Department of Health and Human Services
Maine People Living Safe, Healthy and Productive Lives
Paul R. LePage, Governor Mary C. Mayhew, Commissioner

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January 18, 2012

To: Senator Richard Rosen, Senate Chair
Representative Patrick Flood, House Chair,
Members of the Joint Standing Committee on Appropriations and Financial Affairs

Senator Earle McCormick, Chair
Representative Meredith Strang-Burgess, Chair
Members of the Joint Standing Committee on Health and Human Services

From: Mary C. Mayhew, Commissioner, Department of Health and Human Services

Re: Updated DHHS Fact Sheets

Enclosed are updated Department of Health and Human Services fact sheets for the MaineCare optional services listed below (in order of initiative):

7427 - Adult Family Care Services
7429 - Ambulatory Surgical Center Services
7430 - Consumer Directed Attendant Services
7431 - Targeted Case Management Services
7434 - Dental Services
7442 - Occupational Therapy Services
7443 - Vision Services
7445 - Physical Therapy Services
7446 - Podiatry
7451 - STD Screening Clinic Services
7461 - Chiropractic Services

These fact sheets now include more detailed information regarding members served, a list of MaineCare procedures codes, and demographic details.

cc: Governor Paul R. LePage
Dan Billings, Chief Counsel, Governor's Office
Kathleen Newman, Deputy Chief of Staff, Governor's Office
Katrin Teel, Senior Health Policy Advisor, Governor's Office
Peter Rogers, Director of Communications, Governor's Office
Sawin Millett, Commissioner, Department of Administrative and Financial Services (DAFS)
Dawna Lopatosky, State Budget Officer, DAFS
Shirrin Blaisdell, Deputy State Budget Officer, DAFS

Budget Initiative Fact Sheet

Office: **MaineCare Services** **Date:** **12/13/2011**

Initiative: **7427 – Adult Family Care**

Account: **0147, Z009**

I. Budget Proposal Description:

This initiative proposes to eliminate adult family care services (MaineCare Benefits Manual Section 2) as an optional service.

II. Financial Information:

	SFY'08	SFY'09	SFY'10	SFY'11
General Fund	635,342	577,947	549,030	282,916
Other Special Revenue				
Federal Funds	1,093,835	1,389,198	1,623,627	421,402
Total	1,731,177	1,967,145	2,172,657	704,318

Other sources of funding for program, i.e. FHM? ☐ Yes x No

III. Total users of service:

SFY 2008 Unduplicated Members	*SFY 2009 Unduplicated Members*	*SFY 2010 Unduplicated Members*	*SFY 2011 Unduplicated Members*
155	*172*	*173*	*102*

*User data has changed from SFY '10 to SFY '11 due to enrollment and billing under MIMHS. Previously, in SFY '10 there were local codes that distinguished service rendered and where service was delivered. In the transition to MIMHS we are using HIPAA compliant codes and pulling data based on these codes which includes all services provided.

IV. Program Eligibility Criteria:

This coverage provides a State Supplement payment of up to $234 per month to help the individual meet their living expenses.

Specific Eligibility Requirements:
Members who are financially eligible must also meet specific eligibility requirements to determine medical necessity of Adult Family Care services. An assessment must show the

member's need for assistance or cueing with a minimum of two Activities of Daily Living requirements.

V. Current Budget Proposal:

1) Appropriation Increase: $ -0-

	SFY'12	SFY'13
2) Appropriation Decrease:	$ 63,419	341,896

3) Any contracts impacted? ☐ Yes x No

Contract/Vendor	Total Contract $	Reduction	% of Total

VI. Legal Requirements:

Federal – subject to approval of CMS State Plan Amendment: Members and providers must be notified in advance. Medically necessary services for children are required through EPSDT and may not be eliminated.

State – subject to approval of state rulemaking and changes to statute 22 MRSA §3174-Q.

VII. Maintenance of Effort Requirements? Yes X No

VIII. Procedures Performed and Billed to MaineCare by Code Number:

Procedure Code	Procedure	Count of Procedure
T1020	Personal Care Ser Per Diem	17
0169	R&B/Other	264
0242	All Inclusive Comprehensive	12
0940	Other Therapeutic Services	17
3104	Adult Day Care, Social, Daily	296
Grand Total		**606**

IX. Demographic Information: (2010 Data)

COUNTY	COUNT(DISTINCTPERSON_ID)
Androscoggin	0
Aroostook	15
County Unidentified	22
Cumberland	10
Franklin	0
Hancock	3
Kennebec	33
Knox	0
Lincoln	3
Oxford	0
Penobscot	41
Piscataquis	0
Sagadahoc	0
Somerset	0
Waldo	1
Washington	43
York	2

Gender	
Female	126
Male	47

Between Age 55 - 64	16
Average Age	78
Median Age	82

Marital Status	
Divorced	26
Married	9
Single	42
Widowed	65
Separated	1
Unidentified	30

Income	
Earnings	0
Pension/Retirement	44
Unemployment	0
Workers Comp	0

Budget Initiative Fact Sheet

Office: **MaineCare Services** **Date:** **12/13/2011**

Initiative: **7429 – Ambulatory Surgical Center Services**

Account: **0147**

I. Budget Proposal Description:

This initiative proposes to eliminate ambulatory surgical center services (MaineCare Benefits Manual, Section 4) as an optional service

II. Financial Information:

	SFY'08	SFY'09	SFY'10	SFY'11
General Fund	301,755	235,009	246,608	69,045
Other Special Revenue				
Federal Funds	492,928	564,887	625,258	172,848
Total	797,683	799,896	871,866	241,893

Other sources of funding for program, i.e. FHM? ☐ Yes x No

III. Total users of service:

SFY 2008 Unduplicated Members	*SFY 2009 Unduplicated Members*	*SFY 2010 Unduplicated Members*	*SFY 2011 Unduplicated Members*
3,117	*3,441*	*3,522*	*975*

*User data has changed from SFY '10 to SFY '11 due to enrollment and billing under MIMHS. Previously, in SFY '10 there were local codes that distinguished service rendered and where service was delivered. In the transition to MIMHS, we are using HIPAA compliant codes and pulling data based on these codes which includes all services provided.

IV. Current Budget Proposal:

1) Appropriation Increase: $ -0-

	SFY'12	SFY'13
2) Appropriation Decrease:	$ 17,200	93,274

3) Savings/Reduction Plan: Eliminate ambulatory surgical center service.

Services: Surgical services to persons not requiring hospitalization whose length of service would be less than 24 hours following admission

4) Any contracts impacted? ☐ Yes x No

V. Legal Requirements:

Federal – subject to approval of CMS State Plan Amendment. Members and providers must be notified in advance. Medically necessary services for children are required through EPSDT and may not be eliminated.

State – subject to approval of state rulemaking and changes to statute 22 MRSA §3174-Q.

VI. Maintenance of Effort Requirements? ☐ Yes x No

VII. Procedures Performed and Billed to MaineCare by Code Number:

Procedure Code	Procedure	Count of Procedure
630	Anesth Spine Cord Surgery	1
1992	Anesth N Block/Inj Prone	3
11311	Shave Skin Lesion	1
11643	Exc Face-Mm Malig+marg 2.1-3	1
11970	Replace Tissue Expander	1
13152	Repair of Wound or Lesion	1
13160	Late Closure of Wound	1
15823	Revision of Upper Eyelid	8
20525	Removal of Foreign Body	1
20610	Drain/Inject Joint/Bursa	1
20680	Removal of Support Implant	2
23120	Partial Removal Collar Bone	1
23410	Repair Rotator Cuff Acute	1
23412	Repair Rotator Cuff Chronic	2
24305	Arm Tendon Lengthening	2
24359	Repair Elbow Deb/Attch Open	1

25000	Incision of Tendon Sheath	1
25111	Remove Wrist Tendon Lesion	9
25112	Re-remove Wrist Tendon Lesion	1
25130	Removal of Wrist Lesion	1
25215	Removal of Wrist Bones	1
25310	Transplant Forearm Tendon	2
25447	Repair Wrist Joint(s)	2
25609	Treat Fx Radial 3+ Frag	2
26055	Incise Finger Tendon Sheath	8
26075	Explore/Treat Finger Joint	1
26115	Exc Hand Les Sc < 1.5 Cm	1
26121	Release Palm Contracture	1
26123	Release Palm Contracture	1
26145	Tendon Excision Palm/Finger	1
26160	Remove Tendon Sheath Lesion	5
26350	Repair Finger/Hand Tendon	1
26356	Repair Finger/Hand Tendon	1
26418	Repair Finger Tendon	1
26426	Repair Finger/Hand Tendon	1
26520	Release Knuckle Contracture	1
26608	Treat Metacarpal Fracture	1
26860	Fusion of Finger Joint	1
27096	Inject Sacroiliac Joint	35
27619	Exc Leg/Ankle Tum Deep <5 Cm	1
27654	Repair of Achilles Tendon	1

27687	Revision of Calf Tendon	1
27814	Treatment of Ankle Fracture	1
28008	Incision of Foot Fascia	1
28090	Removal of Foot Lesion	1
28192	Removal of Foot Foreign Body	1
28200	Repair of Foot Tendon	1
28270	Release of Foot Contracture	4
28285	Repair of Hammertoe	7
28292	Correction of Bunion	1
28308	Incision of Metatarsal	3
28315	Removal of Sesamoid Bone	1
28725	Fusion of Foot Bones	1
28750	Fusion of Big Toe Joint	2
29806	Shoulder Arthroscopy/Surgery	1
29807	Shoulder Arthroscopy/Surgery	1
29822	Shoulder Arthroscopy/Surgery	2
29823	Shoulder Arthroscopy/Surgery	2
29824	Shoulder Arthroscopy/Surgery	5
29826	Shoulder Arthroscopy/Surgery	5
29827	Arthroscop Rotator Cuff Repair	7
29870	Knee Arthroscopy Dx	1
29877	Knee Arthroscopy/Surgery	5
29879	Knee Arthroscopy/Surgery	2
29880	Knee Arthroscopy/Surgery	6
29881	Knee Arthroscopy/Surgery	21

29888	Knee Arthroscopy/Surgery	4
29898	Ankle Arthroscopy/Surgery	1
43235	Upper GI Endoscopy Diagnosis	17
43239	Upper GI Endoscopy Biopsy	150
43244	Upper GI Endoscopy/Ligation	1
43245	Upper GI Scope Dilate Strictr	5
43248	Upper GI Endoscopy/Guide Wire	43
43450	Dilate Esophagus	2
45330	Diagnostic Sigmoidoscopy	1
45331	Sigmoidoscopy & Biopsy	2
45335	Sigmoidoscopy w Submuc Inj	1
45338	Sigmoidoscopy w Tumor Remove	1
45378	Diagnostic Colonoscopy	68
45380	Colonoscopy & Biopsy	51
45384	Lesion Remove Colonoscopy	3
45385	Lesion Removal Colonoscopy	61
45386	Colonoscopy Dilate Stricture	1
49320	Diag Laparo Separate Proc	1
57522	Conization of Cervix	5
58661	Laparoscopy Remove Adnexa	2
58662	Laparoscopy Excise Lesions	1
59820	Care of Miscarriage	2
62310	Inject Spine C/T	7
62311	Inject Spine L/S (Cd)	18
63650	Implant Neuroelectrodes	5

