention program to serve as the seized drug testing supervisor within the Health and Environmental Testing Laboratory and provides funding for related All Other costs.			Public Health	14	4	IN 8-5		1696	0	0	51,970	54,332
462	C	HUM	0143	Maine Center for Disease Control and Prevention	C-A-1112	Continues 2 limited-period Toxicologist positions and one limited-period Epidemiologist position previously continued by Public Law 2023, chapter 17 through June 12, 2027 to support the State's perfluoroalkyl and polyfluoroalkyl substances, or PFAS response and provides one-time funding for related All Other costs.	This initiative continues one limited-period Epidemiologist position and two limited-period Toxicologists positions previously continued by Public Law 2023, chapter 17. These limited-period positions were established to support the State's perfluoroalkyl and polyfluoroalkyl substances (PFAS) response and are responsible for developing new soil screening levels for agricultural pathways associated with the historical application of PFAS contaminated biosolids to farm land; assisting the Department of Agriculture, Conservation and Forestry in review of their PFAS data from testing of agricultural products; investigating farm worker exposure to contaminated soils; and implementing mandates for operation of a public health surveillance program of blood testing. This work remains ongoing and will continue for the foreseeable future. Funding remains available from Public Health Workforce and Public Health Infrastructure federal grants. Maine Revised Statutes, Title 7, section 320-K.		Public Health	13	3	IN 13-0		1697	0	0	401,341	414,044
463	C	HUM	0143	Maine Center for Disease Control and Prevention	C-A-1113	Continues 2 limited-period Comprehensive Health Planner II positions and 2 limited-period Public Health Educator III positions previously continued by Public Law 2023, chapter 17 through June 12, 2027 and provides one-time funding for related All Other costs.	This initiative continues 2 limited-period Comprehensive Health Planner II (CHP II) positions and 2 Public Health Educator III (PHE III) positions previously continued by Public Law 2023, chapter 17. These positions provide the following key personnel needs in the Maine Center for Disease Control and prevention program: - CHP II/020003995 - oversees all school-based health center work - CHP II/020004004 - coordinates all youth engagement and empowerment work - PHE III/020004002 - responsible for Substance Exposed Infant/Adverse Childhood Experiences prevention work - PHE III/020004003 - responsible for harm reduction/secondary prevention work These positions are funded by the federal Public Health Workforce grant and the Public Health Infrastructure Grant.		Public Health	25	19	IN 13-0		1698	0	0	492,850	509,562
464	C	HUM	0143	Maine Center for Disease Control and Prevention	C-A-1114	Provides funding for the approved reorganization of one Office Associate I to an Accounting Associate II and provides funding for related All Other costs.	This initiative reorganizes an Office Associate I to an Accounting Associate II in the Women, Infants, and Children Program within the Maine Center for Disease Control and Prevention to align the position classification with current duties and responsibilities. This Functional Job Analysis (FJA) was approved by the Bureau of Human resources on April 26, 2024.	Reclass/Reorg	Public Health	13	21	IN 13-0		1699	0	0	7,486	7,928
465	C	HUM	0191	Maternal and Child Health	C-A-1116	Reallocates the cost of one Health Program Manager from 100% Maternal and Child Health program, Federal Block Grant Fund to 50% Maternal and Child Health program, Federal Expenditures Fund and 50% Federal Expenditures Fund in the same program and adjusts funding for related All Other costs.	Reallocates one Health Program Manager from 100% Maternal and Child Health program, Federal Block Grant Fund to 50% Maternal and Child Health program, Federal Expenditures Fund and 50% Maternal and Child Health program, Federal Block Grant Fund to appropriately align the job functions and duties with the correct funding sources. This position provides services for the federal fund involving the Home Visiting grant by managing the grant deliverables, contracts, and performing the work necessary on the workplan. Under the block grant this position works with children with special health needs, overseeing women's health and early childhood work with parent engagement.		Public Health	13	1	IN 13-0		1782	0	0	72,663	75,567
466	C	HUM	0191	Maternal and Child Health	C-A-1116	Reallocates the cost of one Health Program Manager from			Public	15	1	IN 13-0		1783	0	0	(72,663)	(75,567)

