

12-2000

## Key Strategies 2000 - 2001

Maine Department of Human Services

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Cover



State Of Maine  
Department of Human Services

Key Strategies  
2000 - 2001

Maine Department of Human Services  
11 State House Station  
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Augusta, Maine 04333

December 2000  
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January 2001

Dear Department of Human Services Staff and Partner Organizations:

For Maine, the year 2000 was marked by many notable achievements in health and human services, reflecting your dedicated work and creativity, and demonstrating the results of the support and resources made available to and through us by Governor King, the Maine Legislature, and three major Departments of the U.S. Government – the Department of Health and Human Services, the Department of Agriculture, and the Department of Environmental Protection.

From the receptionists who answer our phones, the computer system technicians, caseworkers, health professionals, revenue agents, lab scientists, field inspectors and licensing staff, eligibility workers, auditors, program managers, supervisors, and office support staff, Maine became a better place because of your work and that of those who work with us. Thank you for making so many differences in the quality and safety of Maine lives.

There are so many significant achievements it is difficult to reduce them to a limited list of “top ten” achievements...but here is my list for 2000.

Number 1 - *Adoption* – DHS completed 468 adoptions (372 completed and 96 awaiting court finalization). This spectacular achievement – an incalculable blessing for these children and their adoptive families – earned the U.S. Department of Health and Human Services' National Adoption Award from Secretary Donna Shalala. Unquestionably, one of the highest achievements in human services anywhere in the U.S.!

Number 2 - *Health Insurance For Children And Adults* – Maine now enjoys the fourth highest rate of children with health insurance in the U.S., including both private health insurance and government-provided health insurance. Our efforts have increased the overall rate of people with health insurance in Maine, the opposite of national trends. With 183,000 Mainers receiving Medicaid or Cub Care, these are the highest numbers of people receiving our health insurances in the history of Maine. It is no accident. It is principally the result of the work and creativity of the Bureau of Family Independence and Bureau of Medical Services staff

assisted by the Bureaus of Health and Child and Family Services, as well as education agencies, hospitals, and the regional coalition of clinics, child care, mental health and social service agencies.

- Number 3 - *Tobacco Use Reduction and Health Promotion* – The Bureau of Health is a national leader in health promotion and disease prevention, and Maine's smoking rate for teens is going down thanks to sustained efforts and resources targeted at youth smoking. Teen smoking in Maine has gone down 27% in the past two years! Major new resources from the tobacco litigation settlement funds have been awarded for a mass of health prevention, tobacco use reduction, early child care, Medicaid, substance abuse treatment, and expanded prescription drug programs for the elderly and disabled. The first ever Healthy Maine Summit was held in 2000 and was an outstanding success, with over 600 participants and keynote by Surgeon General David Thatcher, MD.
- Number 4 - *Welfare Caseload Reduction and Reduction in Maine's Poverty Rate* – Due to focus, enthusiasm, and enablement through Bureau of Family Independence staff, a very strong Maine economy, and having the financial resources to assist families, Maine's TANF (Temporary Assistance to Needy Families) caseloads are the lowest since the late 1960s and the rate of families returning to the TANF Program is a low 6%. 7,000 heads of households being assisted into the workplace, child support collections, help with child care, earned income tax credit, Parents As Scholars, A.S.P.I.R.E. and linkages with other work and anti-poverty agencies are making this wonderful difference. The USDA advised DHS during the year that Maine is second in the nation in the rate of eligible food stamp recipients who are actually receiving the benefit, attributed to our staff, outreach and supportive program.
- Number 5 - *Child Support Collection and Payment Enforcement* – The persistence, determination and creativity of our child support programs in the Bureau of Family Independence on behalf of 61,000 Maine families each month is continuing to be a leader in the country, according to the U.S. DHHS, by collecting \$96 million in 2000 on behalf of Maine families (70%) and to repay taxpayers' financial assistance. Close cooperation with custodial parents, non-custodial parents, the Maine court system, and cooperative Maine employers has helped Maine DHS double the amount of collections over the past five years. Hats off to our Governor and both parties in the Maine Legislature for their strong support for our efforts, and special thanks to our Assistant Attorneys General, who are also key to our success.
- Number 6 - *Teen Pregnancy Reduction* – For another successive year, Maine has realized one of the very lowest rates of teen pregnancy in the U.S., according to the U.S. Centers for Disease Prevention and Health Promotion. For the seventh year in a row, Maine ranks in the top five states (4<sup>th</sup>) for the lowest rate of teen pregnancy. A tribute to Maine teens, their parents, family planning agencies, Bureau of Health program efforts, and access through Maine Medicaid and school health programs, health education. Similarly, the teen abortion rate for Maine has declined for the fifth year in a row.