64405	N Block Inj Occipital	2
64483	Inj Foramen Epidural L/S	11
64484	Inj Foramen Epidural Add-On	2
64490	Inj Paravert F Jnt C/T 1 Lev	30
64491	Inj Paravert F Jnt C/T 2 Lev	19
64492	Inj Paravert F Jnt C/T 3 Lev	17
64493	Inj Paravert F Jnt L/S 1 Lev	62
64494	Inj Paravert F Jnt L/S 2 Lev	40
64495	Inj Paravert F Jnt L/S 3 Lev	9
64520	N Block Lumbar/Thoracic	1
64530	N Block Inj Celiac Pelus	1
64600	Injection Treatment of Nerve	1
64622	Destr Paravertebrl Nerve L/S	24
64623	Destr Paravertebral N Add-On	8
64626	Destr Paravertebrl Nerve C/T	6
64627	Destr Paravertebral N Add-On	4
64640	Injection Treatment of Nerve	5
64718	Revise Ulnar Nerve at Elbow	2
64721	Carpal Tunnel Surgery	53
65420	Removal of Eye Lesion	1
65426	Removal of Eye Lesion	2
65436	Curette/Treat Cornea	1
65780	Ocular Reconst Transplant	1
65855	Laser Surgery of Eye	7
66170	Glaucoma Surgery	6

66180	Implant Eye Shunt	1
66185	Revise Eye Shunt	3
66250	Follow-Up Surgery of Eye	5
66761	Revision of Iris	25
66821	After Cataract Laser Surgery	84
66825	Reposition Intraocular Lens	2
66840	Removal of Lens Material	1
66982	Cataract Surgery Complex	31
66984	Cataract Surg w IOL 1 Stage	263
66986	Exchange Lens Prosthesis	1
67005	Partial Removal of Eye Fluid	2
67015	Release of Eye Fluid	1
67028	Injection Eye Drug	1
67040	Laser Treatment of Retina	2
67042	Vit for Macular Hole	1
67113	Repair Retinal Detach Cplx	1
67210	Treatment of Retinal Lesion	4
67228	Treatment of Retinal Lesion	4
67255	Reinforce/Graft Eye Wall	3
67840	Remove Eyelid Lesion	4
67880	Revision of Eyelid	1
67903	Repair Eyelid Defect	1
67904	Repair Eyelid Defect	4
67908	Repair Eyelid Defect	3
67917	Repair Eyelid Defect	3

67924	Repair Eyelid Defect	4
67961	Revision of Eyelid	1
77003	Fluoroguide for Spine Inject	10
G0105	Colorectal Scrn; Hi Risk Ind	13
G0121	Colon CA Scrn Not Hi Rsk Ind	12
G0260	Inj for Sacroiliac Jt Anesth	23
J9035	Bevacizumab Injection	1
L3913	HFO wo Joints Cf	1
L3923	HFO wo Joints Pf	2
L3925	FO Pip/Dip w Joint/Spring	1
Q1003	Ntiol Category 3	234
Grand Total		**1,742**

VII. Demographic Information: (2010 Data)

COUNTY	COUNT(DISTINCTPERSON_ID)
Androscoggin	295
Aroostook	610
County Unidentified	85
Cumberland	977
Franklin	30
Hancock	91
Kennebec	222
Knox	28
Lincoln	23
Oxford	126
Penobscot	226
Piscataquis	23
Sagadahoc	18
Somerset	187
Waldo	60
Washington	138
York	383

Gender	
Female	2214
Male	1306
Unidentified	2

Between Age 55 - 64	596
Average Age	57
Median Age	56

Marital Status	
Divorced	630
Married	959
Single	1038
Widowed	368
Separated	176
Unidentified	351

Income	
Earnings	564
Pension/Retirement	188
Unemployment	48
Workers Comp	13

Budget Initiative Fact Sheet

Office: MaineCare Services **Date:** 12/13/2011

Initiative #: 7430 – Consumer Directed Attendant Services

Account: 0147

I. Budget Proposal Description:

This initiative proposes to eliminate consumer directed attendant services (MaineCare Benefits Manual, Section 12) as an optional service.

Consumer Directed Attendant Services provide medically necessary services directed by the member such as personal care, care coordination and skills development to MaineCare members age 18 or older and physically disabled.

II. Financial Information:

	SFY'08	SFY'09	SFY'10	SFY'11
General Fund	1,003,848	1,005,986	1,244,947	1,775,384
Other Special Revenue				
Federal Funds	1,731,323	2,418,065	3,652,110	4,742,245
Total	2,735,171	3,424,051	4,897,057	6,517,629

Other sources of funding for program, i.e. FHM? Yes **X** No

III. Total users of service:

SFY 2008 Unduplicated Members	*SFY 2009 Unduplicated Members*	*SFY 2010 Unduplicated Members*	*SFY 2011 Unduplicated Members*
449	*643*	*749*	*2,972*

*User data has changed from SFY '10 to SFY '11 due to enrollment and billing under MIMHS. Previously, in SFY '10 there were local codes that distinguished service rendered and where service was delivered. In the transition to MIMHS we are using HIPAA compliant codes and pulling data based on these codes which includes all services provided.

IV. Program Eligibility Criteria:

- Members meet the medical eligibility requirements if they require a combination of assistance with the required Activities of Daily Living (ADL), as defined in Section 12.03-1(D)

- The member must have a disability with functional impairments that interfere with the member's own capacity to provide self-care and daily living skills without assistance. The member's disability must be permanent or chronic in nature as verified by the member's physician.

- A registered nurse trained in conducting assessments with the Department's approved MED form must conduct the medical eligibility assessment. The assessor must, as appropriate within the practice of professional nursing judgment, consider documentation, perform observations and conduct interviews with the applicant/member, family members, direct care staff, the applicant's/member's physicians and other individuals and document in the record of the assessment all information considered relevant in his or her professional judgment. The following levels of eligibility are determined at assessment:

  Level I A member meets the medical eligibility requirements for Level I if he or she requires at least limited assistance plus a one person physical assist with at least two (2) of the following ADLs: bed mobility, transfer, locomotion, eating, toilet use, dressing, and bathing.

  Level II A member meets the medical eligibility requirements for Level II if he or she requires at least limited assistance and a one person physical assist with at least three (3) of the following ADLs: bed mobility, transfer, locomotion, eating, toilet use, dressing, and bathing.

  Level III A member meets the medical eligibility requirements for Level III if he or she requires at least extensive assistance and a one-person physical assist with two of the following five ADLs: bed mobility, transfer, locomotion, eating, or toileting; and limited assistance and a one-person physical assist with two of the following additional ADLS: bed mobility, transfer, locomotion, eating, toilet use, dressing, and bathing.

- The member must agree to complete initial member instruction and testing within 30 days of completion of the MED form to determine medical eligibility in order to develop and verify that he or she has attained the skills needed to hire, train, schedule, discharge and supervise attendants and document the provision of personal care services identified in the authorized plan of care. Members who do not complete the course of instruction or do not demonstrate to the Service Coordination Agency that they have attained the skills needed to self-direct are not eligible for services under this Section;

- The member must not be residing in a hospital, nursing facility, or Intermediate Care Facility for the Mentally Retarded (ICF-MR) as an inpatient;

- The member must not reside in an Adult Family Care Home (as defined in MaineCare Benefits Manual, Chapters II and III, Section 2,) or other residential setting including a Private Non-Medical Institution (MBM, Chapters II and III, Section 97), sometimes referred to as a residential care facility or supported living, regardless of payment source, (i.e. private or MaineCare);

- The member must not be receiving personal care services under Private Duty Nursing/Personal Care Services, or be receiving any In-home community and support services for elderly and other adults, Section 63, or participating in other MaineCare programs where personal care services are a covered service.

- The member must have the cognitive capacity, as measured on the MED form to be able to "self-direct" the attendant. The ASA will assess cognitive capacity as part of each member's

eligibility determination using the MED findings. The Service Coordination Agency will assess cognitive capacity as part of consumer instruction. Minimum MED form scores are:

1. Decision- making skills: a score of 0 or 1;
2. Making self-understood: a score of 0, 1, or 2;
3. Ability to understand others: a score of 0, 1, or 2;
4. Self-performance of managing finances: a score of 0, 1,or 2; and
5. Support for managing finances, a score of 0, 1, 2, or 3.

- An applicant not meeting the specific scores above during his or her eligibility determination will be presumed not able to self-direct and ineligible for benefits under this Section.

- Applicants who meet these eligibility criteria for personal care attendant services shall:

i. Receive an authorized plan of care based upon the scores, timeframes, findings and covered services recorded in the MED assessment. The covered services to be provided in accordance with the authorized plan of care must not exceed the established limits and must be authorized by the Department or its ASA;

ii. The ASA must approve an eligibility period for the member, based upon the scores, timeframes and needs identified in the MED assessment for the covered services, and the assessor's clinical judgment. An eligibility period cannot exceed 12 months;

iii. The ASA forwards the completed assessment packet to the Service Coordination Agency of the Member's choice within three business days of the medical eligibility determination and authorization of the plan of care;

iv. The Service Coordination Agency must contact the member within 24 hours of receipt of the MED assessment and authorized plan of care. The Service Coordination Agency must implement skills training and coordinate services with the Member as well as monitor service utilization and assure compliance with this policy; and

v. The Service Coordination Agency will complete the service plan and initiate skills instruction within 30 days of the medical eligibility assessment date. The Service Coordination Agency will notify the Department, using the transmittal form approved by the Department, when the member has successfully completed this requirement and an attendant has been hired. Provision of attendant services can begin only after the Department is notified that the Member has successfully completed this training and the service plan has been received.

V. Current Budget Proposal:

1) Appropriation Increase: $ -0-

	SFY '12	SFY '13
2) Appropriation Decrease:	$ 449,605	2,440,130

3) Savings/Reduction Plan: Eliminate this optional coverage eliminating consumer directed attendant services as an optional service.

Services: Care Coordination, Skills Development, Personal Care Services

4) Any contracts impacted? ☐ Yes x No

VI. Legal Requirements:

Federal – subject to approval of CMS State Plan Amendment. Members and providers must receive notification in advance. Medically necessary services for children are required through EPSDT and may not be eliminated.

State – subject to approval of state rulemaking and changes to statute 22 MRSA §3174-Q.