**FY 2026-2027 Biennial Budget (LD 210) - HHS Committee Programs - INITIATIVES**

Line #	WS Grp	Dept Code	Pgm Code	Program	Change Package	Initiative Text	Initiative Justification	Initiative Notes	SORT CLASS	Fund Code	Unit	HHS Vote	AFA Vote	Ref #	Position Count FY26	Position Count FY27	Total FY26	Total FY27
467	C	HUM	0143	Maine Center for Disease Control and Prevention	C-A-1118	Continues 8 Public Health Educator III positions previously continued by Public Law 2023, chapter 17 through June 12, 2027 and provides funding for related All Other costs.	This initiative continues 8 Public Health Educator III positions previously continued by Public Law 2023, chapter 17 to align with the Director's priority to enhance local readiness and response as well as support Maine CDC's ability to respond to emergencies and strengthen the Public Health Unit. These positions support Maine CDC emergency and preparedness response within the 8 public health districts, support the assigned public health unit in each district and provide public health education locally in each district.		Public Health	25	19	IN 13-0		1700	0	0	909,112	946,599
468	C	HUM	Z121	Universal Childhood Immunization Program	C-A-1119	Provides funding in the Universal Childhood Immunization Fund program to account for new vaccines and increased price rates.	Within the last three years, three new vaccine preventable diseases have been added to the routine childhood vaccine schedule: COVID-19, Mpox and RSV. As a result, there have been over 10 new vaccine presentations added to the CDC contract pricing list. Additionally, on average there is a 5% price increase per dose on the CDC contract pricing list annually. This request covers both the additional vaccines and the increased cost due to inflation rates.		Public Health	14	1	IN 8-5		1934	0	0	12,572,660	12,572,660
469	C	HUM	0191	Maternal and Child Health	C-A-1123	Provides allocation to align with available resources.	This initiative will align the budget with available resources thus eliminating the need for financial orders.		Public Health	13	1	IN 13-0		1784	0	0	1,244,468	1,244,468
470	C	HUM	0143	Maine Center for Disease	C-A-1123	Provides allocation to align with available resources.			Public	13	3	IN 13-0		1701	0	0	15,070,818	15,070,818
471	C	HUM	Z411	Office of Violence Prevention	C-A-7125	Reduces funding one-time, in the Office of Violence Prevention program, General Fund for annual grants to communities approved in Public Law 2023, chapter 643, Part FFFF.	Public Law 2023, chapter 643, Part FFFF approved ongoing funding for a grant program to award grants to organizations to conduct community-based violence intervention initiatives that are primarily focused on interrupting cycles of violence, including gun violence, trauma and retaliation by providing culturally competent intervention services. This is a new program which has not yet been implemented.		Public Health	10	1	IN 12-1		2114	0	0	(1,000,000)	(1,000,000)
472	C	HUM	0143	Maine Center for Disease Control and Prevention	C-A-7737	Provides funding for increased fees on manufacturers or wholesalers of paint sold in the State to replace reliance on the Fund for Healthy Maine to support childhood lead poisoning prevention program. Also transfers Public Health Nurse I and Office Associate II positions from the Fund for a Healthy Maine to the Lead Poisoning Prevention Fund, Other Special Revenue Funds account.	Pursuant to 22 MRSA§1322-E, the Lead Poisoning Prevention Fund was established to support 7 designated prevention purposes including contracts for community educational outreach programs; an ongoing major media campaign; targeted educational mailings to families with young children; measures to prevent occupational exposures to lead; assessment of current uses of lead and the availability of lead-free alternatives; educational programs for landlords; and implementation of a lead-safe housing registry. This fund is partially funded by fees on manufacturers and wholesalers of paint sold in the State and the Fund for a Healthy Maine. To replace reliance on the Fund for a Healthy Maine the department is increasing the current fee of .25 cents per gallon of paint sold to .75 cents.	Part RR	Public Health	14	8	IN 8-5		1710	0	1	-	1,240,249
473	C	HUM	0143	Maine Center for Disease	C-A-7737	Provides funding for increased fees on manufacturers or			Public	24	27	IN 8-5		1711	0	-1	-	(1,240,249)
480	A	HUM	0716	Community Services Block Grant	C-A-1706	Continues one limited-period Social Services Program Specialist II position previously continued by Public Law 2023, chapter 17 to serve as the Community Services Block Grant State Administrator/Program Manager through June 12, 2027. This initiative also provides funding for related All Other costs.	This position serves as the Community Services Block Grant (CSBG) State Administrator / Program Manager accountable for all programmatic administration and oversight of CSBG contracts, budget, and the ten Community Action Agencies that utilize CSBG funds to ensure compliance with all federal programs and finance requirements. The position oversees statewide activities supporting the reduction of poverty, the revitalization of low-income communities, and the empowerment of low income families throughout the Maine Community Action Network. This position is 100% federally funded.		Social Services	15	1	IN 13-0		1864	0	0	137,103	142,540
481	A	HUM	0228	Purchased Social Services	C-A-1731	Provides funding to replace current and anticipated reductions in grants to the department under the federal Victims assistance formula grant program administered by the United States Department of Justice, Office of Justice Programs, Office for Victims of Crime Act of 1984.	Through the Office for Victims of Crime, the Victims of Crime Act (VOCA) grant is funded by the Crime Victims Fund, which was established by the Victims of Crime Act in 1984. The Fund is financed by fines and penalties paid by convicted federal offenders, not from federal tax dollars. Due to the inconsistent nature through which deposits come into this fund, VOCA awards have fluctuated greatly in recent years. 2024 saw approximately a 40% reduction and future years are expected to similar reductions. The funding requested will ensure sexual assault and domestic violence support agencies are able to maintain vital services in the communities.	Amendment add \$3m each yr (total \$6m each yr)	Social Services	10	1	AMD 9-4		1801	0	0	3,000,000	3,000,000