- Number 7 - *Infant Mortality* – Maine has ranked tops in the nation in attaining the lowest infant mortality rate for 8 out of the 12 past years. Statistically, being born in Maine, the infant has the highest rate of survival to their first birthday in the U.S. This is a result of our highest-in-the-nation (90%) prenatal care in first trimester, (40% of Maine's pregnant women are insured through Medicaid); highest or second-highest in the U.S. childhood immunization rates; WIC; Bureau of Health, PRAMS; and Maine's coordinated system of neonatal intensive care units; and the expertise and diligence of Maine's OB/GYNs, nurse midwives, doctors, pediatricians and family practice doctors and our hospital systems.
- Number 8 - *Innovative Prescription Drug Programs* – Maine truly leads in our efforts to obtain needed, cost-effective prescription drugs for all of our Maine residents with a particular priority on low and middle income children, adults, elderly and disabled persons. A generous prescription drug program in Medicaid for 183,000 people, and expanded Drugs For The Elderly and Disabled Program serving 46,000 eligible people and the proposed and funded Maine Rx Program, intended to benefit over 300,000 Maine people, are all examples of this effort. Hats off to our Medicaid and pharmacy staff in the Bureau of Medical Services, thanks to the excellent eligibility work of the Bureau of Family Services and the Revenue Services Division in the Department of Finance and Administration, and the strong partnership of the Maine Department of Professional and Financial Regulation and our contracted services through Goold Health Systems.
- Number 9 - *Seniors and Adults With Disabilities* - Maine continued to expand state initiatives that support seniors and disabled adults to stay independent in their homes and communities. Nearly 500 adults with disabilities are in the Maine Medicaid buy-in program that allows them to return to employment and maintain their health coverage via Medicaid. Maine also received national recognition for our efforts to enroll lower income seniors in a program that helps pay their health insurance premiums. Ongoing leadership by staff at the Bureau of Elder and Adult Services in supporting the continuum of care and supports, protecting elders from abuse, and working with partner not-for-profit agencies all made a difference. Maine was awarded a major Robert Wood Johnson Foundation grant that will further progress in these populations.
- Number 10 – *Investments in DHS Infrastructure, Systems and Buildings* – DHS made further major progress on improving the workspace for our employees and agency clients through opening a new building in Portland; negotiating new and renovated spaces for Lewiston; and negotiating for new combined space to house the Bureau of Medical Services, the Bureau of Elder and Adult Services, and the Audit Division of our Service Center under one roof. Capital improvements were begun in the Health and Environmental Testing Lab and for the Division of Technology Services in the central Augusta office. Our technology information systems capacity was furthered by completion of IMMFACT and the inclusion of development of the ACES system and the Claims Management System for

BMS. Department-wide, we now have some 2,600 PCs, servers and laptops. We have begun the process of negotiating improvements for our Houlton office.

Extraordinary progress and achievements were made by our Drinking Water Program in the Bureau of Health; noteworthy increase in the number of families DHS or our contract agencies intervened with when referred to our child protective services, reducing the number of uncontacted cases to 150 (from an annual high of 5,000 several years ago). The Service Center and Bureau of Child and Family Services achieved the largest reduction of licensing visit backlogs in foster homes and other social service programs by intensive campaigns by our staff and with the renewed assistance of the State Fire Marshal's office; and hundreds of new residential program spaces were created for Maine children and youth with behavioral health needs, increasing access in Maine for children returning from out-of-state placements and serving more Maine children right here at home - - - and there was more!