VII. Maintenance of Effort Requirements? ☐ Yes X No

VIII. Procedures Performed and Billed to MaineCare by Code Number:

Procedure Code	Procedure	Count of Procedure
G9001	MCCD, Initial Rate	12
G9002	MCCD, Maintenance Rate	39,306
H2014	Skills Train & Dev, 15 Min	5,848
S5125	Attendant Care Service /15m	88,016
Grand Total		**133,182**

IX. Demographic Information: (2010 Data)

COUNTY	COUNT(DISTINCTPERSON_ID)
Androscoggin	52
Aroostook	109
County Unidentified	22
Cumberland	69
Franklin	15
Hancock	20
Kennebec	105
Knox	10
Lincoln	8
Oxford	15
Penobscot	128
Piscataquis	33
Sagadahoc	24
Somerset	35
Waldo	10
Washington	55
York	39

Gender	
Female	475
Male	274

Between Age 55 -64	178
Average Age	52
Median Age	52

Marital Status	
Divorced	143
Married	101
Single	320
Widowed	55
Separated	37
Unidentified	93

Income	
Earnings	21
Pension/Retirement	16
Unemployment	2
Workers Comp	2

Budget Initiative Fact Sheet

Office: **MaineCare Services** **Date: 12/13/2011**

Initiative #: **7431 – Targeted Case Management**

Account: **0705, 0147**

I. Budget Proposal Description:

This initiative proposes to eliminate Targeted Case Management (TCM) (MaineCare Benefits Manual, Section 13) as an optional service. The target groups included in TCM are:

- Adults with developmental disabilities
- Adults with substance abuse disorders
- Adults with HIV
- Members experiencing homelessness

TCM services for children are not proposed for elimination.

II. Financial Information:

	Actual SFY'08	Actual SFY'09	Actual SFY'10	Actual SFY'11
General Fund	6,274,920	3,568,019	3,380,821	2,151,461
Other Special Revenue				
Federal Funds	10,784,254	8,575,663	9,923,054	5,578,864
Total	17,059,174	12,143,682	13,303,875	7,730,325

Other sources of funding for program, i.e. FHM? Yes x No

III. Total users of service:

SFY 2008 Unduplicated Members	*SFY 2009 Unduplicated Members*	*SFY 2010 Unduplicated Members*	*SFY 2011 Unduplicated Members*
10,339	*4,589*	*6,038*	*6,722*

*User data has changed from SFY '10 to SFY '11 due to enrollment and billing under MIMHS. Previously, in SFY '10 there were local codes that distinguished service rendered and where service was delivered. In the transition to MIMHS we are using HIPAA compliant codes and pulling data based on these codes which includes all services provided.

IV. Program Eligibility Criteria:

Designated case management agencies shall be responsible for confirming the member's eligibility for case management services. If the individual is not currently receiving MaineCare, he or she will be referred to a district office of the Department of Health and Human Services, Office for Family Independence, to determine eligibility for MaineCare.

Additionally members must meet specific eligibility requirements for the designated target group. In order to receive Targeted Case Management Services, members must meet criteria for one of four target groups. There must be a diagnosis, where a diagnosis is a requirement of the individual Targeted Case Management Eligibility Group. The diagnosis must be rendered, within the scope of the individual's license, by a physician, a physician assistant or an independently licensed clinician (as defined in state statute or rule). Functional limitations must be identified, supported and documented in assessments using accepted standardized instruments that are developmentally appropriate to the members being assessed. Functional limitations may include limitations in; vocational activities, educational activities, instrumental activities of daily living (IADL), social or interpersonal impairment, community activities, self-care, independent living or activities of daily living (ADL).

Members must meet the eligibility criteria for one of the following targeted population groups:

1. <u>Case Management Services for Adults with one of the following</u>:

   Developmental Disabilities,

   An individual is eligible for case management services in this target group if he or she is age 18 or older and meets the eligibility requirements of Title 34B M.R.S.A.§3573, which defines developmental disabilities, or Title 34B M.R.S.A. §6002, which defines autism. A person who has reached his or her 18th birthday and is under age 21 may choose to receive case management services as an adult.

   Substance Abuse Disorders

   An adult who has an Axis I diagnosis(es) of substance abuse disorder(s) described in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) *and* who is currently seeking substance abuse treatment services by a DHHS-approved substance abuse treatment provider; *and* who is pregnant, who is living with his or her minor children, and/or who is an intravenous drug user, *and* who is enrolled in a substance abuse program which receives funding by the Substance Abuse Prevention Treatment Block Grant as provided by 42 U.S.C. section 300x-22(b).

   HIV

   An adult who is infected with the human immunodeficiency virus (HIV), as determined by a positive HIV antibody or antigen test, or who has a diagnosis of HIV disease or AIDS.

2. <u>Case Management Services for Members Experiencing Homelessness</u>

   Eligibility requirements: Currently residing or has in the past 90 days resided in an emergency shelter in the State of Maine, *or* does not otherwise have a permanent address, residence, or facility in which they could reside. In addition, an individual must meet ALL of the following:

   1. Require treatment or services from a variety of agencies and providers to meet the individual's medical, social, educational, and other needs; *and*
   2. Will access needed services only if assisted by a qualified targeted comprehensive case manager who, in accordance with the individual plan of care, locates, coordinates, and regularly monitors the services; *and*

3. The member must meet at least one of the following criteria:
   A. Is in need of immediate medical care; *or*
   B. Is in need of an immediate crisis evaluation or mental health assessment to address a behavioral health issue; *or*
   C. Has a current medical or mental health condition and is at risk of losing or has lost access to medically necessary services; *or*
   D. Has an immediate need for medications to address an existing medical and/or behavioral health condition; *or*
   E. Is demonstrating physical or mental impairment such that services are necessary to improve, restore or maintain health and well-being; *or*
   F. Has experienced immediate or recent trauma and is demonstrating a need for assistance with gaining and coordinating access to necessary care and services appropriate to their needs.

V. Current Budget Proposal:

1) Appropriation Increase: $ -0-

	SFY '12	SFY '13
2) Appropriation Decrease:	$ 483,652	2,201,640

3) Savings/Reduction Plan: Eliminate targeted case management as an optional service.

Services: Provided by a social services or health professional or other qualified staff, to identify the medical, social, educational and other needs (including housing and transportation) of the eligible member. Services must be identified to meet those needs, and access must be arranged. Case management consists of intake/assessment, plan of care development, coordination/advocacy, monitoring, and evaluation.

4) Any contracts impacted? ☐ Yes x No

VI. Legal Requirements:

Federal – subject to approval of CMS State Plan Amendment. Members and providers must receive advance notice. Medically necessary services for children are required through EPSDT and may not be eliminated.

State – subject to approval of state rulemaking and changes to statute 22 MRSA §3174-Q.

VII. Maintenance of Effort Requirements? Yes x No

VIII. Procedures Performed and Billed to MaineCare by Code Number:

Procedure Code	Procedure	Count of Procedure
G9012	Other Specified Case Mgmt	104,622
T1017	Targeted Case Management	22,346
Grand Total		**126,968**

IX. Demographic Information: (2010 Data)

COUNTY	COUNT(DISTINCTPERSON_ID)
Androscoggin	434
Aroostook	437
County Unidentified	146
Cumberland	1,414
Franklin	102
Hancock	90
Kennebec	721
Knox	112
Lincoln	101
Oxford	214
Penobscot	812
Piscataquis	72
Sagadahoc	124
Somerset	269
Waldo	111
Washington	138
York	741

Gender	
Female	2861
Male	3177

Between Age 55 - 64	824
Average Age	41
Median Age	39

Marital Status	
Divorced	293
Married	301
Single	3976
Widowed	49
Separated	178
Unidentified	1241

Income	
Earnings	1127
Pension/Retirement	122
Unemployment	27
Workers Comp	3

Budget Initiative Fact Sheet

Office: **MaineCare Services** **Date:** **12/13/2011**

Initiative: **7434 – Dental Services**

Account: **0147**

I. Budget Proposal Description:

This initiative proposes to eliminate dental services (MaineCare Benefits Manual, Section 25) as an optional service for members over age 21.

II. Financial Information:

	Actual SFY'08	Actual SFY'09	Actual SFY'10	Actual SFY'11
General Fund	1,606,531	1,554,581	1,667,546	1,663,946
Other Special Revenue				
Federal Funds	2,673,550	3,438,989	4,406,105	4,006,873
Total	4,280,081	4,993,570	6,073,651	5,670,819

Other sources of funding for program, i.e. FHM? ☐ Yes x No

III. Total users of service:

SFY 2008 Unduplicated Members	*SFY 2009 Unduplicated Members*	*SFY 2010 Unduplicated Members*	*SFY 2011 Unduplicated Members*
18,570	*18,978*	*20,907*	*20,066*

*User data has changed from SFY '10 to SFY '11 due to enrollment and billing under MIMHS. Previously, in SFY '10 there were local codes that distinguished service rendered and where service was delivered. In the transition to MIMHS we are using HIPAA compliant codes and pulling data based on these codes which includes all services provided.

IV. Program Eligibility Criteria:

MaineCare members age 21 or older, who do not reside in an ICF-MR, are eligible for dental services when it is medically necessary in order to alleviate pain, infection or prevent imminent tooth loss. Services include acute surgical care directly related to an accident where traumatic injury has occurred, oral surgical and related medical procedures, extraction of teeth that are severely decayed and pose a serious threat of infection during a major surgical procedure and full or partial dentures when it is determined to be medically necessary to correct or relieve an underlying medical condition.

V. Current Budget Proposal:

1) Appropriation Increase: $ -0-

	SFY '12	SFY '13
2) Appropriation Decrease:	$ 410,611	2,225,611

3) Savings/Reduction Plan: Eliminate dental as an optional service.

Services:

- Acute surgical care directly related to an accident where traumatic injury has occurred (this coverage will only be provided for the first three months after the accident),
- Oral surgical and related medical procedures not involving the dentition and gingival, extraction of teeth that are severely decayed and pose a serious threat of infection during a major surgical procedure of the cardiovascular system, the skeletal system or during radiation therapy for a malignant tumor,
- Treatment necessary to relieve pain, eliminate infection or prevent imminent tooth loss and other dental services, including: full and partial dentures, medically necessary to correct or ameliorate an underlying medical condition, if the Department determines that the provision of those services will be cost-effective in comparison to the provision of other covered medical services for the treatment of the condition.

4) Any contracts impacted? ☐ Yes x No

VI. Legal Requirements:

Federal – subject to approval of CMS State Plan Amendment. Members and providers must be notified in advance. Medically necessary services for children are required through EPSDT and may not be eliminated.

State – subject to approval of state rulemaking and changes to statutes 22 MRSA §3174-Q and Title 22, §3174F.