<b>All Totals</b>	<b>83.0</b>	<b>83.0</b>	<b>586,801,837</b>	<b>576,048,679</b>
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## FY 2026-2027 Biennial Budget (LD 210) - HHS Committee Programs - LANGUAGE

Line #	Part	SUMMARY	Notes	SORT CLASS	Lang Page	HHS VOTE	AFA VOTE
482	RR	This Part increases the per gallon fee, assessed at the manufacturer or wholesaler level, from \$0.25 to \$0.75 to support the Lead Position Prevention Fund.	See Line #: 472-473	Public Health	89	IN 8-5	
483	SS	This Part establishes a per prescription assessment on pharmacy providers.	See Line #: 378-383	MaineCare Prescription Drugs	90	OUT 13-0	
484	TT	This Part establishes a tax on ambulance providers of 6%. Funds must be credited to the Department of Health and Human Services to be used for MaineCare provider payments.	See Line #: 371-372	MaineCare Other Providers - EMS	90	OUT 13-0	
485	UU	<p>This Part simplifies and consolidates statutory language that relates to the adjustment of MaineCare reimbursement into the MaineCare rate reform statute under 22 M.R.S.A. 3173-J, and stipulates that such adjustments are subject to available appropriations. This includes repeal of the requirement for including a regional inflation adjustment in the calculation of nursing facility rates and the requirement for rebasing of nursing facility rates every two years. It also clarifies reimbursement adjustment and rebasing for essential worker reimbursement to be under and consistent with 22 M.R.S.A. 3173-J.</p> <p>It establishes exceptions to the rate setting process for rate adjustments required by law, payments authorized by the federal government in urgent circumstances, or rate reductions resulting from budget short falls. It permits comparative benchmarking to occur on a schedule consistent with that required by federal law and regulation. It also defines how inflation and cost of living indices should be used when establishing and implementing cost-of-living adjustments in order to provide for greater budget predictability.</p> <p>This Part also repeals the requirement that the department must adopt a rule specifying a cost-of-living adjustment methodology, and allows the department to establish rules under this section that incorporate by reference sources in addition to those permitted by Title 5, chapter 375, subchapter 2, section 8056(1)(B)(1), and exempting these rules from the requirements of Title 5, chapter 375, subchapter 2, section 8056(1)(B)(2)-(4).</p> <p>It also defines a process for prioritizing rate adjustments when funds are limited. It removes a second representative of the Department of Professional and Financial Regulation from the MaineCare Rate Reform Expert Technical Advisory Panel, further defines the scope of the panel's review, and reduces the minimum frequency of meetings to once annually.</p>		MaineCare COLA	93	AMD 8-5	
486	VV	This Part repeals the hardship exception that allows access to state-funded SNAP benefits and state-funded TANF benefits for individuals who have obtained proper work documentation but are unemployed.		Public Assistance	103	OUT 8-5	