The risk of a list such as this is one of overlooking or failing to list major accomplishments of people. If I have left you out, it is not because you and your contributions are not noticed.

Thank you for all the everyday and essential services and protections we provide in contracts, licensing, auditing, processing, staff training, payroll, human resources, housecleaning, regional services, elder services, medical care, returning children to Maine from other states, developing foster homes, residential care options, counseling, child care, Head Start, immigrant and refugee services, Children's Cabinet and all for the basic services that we all depend upon to get our mission accomplished.

Sincere thank yous to all, and best wishes for more success in 2001.

Sincerely,

Kevin W. Concannon  
Commissioner

## MAINE DEPARTMENT OF HUMAN SERVICES

### Commissioner's Office

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The Commissioner's Office provides leadership and support to the Department's five Bureaus and the multi-Department Service Center. Included are the Bureau of Child and Family Services, the Bureau of Elder and Adult Services, the Bureau of Health, the Bureau of Family Independence, the Bureau of Medical Services, and the Community Services Center (shared with the Department of Mental Health and Mental Retardation and Substance Abuse).

### Bureau of Child and Family Services

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The Bureau of Child and Family Services leads the state's effort to ensure the safety and well-being of children and families. The Bureau has responsibility for Child Protective Services, Children's Services, Adoption and Foster Care Licensing.

### Bureau of Elder and Adult Services

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The purpose of the Bureau of Elder and Adult Services is to promote optimal independence for older adults and other adults in need of protective and supportive services, and to provide quality decisions on Social Security disability claims.

### Bureau of Health

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The mission of the Bureau of Health is to preserve, protect and promote the health of all citizens of Maine through public and private efforts.

A sampling of the Bureau's programs include: disease control, injury prevention, teen pregnancy prevention, nutrition, drinking water protection, radiation

control, screening of newborns for genetic disorders, maintaining the state's vital statistics and incidence of communicable diseases, health and environmental laboratory testing, restaurant inspections, breast and cervical cancer prevention, tobacco use prevention and public health nursing.

**Bureau of Family Independence**

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The mission of the Bureau of Family Independence is to assist families in achieving their maximum potential independence, employability, safety and health. The Bureau administers the following programs: TANF (Temporary Assistance to Needy Families), A.S.P.I.R.E. (Additional Support for People in Retraining and Employment), Emergency Assistance, Alternative Aid, Parents As Scholars, Food Stamps, Medicaid and Cub Care Eligibility, General Assistance, Child Support Enforcement, Fraud Investigation and Recovery, and State Supplement for Supplemental Security Income.

**Bureau of Medical Services**

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The mission of the Bureau of Medical Services is policy development, administration, and funding of health care benefits for Maine's low-income and disabled residents. Licensing and certification of health and health related facilities and providers are also provided by the Bureau.

**Community Services Center**

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The Community Services Center exists to lead in the State of Maine's interdepartmental efforts in purchasing and licensing services that ensure the health, mental health, safety and well-being of children, families and individuals.

## MISSION AND STRATEGIES

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**The mission of the Maine Department of Human Services (DHS) is to protect and preserve the health and well-being of Maine people in order that they may achieve their full potential.**

In fulfilling this mission, the Department's services cover a broad continuum ranging from prevention services that benefit every Mainer to specialized care and maintenance for some of Maine's most vulnerable citizens. Key strategies that are working today include:

Child Protection - Intervention and protection of children through child-centered, family focused support and social services. Child abuse reports are received 24 hours per day, 365 days per year through a centralized intake system.

Children's Services – Remediates the impact of child abuse and neglect and develops permanency plans for children in the custody of the Department of Human Services through family reunification, relative placement, adoption and other plans.

Adoption – Finds and evaluates adoptive homes for children in the custody of the Department of Human Services who are unable to return to their homes.