VII. Maintenance of Effort Requirements: ☐ Yes x No

VIII. Procedures Performed and Billed to MaineCare by Code Number:

Procedure Code	Procedure	Count of Procedure
D2140	Amalgam One Surface Permanen	279
D2150	Amalgam Two Surfaces Permane	437
D2160	Amalgam Three Surfaces Perma	283
D2161	Amalgam 4 or > Surfaces Perm	177
D2330	Resin One Surface-Anterior	1,053
D2331	Resin Two Surfaces-Anterior	1,057
D2332	Resin Three Surfaces-Anterio	947
D2335	Resin 4/> Surf or w Incis An	1,081
D2390	Ant Resin-Based Cmpst Crown	141
D2391	Post 1 Srfc Resinbased Cmpst	1,392
D2392	Post 2 Srfc Resinbased Cmpst	2,110
D2393	Post 3 Srfc Resinbased Cmpst	1,424
D2394	Post >=4srfc Resinbase Cmpst	1,031
D2710	Crown Resin-Based Indirect	60
D2915	Recement Cast or Prefab Post	2
D2920	Dental Recement Crown	81
D2931	Prefab Stnlss Steel Crown Pe	6
D2932	Prefabricated Resin Crown	3
D2940	Dental Sedative Filling	1,007
D2950	Core Build-Up Incl Any Pins	520
D2951	Tooth Pin Retention	179
D2954	Prefab Post/Core + Crown	240

D2970	Temp Crown (Fractured Tooth)	10
D3110	Pulp Cap Direct	118
D3120	Pulp Cap Indirect	1,210
D3220	Therapeutic Pulpotomy	89
D3310	End Thxpy, Anterior Tooth	469
D3320	End Thxpy, Bicuspid Tooth	434
D3330	End Thxpy, Molar	282
D3346	Retreat Root Canal Anterior	7
D3347	Retreat Root Canal Bicuspid	3
D3348	Retreat Root Canal Molar	3
D3410	Apicoect/Perirad Surg Anter	10
D3430	Retrograde Filling	2
D3999	Endodontic Procedure	78
D4341	Periodontal Scaling & Root	477
D4355	Full Mouth Debridement	173
D4999	Unspecified Periodontal Proc	32
D5110	Dentures Complete Maxillary	240
D5120	Dentures Complete Mandible	204
D5130	Dentures Immediat Maxillary	9
D5140	Dentures Immediat Mandible	1
D5211	Dentures Maxill Part Resin	10
D5212	Dentures Mand Part Resin	28
D5213	Dentures Maxill Part Metal	7
D5214	Dentures Mandibl Part Metal	2
D5410	Dentures Adjust Cmplt Maxil	285

D5411	Dentures Adjust Cmplt Mand	208
D5421	Dentures Adjust Part Maxill	26
D5422	Dentures Adjust Part Mandbl	25
D5510	Dentur Repr Broken Compl Bas	360
D5520	Replace Denture Teeth Complt	977
D5610	Dentures Repair Resin Base	95
D5620	Rep Part Denture Cast Frame	6
D5630	Rep Partial Denture Clasp	14
D5640	Replace Part Denture Teeth	78
D5650	Add Tooth to Partial Denture	505
D5660	Add Clasp to Partial Denture	56
D5710	Dentures Rebase Cmplt Maxil	314
D5711	Dentures Rebase Cmplt Mand	206
D5720	Dentures Rebase Part Maxill	17
D5721	Dentures Rebase Part Mandbl	32
D5730	Denture Reln Cmplt Maxil Ch	39
D5731	Denture Reln Cmplt Mand Chr	48
D5750	Denture Reln Cmplt Max Lab	156
D5751	Denture Reln Cmplt Mand Lab	91
D5982	Surgical Stent	1
D5986	Fluoride Applicator	10
D5999	Maxillofacial Prosthesis	40
D7111	Extraction Coronal Remnants	35
D7140	Extraction Erupted Tooth/Exr	32,804
D7210	Rem Imp Tooth w Mucoper Flp	12,731

D7220	Impact Tooth Remov Soft Tiss	381
D7230	Impact Tooth Remov Part Bony	1,036
D7240	Impact Tooth Remov Comp Bony	1,285
D7241	Impact Tooth Rem Bony w Comp	65
D7250	Tooth Root Removal	7,159
D7260	Oral Antral Fistula Closure	10
D7261	Primary Closure Sinus Perf	685
D7270	Tooth Reimplantation	4
D7285	Biopsy of Oral Tissue Hard	108
D7286	Biopsy of Oral Tissue Soft	356
D7310	Alveoplasty w Extraction	1,805
D7320	Alveoplasty wo Extraction	65
D7321	Alveoloplasty Not w Extracts	4
D7410	Rad Exc Lesion Up to 1.25 Cm	47
D7411	Excision Benign Lesion>1.25c	13
D7412	Excision Benign Lesion Compl	7
D7441	Malig Tumor > 1.25 Cm	1
D7450	Rem Odontogen Cyst to 1.25cm	748
D7451	Rem Odontogen Cyst > 1.25 Cm	333
D7460	Rem Nonodonto Cyst to 1.25cm	8
D7461	Rem Nonodonto Cyst > 1.25 Cm	1
D7465	Lesion Destruction	1
D7471	Rem Exostosis Any Site	61
D7472	Removal of Torus Palatinus	7
D7473	Remove Torus Mandibularis	70

D7510	I&d Absc Intraoral Soft Tiss	2,501
D7511	Incision/Drain Abscess Intra	2
D7520	I&d Abscess Extraoral	6
D7521	Incision/Drain Abscess Extra	3
D7530	Removal FB Skin/Areolar Tiss	79
D7540	Removal of FB Reaction	9
D7550	Removal of Sloughed Off Bone	20
D7610	Maxilla Open Reduct Simple	3
D7630	Open Red Simpl Mandible Fx	1
D7640	Clsd Red Simpl Mandible Fx	2
D7720	Clsd Reduct Compd Maxilla Fx	1
D7730	Open Reduct Compd Mandble Fx	1
D7740	Clsd Reduct Compd Mandble Fx	1
D7780	Reduct Compnd Facial Bone Fx	3
D7880	Occlusal Orthotic Appliance	111
D7910	Dent Sutur Recent Wnd to 5cm	11
D7911	Dental Suture Wound to 5 Cm	939
D7912	Suture Complicate Wnd > 5 Cm	20
D7950	Mandible Graft	1
D7953	Bone Replacement Graft	8
D7955	Repair Maxillofacial Defects	1,439
D7960	Frenulectomy/Frenulotomy	6
D7970	Excision Hyperplastic Tissue	7
D7997	Appliance Removal	3
D7999	Oral Surgery Procedure	12

D9110	Tx Dental Pain Minor Proc	2,529
D9220	General Anesthesia	6,187
D9221	General Anesthesia Ea Ad 15m	1,809
D9230	Analgesia	239
D9241	Intravenous Sedation	200
D9242	IV Sedation Ea Ad 30 M	148
D9310	Dental Consultation	185
D9410	Dental House Call	303
D9420	Hospital Call	9
D9430	Office Visit During Hours	80
D9440	Office Visit After Hours	22
D9610	Dent Therapeutic Drug Inject	766
D9612	Thera Par Drugs 2 or > Admin	73
D9630	Other Drugs/Medicaments	12
D9930	Treatment of Complications	354
D9940	Dental Occlusal Guard	109
D9999	Adjunctive Procedure	4
Grand Total		**99,045**

IX. Demographic Information: (2010 Data)

COUNTY	COUNT(DISTINCTPERSON_ID)
Androscoggin	2,190
Aroostook	1,579
County Unidentified	617
Cumberland	3,079
Franklin	622
Hancock	559
Kennebec	2,528
Knox	506
Lincoln	499
Oxford	1,268
Penobscot	2,328
Piscataquis	348
Sagadahoc	438
Somerset	1,267
Waldo	579
Washington	556
York	1,944

Gender	
Female	12991
Male	7914
Unidentified	2

Between Age 55 - 64	1967
Average Age	40
Median Age	37

Marital Status	
Divorced	3065
Married	5690
Single	9151
Widowed	519
Separated	1294
Unidentified	1188

Income	
Earnings	5693
Pension/Retirement	311
Unemployment	675
Workers Comp	68

Budget Initiative Fact Sheet

Office: **MaineCare Services** **Date:** **12/13/2011**

Initiative #: **7442 – Occupational Therapy Services**

Account: **0147, Z009, 0148**

I. Budget Proposal Description:

This initiative proposes to eliminate occupational therapy services (MaineCare Benefits Manual, Section 68)

Occupational therapy services are also available for children, and are not proposed for elimination.

II. Financial Information:

	SFY'08	SFY'09	SFY'10	SFY'11
General Fund	433,44	29,621	25,475	372,759
Other Special Revenue				
Federal Funds	72,724	66,443	72,074	835,265
Total	116,068	96,064	97,549	1,208,024

Other sources of funding for program, i.e. FHM? Yes x No

III. Total Users of Service:

SFY 2008 Unduplicated Members	*SFY 2009 Unduplicated Members*	*SFY 2010 Unduplicated Members*
615	*604*	*680*

IV. Program Eligibility Criteria:

Adult members 21 and over in an outpatient setting must have rehabilitation potential documented by a physician or primary care physician (PCP). Adult members are specifically eligible only for:

- Treatment following an acute hospital stay for a condition affecting range of motion, muscle strength and physical functional abilities; and/or
- Treatment after a surgical procedure performed for the purpose of improving physical function; and/or

- Treatment in those situations in which a physician or PCP has documented that the patient has, at some time during the preceding thirty (30) days, required extensive assistance in the performance of one or more of the following activities of daily living: eating, toileting, locomotion, transfer or bed mobility;

- Medically necessary treatment for other conditions including maintenance and palliative care, subject to the limitations in Section 68.07; and/or

- Maintenance care to prevent a deterioration in function that would result in an extended length of stay or placement in an institutional or hospital setting, as documented by physician or PCP.

V. Current Budget Proposal:

1) Appropriation Increase: $ -0-

	SFY '12	SFY '13
2) Appropriation Decrease:	$ 90,450	489,843

3) Savings/Reduction Plan: Eliminate occupational therapy as an optional service.

Services: Occupational Therapy Services include evaluations or re-evaluations, modalities, therapeutic procedures, tests and measurements and supplies for the purpose of evaluating a member's condition and planning and implementing a program of purposeful services to develop or maintain adaptive skills necessary to achieve the maximum physical and mental functioning of the member in his or her daily pursuits.

4) Any contracts impacted? ☐ Yes x No

VI. Legal Requirements:

Federal – subject to approval of CMS State Plan Amendment. Members and providers must receive advance notice of changes. Medically necessary services for children are required through EPSDT and may not be eliminated.

State – subject to approval of state rulemaking and changes to statutes 22 MRSA §3173-C, 22 MRSA §3174-Q, 22 MRSA §3174-FF, and 22 MRSA §3173-A.