## FY 2026-2027 Biennial Budget (LD 210) - HHS Committee Programs - LANGUAGE

Line #	Part	SUMMARY	Notes	SORT CLASS	Lang Page	HHS VOTE	AFA VOTE
487	WW	This part allows the department to assess a fee on Maine hospitals based on the number of inpatient beds, up to a total assessment collection of \$1,800,000 per fiscal year, to support Health Information Technology initiatives.  It also establishes the Health Information Technology fund to collect and disperse these fees.	See Line #: 346-347	MaineCare Hospitals	104	IN 8-5	
488	XX	This Part clarifies the licensing fees and terms for agencies that provide services to adults with certain conditions pursuant to PL 2023 c. 89, An Act to Authorize the Department of Health and Human Services to License Home-based and Community-based Services for Persons with an Intellectual Disability, Autism Spectrum Disorder or a Related Condition or an Acquired Brain Injury and Define Autism Spectrum Disorder.		Developmental Services	104	IN 13-0	
489	YY	This Part repeals the conflicted crisis receiving center’s language, and for the language approved in PL 2023, chapter 675, replaces the word severity with acuity.		Adult BH	105	IN 13-0	
490	ZZ	This Part authorizes the Department of Health and Human Services to transfer by financial order available Personal Services balances in the Disproportionate Share - Dorothea Dix Psychiatric Center program, the Disproportionate Share - Riverview Psychiatric Center program and the Riverview Psychiatric Center program in order to provide flexibility in the payment of operational expenses.		Adult BH	106	IN 13-0	
491	AAA	This Part authorizes the Department of Health and Human Services to transfer by financial order available All Other balances from any account within the Department of Health and Human Services, excluding balances in the IV-E Foster Care/Adoption Assistance and State funded Foster Care/Adoption Assistance programs for the purpose of the information system modernization project in the Office of Aging and Disability Services.		Children's Services	106	IN 13-0	
492	BBB	This Part authorizes the Department of Health and Human Services to transfer appropriations within the Office of Child and Family Services related to the cost of administering the child welfare program.		Children's Services	107	IN 13-0	
493	CCC	This Part authorizes the Department of Health and Human Services to transfer available balances of Personal Services appropriations to All Other in the Office for Family Independence program and the Office for Family Independence – District program for the 2026-2027 biennium.		Public Assistance	107	IN 13-0	
494	DDD	This Part allows the Department of Health and Human Services, Office for Family Independence program to carry up to \$1,217,885 to meet technology development and testing obligations, as required by Public Law 2023, chapter 412.		Public Assistance	108	IN 13-0	



## FY 2026-2027 Biennial Budget (LD 210) - HHS Committee Programs - LANGUAGE

Line #	Part	SUMMARY	Notes	SORT CLASS	Lang Page	HHS VOTE	AFA VOTE
495	EEE	<p>This part allows the Department to transfer funds that are available as part of the increased 10% Federal Medical Assistance Percentage for MaineCare home and community-based services per the federal American Rescue Plan Act of 2021, Public Law 117-2, Section 9817 from the General Fund and Other Special Revenue Funds to the Medical Care - Payments to Providers program, Home and Community Based Services - ARP Savings Other Special Revenue Funds account and the Office of MaineCare Services program, Home and Community Based Services Admin - ARP Savings Other Special Revenue Funds account within the Department of Health and Human Services.</p> <p>It also allows the Department to transfer funds via financial order between the Medical Care - Payments to Providers program, Home and Community Based Services - ARP Savings Other Special Revenue Funds account and the Office of MaineCare Services program, Home and Community Based Services Admin - ARP Savings Other Special Revenue Funds account within the Department of Health and Human Services.</p>		Developmental Services	108	IN 13-0	
496	FFF	This Part allows the transfer from the unencumbered balance forward to the All Other line category in the Office of MaineCare Services program, General Fund to be used for the Medicaid Enterprise System modernization project.		MaineCare Admin	109	IN 13-0	
497	GGG	This Part authorizes the Department of Health and Human Services to transfer available balances of appropriations between the MaineCare General Fund accounts for the 2026-2027 biennium.		MaineCare Admin	109	IN 13-0	
498	HHH	This Part lapses \$1,500,000 from the Maine Background Check Program, Other Special Revenue Funds account to the unappropriated surplus of the General Fund no later than June 30, 2026.		DHHS Mgmt Policy	110	IN 13-0	
499	III	This Part authorizes the Department of Health and Human Services to adopt emergency rules to implement any provisions of this Act over which it has specific authority that has not been addressed by some other Part of the Act without the necessity of demonstrating that immediate adoption is necessary to avoid a threat to public health, safety or welfare.		DHHS Mgmt Policy	110	IN 13-0	
500	JJJ	This Part carries forward any unexpended balance remaining of the \$1,900,000 appropriated in Public Law 2023, chapter 643 for the establishment of 2 behavioral health crisis receiving centers in Androscoggin and Penobscot counties to fiscal year 2025-26.		Adult BH	111	IN 13-0	