Foster Care Licensing – Recruits and licenses foster homes in order to provide safe out-of-home placement for children in DHS custody.

Adult Protection - Maine has a nationally recognized state funded program to provide or arrange for services to protect incapacitated or dependent adults in danger of abuse, neglect or exploitation. It includes assuming public guardianships and conservatorships when there is no one to serve in a private capacity and when less restrictive arrangements have proved insufficient.

Child Support - Maine is known for its innovative techniques and legislation to enhance child support services to Maine families. License revocation and new hire reporting by employers enhance the ability of Maine's child support program to pursue delinquent obligors. Child support provides additional income to families receiving TANF benefits to help them become self supporting. Child support collection services are also available to any non-welfare families, and for some families, this is the factor that allows them to remain independent of welfare programs.

Family Support and Preservation – Through the purchase of services, the Department provides intensive home-based services that assist families to build

on their strengths and to become self-sufficient in the care and protection of their children.

Self Support - Maine has been working toward enabling low income families to become self supporting for years. State and federal law requires most adults in families receiving welfare benefits to engage in work activities, with few exceptions. The number of families receiving TANF benefits has decreased from 23,246 in May, 1993 to 10,715 in November 2000. The focus of staff is to enable families to leave the TANF program long before the Federal five year lifetime limit for receipt of benefit expires. Programs such as Cub Care allow working parents to provide most of the family's financial support while meeting another goal of increased access to health care for children.

Community Based Services: Through a combination of local, state and federal funds, contracts are written for community-based services. These range from prevention/early intervention initiatives with families and individuals to crisis intervention services. These services reduce the short-term and long-term dangers and traumas to children and adults who have been physically and emotionally abused. All services are designed to promote self-sufficiency and self-support.

Licensing and Quality Assurance - The Department monitors services provided by over 2,300 social and health related facilities each year. DHS licenses all facilities for children in foster care or group home care and day care facilities. DHS regulates many other facilities, from restaurants to tattoo parlors, that protect the public health.

Long Term Care - Maine is nationally recognized for efforts to expand choices for elders and adults with disabilities. A major investment in home and community care options has resulted in more adult day services, Alzheimer's respite care, assisted living for low-income elders, and home care for adults of all ages. Thousands of people have been diverted from nursing home admission and nursing homes also have increased billings to Medicare (federal funds). The percentage of long-term care funds spent on institutional care declined from 85% in 1994 to 65% in 1999.

Senior Services - Maine's older people receive services including advocacy, outreach, information and assistance, home delivered meals, health insurance counseling, employment, public education and legal services. Services are provided through Maine's five Area Agencies on Aging, their corps of volunteers and other non-profit agencies throughout the state, many of them participating in community eldercare coalitions.

Access to Health Care Services - Maine is committed to improving access to health care services for all residents while containing the costs of these services. More than \$46.6 million of capital health care industry projects were reviewed during state fiscal year 2000, resulting in over \$4.4 million in additional costs

avoided for the users of these services. More than 120,000 Mainers improved their access to primary health care services due to grant funded community provider development programs and provider recruitment and retention programs.

Healthy Maine 2000: A Health Agenda for the Decade - This document, developed in collaboration with the Department of Mental Health, Mental Retardation and Substance Abuse and multiple private providers, community agencies, and local groups, sets out over 100 disease prevention and health promotion objectives in thirteen priority areas. DHS priority areas include: Maternal and Child Health, Injury Prevention, Prevention of Tobacco-Related Diseases, Infectious Disease Control, HIV Infection Control, Oral Health, Environmental Health, Chronic Disease Control, Cancer Prevention and Control, Teen and Young Adult Health, Occupational Health, Mental Health, and Substance Abuse. Each priority area is accompanied by a listing of public and private groups that are expected to have a key role in initiating or carrying out the strategies to reach the objectives.

Providing Health Care – The state's Medicaid program provides important health care services to over 183,000 Maine people per month each year. The services include both acute care and preventive care and are provided by 9,500 of the state's private health care providers and involve services to all age groups including prenatal care, immunizations, mental health care, hospital stays, nursing home care and other types of health and medical services.