VII. Maintenance of Effort Requirements? ☐ Yes x No

VIII. Procedures Performed and Billed to MaineCare by Code Number:

Procedure Code	Procedure	Count of Procedure
92607	Ex for Speech Device Rx 1hr	9
92608	Ex for Speech Device Rx Addl	4
95831	Limb Muscle Testing Manual	12
95832	Hand Muscle Testing Manual	-
95851	Range of Motion Measurements	80
95852	Range of Motion Measurements	12
96111	Developmental Test Extend	7
97003	Ot Evaluation	4,321
97004	Ot Re-Evaluation	95
97012	Mechanical Traction Therapy	485
97014	Electric Stimulation Therapy	1,178
97016	Vasopneumatic Device Therapy	469
97018	Paraffin Bath Therapy	163
97022	Whirlpool Therapy	117
97024	Diathermy Eg Microwave	1,173
97026	Infrared Therapy	8
97028	Ultraviolet Therapy	18
97032	Electrical Stimulation	1,058
97033	Electric Current Therapy	455
97034	Contrast Bath Therapy	15
97035	Ultrasound Therapy	5,861
97110	Therapeutic Exercises	42,806
97112	Neuromuscular Reeducation	10,827

97113	Aquatic Therapy/Exercises	739
97116	Gait Training Therapy	10,122
97124	Massage Therapy	294
97140	Manual Therapy	14,207
97150	Group Therapeutic Procedures	3,260
97530	Therapeutic Activities	22,867
97532	Cognitive Skills Development	5,598
97533	Sensory Integration	87
97535	Self Care Mngment Training	12,447
97542	Wheelchair Mngment Training	1,600
97597	Rmvl Devital Tis 20 Cm/<	1,259
97598	Rmvl Devital Tis Addl 20 Cm<	55
97602	Wound(s) Care Non-Selective	626
97750	Physical Performance Test	83
97755	Assistive Technology Assess	-
97760	Orthotic Mgmt & Training	576
97761	Prosthetic Training	46
97762	C/O for Orthotic/Prosth Use	195
Grand Total		**143,234**

I . Demographic Information: (2010 Data)

COUNTY	COUNT(DISTINCTPERSON_ID)
Androscoggin	164
Aroostook	47
County □nidentified	34
Cumberland	71
Franklin	10
ancock	25
ennebec	55
nox	16
Lincoln	3
Oxford	28
Penobscot	86
Piscataquis	3
Sagadahoc	13
Somerset	35
aldo	9
ashington	11
York	70

Gender	
Female	432
Male	248

Between Age 55 - 64	211
Average Age	54
Median Age	55

Marital Status	
Divorced	112
Married	122
Single	253
idowed	74
Separated	34
□nidentified	85

Income	
Earnings	65
Pension/Retirement	49
□nemployment	6
orkers Comp	4

Budget Initiative Fact Sheet

Office: **MaineCare Services** **Date:** **12/13/2011**

Initiative #: **7443 – Vision**

Account: **0147**

I. Budget Proposal Description:

This initiative proposes to eliminate vision services (MaineCare Benefits Manual, Section 75) as an optional service.

II. Financial Information:

	Actual SFY'08	Actual SFY'09	Actual SFY'10	Actual SFY'11	Budgeted SFY'12	Budgeted SFY'13
General Fund	399,058	354,671	359,827	607,734	809,740	823,446
Other Special Revenue						
Federal Funds	669,967	814,234	984,501	1,538,873	1,336,867	1,323,161
Total	1,069,025	1,168,905	1,344,330	2,146,607	2,146,607	2,146,607

Other sources of funding for program, i.e. FHM? ☐ Yes x No

III. Total users of service:

SFY 2008 Unduplicated Members	*SFY 2009 Unduplicated Members*	*SFY 2010 Unduplicated Members*	*SFY 2011 Unduplicated Members*
29,985	*32,138*	*34,647*	*45,332*

*User data has changed from SFY '10 to SFY '11 due to enrollment and billing under MIMHS. Previously, in SFY '10 there were local codes that distinguished service rendered and where service was delivered. In the transition to MIMHS we are using HIPAA compliant codes and pulling data based on these codes which includes all services provided.

IV. Program Eligibility Criteria:

MaineCare members are eligible for medically necessary vision services.

V. Current Budget Proposal:

1) Appropriation Increase: $ -0-

	SFY 12	SFY 13
2) Appropriation Decrease:	$ 151,826	823,447

3) Savings/Reduction Plan: Eliminate vision services as an optional service.

Services:

- Eye exams for members ages 21 and over who reside in an ICF-MR, MaineCare will pay for one routine eye exam annually. For members ages 21 and over, MaineCare will pay for one routine eye exam every two years.
- Other studies (including tonography, goniescopy, fundus photo, anterior segment photo, mydriatic, cycloplegic exam)
- Visual Field Testing
- Refraction
- Corrective Treatment
- Orthopic Therapy and
- Prosthesis
- Corrective lenses are not provided for members over age 21.
- For members ages 21 and over, MaineCare will pay for one pair of eyeglasses per lifetime when the power is equal to or greater than 10.00 diopters.

4) Any contracts impacted? ☐ Yes x No

VI. Legal Requirements:

Federal – subject to approval of CMS State Plan Amendment. Members and providers must receive advance notification. Medically necessary services for children are required through EPSDT and may not be eliminated.

Vision services provided by a physician are mandatory under federal Medicaid guidelines and cannot be eliminated. Only those vision services by other providers are proposed for elimination.

State – subject to approval of state rulemaking and changes to statutes 22 MRSA §3173-C and 22 MRSA §3174-Q.

VII. Maintenance of Effort (MOE) Requirements? ☐ Yes x No

VIII. Procedures Performed and Billed to MaineCare by Code Number:

Procedure Code	Procedure	Count of Procedure
92002	Eye Exam New Patient	2,332
92004	Eye Exam New Patient	31,931
92012	Eye Exam Established Pat	15,641
92014	Eye Exam & Treatment	52,943
92015	Refraction	26,836
92018	New Eye Exam & Treatment	10
92019	Eye Exam & Treatment	1
92020	Special Eye Evaluation	1,804
92025	Corneal Topography	208
92060	Special Eye Evaluation	369
92070	Fitting of Contact Lens	480
92081	Visual Field Examination(s)	1,541
92082	Visual Field Examination(s)	652
92083	Visual Field Examination(s)	7,794
92100	Serial Tonometry Exam(s)	45
92120	Tonography & Eye Evaluation	1
92135	Ophth Dx Imaging Post Seg	7,476
92136	Ophthalmic Biometry	2,185
92225	Special Eye Exam Initial	1,360
92226	Special Eye Exam Subsequent	2,967
92235	Eye Exam w Photos	1,496
92240	Icg Angiography	25

92250	Eye Exam w Photos	12,678
92260	Ophthalmoscopy/Dynamometry	2
92270	Electro-Oculography	1
92275	Electroretinography	13
92283	Color Vision Examination	10
92284	Dark Adaptation Eye Exam	4
92285	Eye Photography	656
92286	Internal Eye Photography	265
92287	Internal Eye Photography	2
92310	Contact Lens Fitting	17
92311	Contact Lens Fitting	2
92315	Prescription of Contact Lens	1
92325	Modification of Contact Lens	1
92326	Replacement of Contact Lens	1
92340	Fitting of Spectacles	2,135
92341	Fitting of Spectacles	4,363
92342	Fitting of Spectacles	76
92354	Special Spectacles Fitting	18
92370	Repair & Adjust Spectacles	8
V2020	Vision Svcs Frames Purchases	178
V2025	Eyeglasses Delux Frames	27
V2100	Lens Spher Single Plano 4.00	32
V2101	Single Visn Sphere 4.12-7.00	4
V2103	Spherocylindr 4.00d/12-2.00d	96

V2104	Spherocylindr 4.00d/2.12-4d	6
V2107	Spherocylinder 4.25d/12-2d	15
V2108	Spherocylinder 4.25d/2.12-4d	4
V2111	Spherocylindr 7.25d/.25-2.25	3
V2112	Spherocylindr 7.25d/2.25-4d	2
V2113	Spherocylindr 7.25d/4.25-6d	2
V2114	Spherocylinder Over 12.00d	3
V2200	Lens Spher Bifoc Plano 4.00d	19
V2201	Lens Sphere Bifocal 4.12-7.0	4
V2203	Lens Sphcyl Bifocal 4.00d/.1	84
V2204	Lens Sphcy Bifocal 4.00d/2.1	3
V2205	Lens Sphcy Bifocal 4.00d/4.2	2
V2210	Lens Sphcy Bifocal 4.25-7/Ov	2
V2220	Lens Bifocal Add Over 3.25d	1
V2300	Lens Sphere Trifocal 4.00d	1
V2303	Lens Sphc Trifo 4.00d/.12-2d	14
V2304	Lens Sphcy Trifocal 4.0/2.25	2
V2520	Contact Lens Hydrophilic	1
V2521	Cntct Lens Hydrophilic Toric	8
V2623	Plastic Eye Prosth Custom	18
V2624	Polishing Artifical Eye	85
V2625	Enlargemnt of Eye Prosthesis	2
V2626	Reduction of Eye Prosthesis	7
V2627	Scleral Cover Shell	2

V2628	Fabrication & Fitting	10
V2630	Anter Chamber Intraocul Lens	3
V2632	Post Chmbr Intraocular Lens	511
V2710	Glass/Plastic Slab Off Prism	1
V2715	Prism Lens/Es	8
V2744	Tint Photochromatic Lens/Es	4
V2750	Anti-Reflective Coating	4
V2755	Uv Lens/Es	16
V2784	Lens Polycarb or Equal	113
V2785	Corneal Tissue Processing	17
V2788	Presbyopia-Correct Function	2
Grand Total		**179,666**

IX. Demographic Information: (2010 Data)

COUNTY	COUNT(DISTINCTPERSON_ID)
Androscoggin	3,408
Aroostook	3,512
County Unidentified	881
Cumberland	4,277
Franklin	890
Hancock	1,054
Kennebec	3,427
Knox	816
Lincoln	710
Oxford	1,579
Penobscot	4,952
Piscataquis	472
Sagadahoc	562
Somerset	2,060
Waldo	1,158
Washington	1,735
York	3,154

Gender	
Female	23293
Male	11344
Unidentified	10

Between Age 55 - 64	4933
Average Age	50
Median Age	48

Marital Status	
Divorced	5261
Married	9985
Single	11748
Widowed	2660
Separated	1741
Unidentified	3252

Income	
Earnings	8541
Pension/Retirement	1403
Unemployment	812
Workers Comp	112

Budget Initiative Fact Sheet

Office: **MaineCare Services** **Date:** **12/13/2011**

Initiative #: **7445 – Physical Therapy**

Account: **0147, Z009, 0148**

I. Budget Proposal Description:

This initiative proposes to eliminate physical therapy (MaineCare Benefits Manual, Section 85) as an optional service for members age 21 and over.

Physical therapy services for children are not proposed for elimination.

II. Financial Information:

	SFY'08	SFY'09	SFY'10	SFY'11
General Fund	222,526	127,951	121,542	456,701
Other Special Revenue				
Federal Funds	359,404	281,324	325,802	1,056,464
Total	581,930	409,275	447,344	1,513,165

Other sources of funding for program, i.e. FHM? ☐ Yes x No

III. Total users of service:

SFY 2008 Unduplicated Members	*SFY 2009 Unduplicated Members*	*SFY 2010 Unduplicated Members*
3,016	*2,935*	*3,327*

IV. Program Eligibility Criteria:

A physician or primary care physician (PCP) must document the potential for rehabilitation. Adult members are currently eligible for:

1. Treatment following an acute hospital stay for a condition affecting range of motion, muscle strength and physical functional abilities; and/or

2. Treatment after a surgical procedure performed for the purpose of improving physical function; and/or

3. Treatment in those situations in which a physician or PCP has documented that the patient has at some time during the preceding 30 days, required extensive assistance in the performance of one or more of the following activities of daily living: eating, toileting, locomotion, transfer or bed mobility;

4. Medically necessary treatment for other conditions including maintenance and palliative care, subject to the limitations in Section 85.07; and/or

5. Maintenance care required to prevent deterioration in functions that would result in an extended length of stay or placement in an institutional or hospital setting, as documented by a physician or PCP.

V. Current Budget Proposal:

1) Appropriation Increase: $ -0-

	SFY'12	SFY'13
2) Appropriation Decrease:	$ 111,634	604,791

3) Savings/Reduction Plan: Eliminate physical therapy as an optional service.

Services: Physical Therapy Services provided by or under the supervision of a licensed physical therapist for the purposes of:

- evaluating a member's condition
- planning and implementing a program to develop or maintain adaptive skills necessary to achieve the maximum physical and mental functioning of the member in his or her daily pursuits.

4) Any contracts impacted? ☐ Yes x No

VI. Legal Requirements:

Federal – subject to approval of CMS State Plan Amendment. Members and providers must be notified in advance. Medically necessary services for children are required through EPSDT and may not be eliminated.

State – subject to approval of state rulemaking and changes to statutes 22 MRSA §3173-C, 22 MRSA §3174-Q, 22 MRSA §3174-FF, and 22 MRSA §3173-A.

VII. Maintenance of Effort Requirements? ☐ Yes x No

VIII. Procedures Performed and Billed to MaineCare by Code Number

Procedure Code	Procedure	Count of Procedure
92607	Ex for Speech Device Rx 1hr	10
92608	Ex for Speech Device Rx Addl	4

95831	Limb Muscle Testing Manual	12
95832	Hand Muscle Testing Manual	1
95851	Range of Motion Measurements	81
95852	Range of Motion Measurements	13
96111	Developmental Test Extend	8
97001	Pt Evaluation	14,003
97002	Pt Re-Evaluation	672
97012	Mechanical Traction Therapy	486
97014	Electric Stimulation Therapy	1178
97016	Vasopneumatic Device Therapy	470
97018	Paraffin Bath Therapy	164
97022	Whirlpool Therapy	118
97024	Diathermy Eg Microwave	1173
97026	Infrared Therapy	8
97028	Ultraviolet Therapy	19
97032	Electrical Stimulation	1058
97033	Electric Current Therapy	456
97034	Contrast Bath Therapy	16
97035	Ultrasound Therapy	5861
97110	Therapeutic Exercises	42806
97112	Neuromuscular Reeducation	10827
97113	Aquatic Therapy/Exercises	739
97116	Gait Training Therapy	10122
97124	Massage Therapy	294
97140	Manual Therapy	14207
97150	Group Therapeutic Procedures	3260
97530	Therapeutic Activities	22867
97532	Cognitive Skills Development	5598
97533	Sensory Integration	87
97535	Self Care Mngment Training	12447
97542	Wheelchair Mngment Training	1601
97597	Rmvl Devital Tis 20 Cm/<	1260
97598	Rmvl Devital Tis Addl 20 Cm<	56
97602	Wound(s) Care Non-Selective	626
97750	Physical Performance Test	83
97755	Assistive Technology Assess	1
97760	Orthotic Mgmt & Training	576
97761	Prosthetic Training	47
97762	C/O for Orthotic/Prosth Use	196
Grand Total		**153,511**

IX. Demographic Information: (2010 Data)

COUNTY	COUNT(DISTINCTPERSON_ID)
Androscoggin	356
Aroostook	477
County Unidentified	99
Cumberland	741
Franklin	34
Hancock	46
Kennebec	257
Knox	107
Lincoln	51
Oxford	176
Penobscot	378
Piscataquis	17
Sagadahoc	82
Somerset	101
Waldo	42
Washington	59
York	304

Gender	
Female	2330
Male	995
Unidentified	2

Between Age 55 - 64	555
Average Age	46
Median Age	45

Marital Status	
Divorced	617
Married	1053
Single	1060
Widowed	170
Separated	172
Unidentified	255

Income	
Earnings	884
Pension/Retirement	114
Unemployment	90
Workers Comp	17

Budget Initiative Fact Sheet

Office: **MaineCare Services** **Date:** **12/13/2011**

Initiative #: **7446 – Podiatry**

Account: **0147**

I. Budget Proposal Description:

This initiative proposes to eliminate podiatric services (MaineCare Benefits Manual, Section 95) as an optional service.

II. Financial Information:

	SFY'08	SFY'09	SFY'10	SFY'11
General Fund	221,918	177,867	187,078	275,462
Other Special Revenue				
Federal Funds	378,420	414,171	597,386	680,864
Total	600,338	592,040	694,464	956,326

Other sources of funding for program, i.e. FHM? ☐ Yes x No
If yes, how much?

III. Total Users of Service:

SFY 2008 Unduplicated Members	*SFY 2009 Unduplicated Members*	*SFY 2010 Unduplicated Members*	*SFY 2011 Unduplicated Members*
11,621	*11,839*	*12,228*	*14,761*

*User data has changed from SFY '10 to SFY '11 due to enrollment and billing under MIMHS. Previously, in SFY '10 there were local codes that distinguished service rendered and where service was delivered. In the transition to MIMHS we are using HIPAA compliant codes and pulling data based on these codes which includes all services provided.

IV. Program Eligibility Criteria:

After an initial visit, podiatric care is currently covered for a member who meets all of the following requirements:

a. Has any illness, diagnosis or condition that if left untreated may cause loss of function or may risk loss of limb; and

b. For whom self-care or foot care by a nonprofessional person would be hazardous and pose a threat to the member's condition.

V. Current Budget Proposal:

1) Appropriation Increase: $ -0-

	SFY'12	SFY'13
2) Appropriation Decrease:	$ 68,407	370,903

3) Savings/Reduction Plan: Eliminate this optional coverage by eliminating podiatry services as an optional service.

Services: Podiatric Care includes:

- Diagnostic and Treatment Services
- Bunion Surgery
- Laboratory and X-Ray Services
- Orthotic Services
- Care for Institutionalized Members
- Supplies and Materials

4) Any contracts impacted? ☐ Yes x No

VI. Legal Requirements:

Federal – subject to approval of CMS State Plan Amendment, federal requirement for member and provider notice. Medically necessary services for children are required through EPSDT and may not be eliminated.

State – subject to approval of state rulemaking and changes to statutes 22 MRSA §3174-Q, 22 MRSA §3173-C and 22 MRSA §3174-FF.

VII. Maintenance of Effort Requirements? Yes X No

VIII. Procedures Performed and Billed to MaineCare by Code Number:

Procedure Code	Procedure	Count of Procedure
00400	Anesth Skin Ext/Per/Atrunk	1
10021	Fna wo Image	4
10060	Drainage of Skin Abscess	199
10061	Drainage of Skin Abscess	40
10120	Remove Foreign Body	7

10140	Drainage of Hematoma/Fluid	10
10160	Puncture Drainage of Lesion	18
11000	Debride Infected Skin	29
11040	Debride Skin, Partial	247
11041	Debride Skin, Full	320
11042	Deb Subq Tissue 20 Sq Cm/<	426
11043	Deb Musc/Fascia 20 Sq Cm/<	37
11044	Deb Bone 20 Sq Cm/<	21
11045	Deb Subq Tissue Add-On	13
11046	Deb Musc/Fascia Add-On	2
11055	Trim Skin Lesion	1,740
11056	Trim Skin Lesions 2 to 4	1,593
11057	Trim Skin Lesions Over 4	96
11100	Biopsy Skin Lesion	55
11101	Biopsy Skin Add-On	30
11305	Shave Skin Lesion	4
11306	Shave Skin Lesion	1
11400	Exc Tr-Ext B9+marg 0.5 < Cm	3
11401	Exc Tr-Ext B9+marg 0.6-1 Cm	1
11403	Exc Tr-Ext B9+marg 2.1-3 Cm	1
11420	Exc H-F-Nk-Sp B9+marg 0.5 <	13
11421	Exc H-F-Nk-Sp B9+marg 0.6-1	17
11422	Exc H-F-Nk-Sp B9+marg 1.1-2	9
11423	Exc H-F-Nk-Sp B9+marg 2.1-3	2

11424	Exc H-F-Nk-Sp B9+marg 3.1-4	3
11426	Exc H-F-Nk-Sp B9+marg > 4 Cm	2
11604	Exc Tr-Ext Mlg+marg 3.1-4 Cm	1
11719	Trim Nail(s)	2,275
11720	Debride Nail 1-5	3,371
11721	Debride Nail 6 or More	14,513
11730	Removal of Nail Plate	1,084
11732	Remove Nail Plate Add-On	43
11740	Drain Blood From Under Nail	6
11750	Removal of Nail Bed	383
11752	Remove Nail Bed/Finger Tip	2
11755	Biopsy Nail Unit	23
11765	Excision of Nail Fold Toe	1
11900	Injection Into Skin Lesions	16
11981	Insert Drug Implant Device	9
11982	Remove Drug Implant Device	6
12042	Intmd Wnd Repair N-Hg/Genit	1
12044	Intmd Wnd Repair N-Hg/Genit	3
12047	Intmd Wnd Repair N-Hg/Genit	3
13160	Late Closure of Wound	5
14020	Skin Tissue Rearrangement	3
14040	Skin Tissue Rearrangement	11
14041	Skin Tissue Rearrangement	3
15004	Wound Prep F/N/Hf/G	20

15120	Skn Splt A-Grft Fac/Nck/Hf/G	2
15320	Apply Skin Allogrft F/N/Hf/G	7
15340	Apply Cult Skin Substitute	2
15365	Apply Cult Derm Sub F/N/Hf/G	25
15738	Muscle-Skin Graft Leg	1
17000	Destruct Premalg Lesion	13
17003	Destruct Premalg Les 2-14	10
17110	Destruct B9 Lesion 1-14	443
17111	Destruct Lesion 15 or More	11
17250	Chemical Cautery Tissue	29
20240	Bone Biopsy Excisional	1
20245	Bone Biopsy Excisional	1
2028F	Foot Exam Performed	95
20550	Inj Tendon Sheath/Ligament	389
20551	Inj Tendon Origin/Insertion	84
20552	Inj Trigger Point 1/2 Muscl	22
20600	Drain/Inject Joint/Bursa	157
20605	Drain/Inject Joint/Bursa	74
20610	Drain/Inject Joint/Bursa	1
20612	Aspirate/Inj Ganglion Cyst	7
20650	Insert & Remove Bone Pin	1
20670	Removal of Support Implant	7
20680	Removal of Support Implant	46
20690	Apply Bone Fixation Device	4

20692	Apply Bone Fixation Device	4
20694	Remove Bone Fixation Device	10
20974	Electrical Bone Stimulation	1
27600	Decompression of Lower Leg	7
27603	Drain Lower Leg Lesion	1
27605	Incision of Achilles Tendon	2
27606	Incision of Achilles Tendon	2
27607	Treat Lower Leg Bone Lesion	1
27610	Explore/Treat Ankle Joint	5
27613	Biopsy Lower Leg Soft Tissue	1
27619	Exc Leg/Ankle Tum Deep <5 Cm	1
27620	Explore/Treat Ankle Joint	7
27625	Remove Ankle Joint Lining	2
27626	Remove Ankle Joint Lining	1
27641	Partial Removal of Fibula	1
27654	Repair of Achilles Tendon	4
27659	Repair of Leg Tendon Each	3
27675	Repair Lower Leg Tendons	3
27676	Repair Lower Leg Tendons	1
27685	Revision of Lower Leg Tendon	21
27686	Revise Lower Leg Tendons	7
27687	Revision of Calf Tendon	4
27690	Revise Lower Leg Tendon	6
27691	Revise Lower Leg Tendon	7

27695	Repair of Ankle Ligament	14
27698	Repair of Ankle Ligament	5
27700	Revision of Ankle Joint	6
27702	Reconstruct Ankle Joint	1
27704	Removal of Ankle Implant	1
27709	Incision of Tibia & Fibula	1
27726	Repair Fibula Nonunion	2
27829	Treat Lower Leg Joint	1
27832	Treat Lower Leg Dislocation	1
27870	Fusion of Ankle Joint Open	5
27871	Fusion of Tibiofibular Joint	3
28002	Treatment of Foot Infection	1
28003	Treatment of Foot Infection	8
28005	Treat Foot Bone Lesion	3
28008	Incision of Foot Fascia	26
28010	Incision of Toe Tendon	6
28020	Exploration of Foot Joint	3
28022	Exploration of Foot Joint	1
28024	Exploration of Toe Joint	1
28035	Decompression of Tibia Nerve	6
28043	Exc Foot/Toe Tum Sc < 1.5 Cm	5
28045	Exc Foot/Toe Tum Deep <1.5cm	13
28046	Resect Foot/Toe Tumor < 3 Cm	2
28052	Biopsy of Foot Joint Lining	1

28054	Biopsy of Toe Joint Lining	1
28055	Neurectomy Foot	7
28060	Partial Removal Foot Fascia	26
28062	Removal of Foot Fascia	3
28070	Removal of Foot Joint Lining	5
28080	Removal of Foot Lesion	20
28090	Removal of Foot Lesion	15
28092	Removal of Toe Lesions	3
28104	Removal of Foot Lesion	6
28108	Removal of Toe Lesions	1
28110	Part Removal of Metatarsal	1
28111	Part Removal of Metatarsal	3
28112	Part Removal of Metatarsal	10
28113	Part Removal of Metatarsal	6
28114	Removal of Metatarsal Heads	1
28116	Revision of Foot	6
28118	Removal of Heel Bone	15
28119	Removal of Heel Spur	22
28120	Part Removal of Ankle/Heel	17
28122	Partial Removal of Foot Bone	35
28124	Partial Removal of Toe	9
28126	Partial Removal of Toe	20
28140	Removal of Metatarsal	1
28150	Removal of Toe	3

28153	Partial Removal of Toe	1
28160	Partial Removal of Toe	3
28173	Resect Metatarsal Tumor	1
28190	Removal of Foot Foreign Body	7
28192	Removal of Foot Foreign Body	5
28193	Removal of Foot Foreign Body	1
28200	Repair of Foot Tendon	4
28208	Repair of Foot Tendon	3
28220	Release of Foot Tendon	3
28225	Release of Foot Tendon	3
28230	Incision of Foot Tendon(s)	6
28232	Incision of Toe Tendon	6
28234	Incision of Foot Tendon	11
28238	Revision of Foot Tendon	1
28240	Release of Big Toe	5
28250	Revision of Foot Fascia	2
28260	Release of Midfoot Joint	1
28270	Release of Foot Contracture	29
28280	Fusion of Toes	1
28285	Repair of Hammertoe	140
28288	Partial Removal of Foot Bone	6
28289	Repair Hallux Rigidus	18
28290	Correction of Bunion	5
28292	Correction of Bunion	25

28293	Correction of Bunion	13
28294	Correction of Bunion	1
28296	Correction of Bunion	70
28297	Correction of Bunion	7
28298	Correction of Bunion	3
28299	Correction of Bunion	2
28300	Incision of Heel Bone	15
28304	Incision of Midfoot Bones	2
28306	Incision of Metatarsal	11
28308	Incision of Metatarsal	26
28315	Removal of Sesamoid Bone	9
28320	Repair of Foot Bones	4
28322	Repair of Metatarsals	2
28345	Repair Webbed Toe(s)	2
28415	Treat Heel Fracture	4
28445	Treat Ankle Fracture	1
28470	Treat Metatarsal Fracture	7
28485	Treat Metatarsal Fracture	7
28510	Treatment of Toe Fracture	2
28515	Treatment of Toe Fracture	1
28525	Treat Toe Fracture	1
28615	Repair Foot Dislocation	1
28645	Repair Toe Dislocation	5
28715	Fusion of Foot Bones	6

28725	Fusion of Foot Bones	25
28730	Fusion of Foot Bones	2
28740	Fusion of Foot Bones	4
28750	Fusion of Big Toe Joint	15
28755	Fusion of Big Toe Joint	4
28760	Fusion of Big Toe Joint	3
28800	Amputation of Midfoot	1
28805	Amputation thru Metatarsal	4
28810	Amputation Toe & Metatarsal	14
28820	Amputation of Toe	26
28825	Partial Amputation of Toe	18
28890	High Energy Eswt Plantar F	1
28899	Foot/Toes Surgery Procedure	2
29405	Apply Short Leg Cast	79
29425	Apply Short Leg Cast	19
29445	Apply Rigid Leg Cast	9
29505	Application Long Leg Splint	7
29515	Application Lower Leg Splint	37
29540	Strapping of Ankle &/or Ft	154
29550	Strapping of Toes	38
29580	Application of Paste Boot	151
29581	Apply Multlay Comprs Lwr Leg	2
29700	Removal/Revision of Cast	3
29893	Scope Plantar Fasciotomy	5

29898	Ankle Arthroscopy/Surgery	2
36415	Routine Venipuncture	20
36416	Capillary Blood Draw	5
37202	Transcatheter Therapy Infuse	2
64450	N Block Other Peripheral	99
64455	N Block Inj Plantar Digit	96
64632	N Block Inj Common Digit	34
64640	Injection Treatment of Nerve	7
64704	Revise Hand/Foot Nerve	8
64708	Revise Arm/Leg Nerve	8
64712	Revision of Sciatic Nerve	11
64726	Release Foot/Toe Nerve	2
64782	Remove Limb Nerve Lesion	1
64784	Remove Nerve Lesion	10
64787	Implant Nerve End	9
72170	X-Ray Exam of Pelvis	1
73560	X-Ray Exam of Knee 1 or 2	1
73562	X-Ray Exam of Knee 3	1
73590	X-Ray Exam of Lower Leg	2
73600	X-Ray Exam of Ankle	76
73610	X-Ray Exam of Ankle	114
73620	X-Ray Exam of Foot	802
73630	X-Ray Exam of Foot	878
73650	X-Ray Exam of Heel	65

73660	X-Ray Exam of Toe(s)	13
73721	MRI Jnt of Lwr Extre wo Dye	1
76000	Fluoroscope Examination	26
76001	Fluoroscope Exam Extensive	1
76880	US Exam, Extremity	25
76881	US Xtr Non-Vasc Complete	44
76882	US Xtr Non-Vasc Lmtd	5
76942	Echo Guide for Biopsy	8
77071	X-Ray Stress View	1
77077	Joint Survey Single View	169
80048	Metabolic Panel Total CA	2
80053	Comprehen Metabolic Panel	1
80061	Lipid Panel	2
80076	Hepatic Function Panel	3
82947	Assay Glucose Blood Quant	1
82962	Glucose Blood Test	2
83036	Glycosylated Hemoglobin Test	2
83880	Natriuretic Peptide	1
84153	Assay of Psa Total	1
84550	Assay of Blood/Uric Acid	3
85025	Complete CBC w Auto Diff WBC	3
85610	Prothrombin Time	2
90853	Group Psychotherapy	1
93922	Upr/L Xtremity Art 2 Levels	51

93923	Upr/Lxtr Art Stdy 3+ Lvls	3
95851	Range of Motion Measurements	5
97001	Pt Evaluation	1
97014	Electric Stimulation Therapy	2
97035	Ultrasound Therapy	14
97110	Therapeutic Exercises	12
97116	Gait Training Therapy	3
97124	Massage Therapy	1
97140	Manual Therapy	5
97597	Rmvl Devital Tis 20 Cm/<	803
97598	Rmvl Devital Tis Addl 20 Cm<	9
97750	Physical Performance Test	2
97760	Orthotic Mgmt & Training	1
97762	C/O for Orthotic/Prosth Use	24
99000	Specimen Handling	2
99024	Postop Follow-Up Visit	21
99070	Special Supplies	65
99201	Office/Outpatient Visit New	41
99202	Office/Outpatient Visit New	1,204
99203	Office/Outpatient Visit New	2,156
99204	Office/Outpatient Visit New	56
99205	Office/Outpatient Visit New	1
99211	Office/Outpatient Visit Est	248
99212	Office/Outpatient Visit Est	3,618

99213	Office/Outpatient Visit Est	7,346
99214	Office/Outpatient Visit Est	592
99215	Office/Outpatient Visit Est	5
99221	Initial Hospital Care	40
99222	Initial Hospital Care	81
99223	Initial Hospital Care	22
99231	Subsequent Hospital Care	20
99232	Subsequent Hospital Care	61
99233	Subsequent Hospital Care	19
99238	Hospital Discharge Day	1
99239	Hospital Discharge Day	1
99242	Office Consultation	2
99243	Office Consultation	21
99244	Office Consultation	1
99252	Inpatient Consultation	1
99283	Emergency Dept Visit	1
99304	Nursing Facility Care Init	1
99305	Nursing Facility Care Init	2
99307	Nursing Fac Care Subseq	488
99308	Nursing Fac Care Subseq	217
99309	Nursing Fac Care Subseq	26
99324	Domicil/R-Home Visit New Pat	60
99325	Domicil/R-Home Visit New Pat	79
99326	Domicil/R-Home Visit New Pat	2

99334	Domicil/R-Home Visit Est Pat	137
99335	Domicil/R-Home Visit Est Pat	133
99336	Domicil/R-Home Visit Est Pat	21
99341	Home Visit New Patient	46
99342	Home Visit New Patient	21
99343	Home Visit New Patient	4
99344	Home Visit New Patient	8
99347	Home Visit Est Patient	40
99348	Home Visit Est Patient	67
99358	Prolong Service wo Contact	1
A4209	5+ CC Sterile Syringe&needle	1
A4550	Surgical Trays	5
A4595	Tens Suppl 2 Lead Per Month	4
A5500	Diab Shoe for Density Insert	167
A5501	Diabetic Custom Molded Shoe	2
A5510	Compression Form Shoe Insert	1
A5512	Multi Den Insert Direct Form	108
A5513	Multi Den Insert Custom Mold	54
A6021	Collagen Dressing <=16 Sq in	2
A6231	Hydrogel Dsg<=16 Sq in	7
E0730	Tens Four Lead	2
G0127	Trim Nail(s)	2,262
G0245	Initial Foot Exam Pt Lops	4
G0246	Followup Eval of Foot Pt Lop	7

G0247	Routine Footcare Pt w Lops	10
G0283	Elec Stim Other Than Wound	4
G0440	Skin/Dermal Subs Init 250r<	9
G8404	Low Extemity Neur Exam Docum	203
G8405	Low Extemity Neur Not Perfor	200
G8410	Eval on Foot Documented	177
G8415	Eval on Foot Not Performed	215
G8427	Doc Cur Meds by Prov	225
G8553	1 Rx Via Qualified Erx Sys	107
J0670	Inj Mepivacaine HCl/10 Ml	3
J0702	Betamethasone Acet&sod Phosp	45
J1020	Methylprednisolone 20 Mg Inj	7
J1030	Methylprednisolone 40 Mg Inj	48
J1040	Methylprednisolone 80 Mg Inj	3
J1094	Inj Dexamethasone Acetate	2
J1100	Dexamethasone Sodium Phos	92
J2001	Lidocaine Injection	10
J3301	Triamcinolone Acet Inj NOS	215
J3303	Triamcinolone Hexacetonl Inj	2
L1902	AFO Ankle Gauntlet	9
L1906	AFO Multiligamentus Ankle Su	20
L1930	AFO Plastic	229
L1932	AFO Rig Ant Tib Prefab Tcf/=	1
L1940	AFO Molded to Patient Plasti	2

L1951	AFO Spiral Prefabricated	1
L1960	AFO Pos Solid Ank Plastic Mo	1
L1970	AFO Plastic Molded w Ankle J	12
L1971	AFO w Ankle Joint, Prefab	46
L1990	AFO Doub Solid Stirrup Calf	1
L2220	Dorsi & Plantar Flex Ass/Res	3
L2232	Rocker Bottom, Contact AFO	1
L2265	Long Tongue Stirrup	2
L2275	Plastic Mod Low Ext Pad/Line	11
L2330	Lacer Molded to Patient Mode	2
L2350	Prosthetic Type Socket Molde	1
L2360	Extended Steel Shank	1
L2760	Extension Per Extension Per	1
L2780	Non-Corrosive Finish	1
L2820	Soft Interface Below Knee Se	27
L3000	Ft Insert Ucb Berkeley Shell	43
L3002	Foot Insert Plastazote or Eq	54
L3010	Foot Longitudinal Arch Suppo	161
L3020	Foot Longitud/Metatarsal Sup	24
L3030	Foot Arch Support Remov Prem	17
L3040	Ft Arch Suprt Premold Longit	373
L3060	Foot Arch Supp Longitud/Meta	8
L3216	Orthoped Ladies Shoes Dpth I	1
L3260	Ambulatory Surgical Boot Eac	152

L3265	Plastazote Sandal Each	2
L3320	Shoe Lift Elev Heel/Sole Cor	1
L3649	Orthopedic Shoe Modifica NOS	1
L4350	Ankle Control Orthosi Prefab	7
L4360	Pneumati Walking Boot Prefab	344
L4386	Non-Pneum Walk Boot Prefab	9
L4396	Static AFO	58
Q4037	Cast Sup Shrt Leg Plaster	10
Q4038	Cast Sup Shrt Leg Fiberglass	74
Q4050	Cast Supplies Unlisted	3
Q4101	Apligraf	5
Q4106	Dermagraft	12
T1013	Sign Lang/Oral Interpreter	8
T1015	Clinic Service	165
0270	Medical Surgical Supplies	1
0272	Sterile Supply	1
0370	Anesthesia	1
0521	RHC/FQHC Clinic	2
Grand Total		**56,322**

IX. Demographic Information: (2010 Data)

COUNTY	COUNT(DISTINCTPERSON_ID)
Androscoggin	1,897
Aroostook	1,027
County Unidentified	541
Cumberland	1,980
Franklin	228
Hancock	194
Kennebec	1,667
Knox	191
Lincoln	186
Oxford	393
Penobscot	1,297
Piscataquis	193
Sagadahoc	271
Somerset	484
Waldo	142
Washington	123
York	1,414

Gender	
Female	8151
Male	4077

Between Age 55 - 64	1965
Average Age	64
Median Age	66

Marital Status	
Divorced	1606
Married	2189
Single	4045
Widowed	1927
Separated	390
Unidentified	2071

Income	
Earnings	1205
Pension/Retirement	1420
Unemployment	78
Workers Comp	34

Budget Initiative Fact Sheet

Office: **MaineCare Services** **Date:** **12/13/2011**

Initiative: **7451 – Sexually Transmitted Diseases Clinics**

Account: **0147**

I. Budget Proposal Description:

This initiative proposes to eliminate sexually transmitted disease screening clinic services (MaineCare Benefits Manual, Section 150) as an optional service.

II. Financial Information:

	Actual SFY'08	Actual SFY'09	Actual SFY'10	Actual SFY'11
General Fund	299	337	581	178,562
Other Special Revenue				
Federal Funds	481	763	1659	280,999
Total	780	1100	2240	459,561

Other sources of funding for program, i.e. FHM? ☐ Yes x No

III. Total users of service:

SFY 2008 Unduplicated Members	*SFY 2009 Unduplicated Members*	*SFY 2010 Unduplicated Members*
73	*99*	*149*

IV. Current Budget Proposal:

1) Appropriation Increase: $ -0-

	SFY'12	SFY'13
2) Appropriation Decrease:	$ 40,397	217,951

3) Savings/Reduction Plan: Eliminate sexually transmitted disease screening clinic services as an optional service.

Services:

- Screening for sexually transmitted disease or infection
- Lab testing
- Cost & administration of medication when necessary
- Treatment follow-up and counseling

4) Any contracts impacted? ☐ Yes x No

V. Legal Requirements:

Federal – subject to approval of CMS State Plan Amendment. Members must be notified 30 days in advance, providers will be notified through the APA process. Medically necessary services for children are required through EPSDT and may not be eliminated.

State – subject to approval of state rulemaking and changes to statute 22 MRSA §3174-Q.

VI. Maintenance of Effort Requirements? ☐ Yes x No

VII. Demographic Information: (2010 Data)

COUNTY	COUNT(DISTINCTPERSON_ID)
Androscoggin	45
Aroostook	1
County Unidentified	4
Cumberland	51
Franklin	2
Hancock	1
Kennebec	6
Knox	0
Lincoln	4
Oxford	3
Penobscot	18
Piscataquis	0
Sagadahoc	2
Somerset	3
Waldo	2
Washington	1
York	6

Gender	
Female	65
Male	84

Between Age 55 - 64	5
Average Age	33
Median Age	30

Marital Status	
Divorced	20
Married	11
Single	109
Widowed	0
Separated	5
Unidentified	4

Income	
Earnings	32
Pension/Retirement	0
Unemployment	4
Workers Comp	1

Budget Initiative Fact Sheet

Office: MaineCare Services **Date:** 12/13/2011

Initiative #: 7461 – Chiropractic Services

Account: 0147

I. Budget Proposal Description:

This initiative proposes to eliminate Chiropractic Services (MaineCare Benefits Manual, Section 15) as an optional service.

II. Financial Information:

	Actual SFY'08	Actual SFY'09	Actual SFY'10	Actual SFY'11
General Fund	222,320	188,896	245,508	276,463
Other Special Revenue				
Federal Funds	374,381	432,317	691,909	705,405
Total	596,701	621,213	937,417	981,868

Other sources of funding for program, i.e. FHM? ☐ Yes x No

III. Total users of service:

SFY 2008 Unduplicated Members	*SFY 2009 Unduplicated Members*	*SFY 2010 Unduplicated Members*	*SFY 2011 Unduplicated Members*
5,423	*5,566*	*5,960*	*20,725*

*User data has changed from SFY '10 to SFY '11 due to enrollment and billing under MIMHS. Previously, in SFY '10 there were local codes that distinguished service rendered and where service was delivered. In the transition to MIMHS we are using HIPAA compliant codes and pulling data based on these codes which includes all services provided.

IV. Program Eligibility Criteria:

Adult members age 21 and over) must have an initial evaluation by a physician that documents the member's rehabilitation potential. This requirement will not apply to members with Medicare coverage or other third-party health insurance while meeting a deductible. This requirement will also not apply to members with Medicare coverage or other third-party health insurance until the coverage for chiropractic services by the other payor has been exhausted.

V. Current Budget Proposal:

1) Appropriation Increase: $ -0-

	SFY '12	SFY '13
2) Appropriation Decrease:	$ 69,199	375,344

3) Savings/Reduction Plan: Eliminate chiropractic services as an optional service.

Services:

- Manual or mechanical manipulation of the spine. The diagnosis must indicate a subluxation.
- X-ray services that are medically necessary for diagnosis and treatment of a subluxation.

4) Any contracts impacted? ☐ Yes x No

VI. Legal Requirements:

Federal – subject to approval of CMS State Plan Amendment. Members and providers must receive advance notice of changes.

State – subject to approval of state rulemaking and changes to statutes 22 MRSA §3173-C, 22 MRSA §3174-Q, 22 MRSA§ 3174-FF.

VII. Maintenance of Effort Requirements? ☐ Yes x No

VIII. Procedures Performed and Billed to MaineCare by Code Number:

Procedure Code	Procedure	Count of Procedure
72020	X-Ray Exam of Spine	1,085
72040	X-Ray Exam of Neck Spine	3,675
72050	X-Ray Exam of Neck Spine	4,951
72052	X-Ray Exam of Neck Spine	640
72070	X-Ray Exam of Thoracic Spine	3,798
72072	X-Ray Exam of Thoracic Spine	1,197
72074	X-Ray Exam of Thoracic Spine	43
72080	X-Ray Exam of Trunk Spine	177

72090	X-Ray Exam of Trunk Spine	94
72100	X-Ray Exam of Lower Spine	13,069
72110	X-Ray Exam of Lower Spine	5,107
72114	X-Ray Exam of Lower Spine	628
72120	X-Ray Exam of Lower Spine	92
98940	Chiropractic Manipulation	28,269
98941	Chiropractic Manipulation	58,550
98942	Chiropractic Manipulation	3,447
Grand Total		**124,822**

IX. Demographic Information: (2010 Data)

COUNTY	COUNT(DISTINCTPERSON_ID)
Androscoggin	481
Aroostook	607
County Unidentified	122
Cumberland	595
Franklin	173
Hancock	206
Kennebec	798
Knox	231
Lincoln	140
Oxford	258
Penobscot	584
Piscataquis	124
Sagadahoc	111
Somerset	445
Waldo	338
Washington	206
York	541

Gender	
Female	4235
Male	1724
Unidentified	1

Between Age 55 - 64	662
Average Age	43
Median Age	41

Marital Status	
Divorced	988
Married	2248
Single	1868
Widowed	188
Separated	318
Unidentified	350

Income	
Earnings	2552
Pension/Retirement	113
Unemployment	195
Workers Comp	17