## ***Technology - Key Strategies for Productivity Enhancement and Improved Customer Service***

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The Department of Human Services has undertaken several key initiatives for improving its application of technology. As new systems are developed or aging systems upgraded, the Department's direction is to move to web-based "thin client technology" that, with appropriate security controls, will allow access from nearly any PC on the State's wide area network. The Department has worked with hardware and software vendors to establish a consistent environment allowing it to leverage internal training as well as receiving volume discounts on external services. The Department is an active participant in all of the State's key enterprise IT strategies including the MS Exchange E-mail migration and the Windows 2000 project.

- ❖ The Division of Technology Services (DoTS) has consolidated critical information technology staff into a single unified Departmental team. This has improved effectiveness, achieved economies of scale and facilitated sharing of the limited pool of skilled people who support the Department's business operations.
- ❖ DoTS has begun to migrate to a Microsoft Exchange enterprise mail system. The initiative is a collaborative effort with the Bureau of Information Services. The goal is to have the entire Department of Human Services migrated to the new system by May, 2002.
- ❖ DoTS is also working as a member of a team assigned by the statewide Information Systems Managers Group (ISMG) to migrate to Windows 2000 operating system for the State of Maine. Completion of this migration is anticipated for November, 2003.
- ❖ DoTS continues to expand its Internet information access point for the entire Department. For example, applications for the new child health insurance program, Cub Care, can be found and retrieved via the Internet.
- ❖ DoTS continues to provide desktop computerization and support for Department staff, and close to 98% of the Department's front line staff have access to this technology. These computers access individual program information, office automation such as word processing and spreadsheets, and access to the state's Intranet and Internet information resources.
- ❖ DoTS continues to pursue training and certification for all of the Department's technical staff. This will ensure that Department resources,

along with vendor assistance, can provide rapid and effective response to front-line workers.

- ❖ Automated Client Eligibility System (ACES) The Bureau of Family Independence continues to increase its use of technology for efficient and effective service delivery. Installation of computers for all staff in local offices is now complete. As staff has obtained access to computers, they are also getting training in the use of computer software. In July, 2000, the Bureau began the replacement of its 23 year old eligibility system with a modern technology system, allowing staff web-based access to client information and improving the speed and accuracy of benefit delivery. This new system with over 1000 users is planned to be fully implemented statewide in November, 2001.
- ❖ Claims Management System. The Bureau of Medical Services has begun a project to replace the current 22-year-old system for processing Medicaid claims. The project will significantly impact the Bureau's ability to efficiently manage the Medicaid program. The total system is scheduled for implementation in late calendar year 2002.
- ❖ Maine Automated Child Welfare Information System (MACWIS) The Bureau of Child and Family Services completed the implementation of the MACWIS project in 1998. The system has been fully operational since 1998 at fourteen sites around the state and operates on a combination of Local Area Networks and the State's Wide Area Network (WAN). Through the use of MACWIS, the Bureau of Child and Family Services has, for the first time, the capacity to use automation to accomplish comprehensive child welfare management on a statewide basis. MACWIS currently interfaces with other critical Departmental systems and will be further developed to allow for its use by adult protective service caseworkers and public health nurses.
- ❖ Maine Point of Purchase System (MEPOPS) This system was installed in 1996 in all 300 pharmacies in the state, and processes over 3 million claims per year. Averaging eight to fifteen thousand transactions per day, the system checks eligibility, reviews the prescription for duplication/early refill, reviews for drug interactions and processes the transactions for payment. The Bureau of Medical Services has used MEPOPS to implement a physicians' drug incentive program and a prior authorization program to control drug costs without cutting Medicaid benefits.
- ❖ Maine Enrollment and Capitation System (MECAPS) Installed in July of 1996 this system enrolls Medicaid recipients in Managed Care, tracks all services, supplies provider information, and calculates and controls payments. The first integrated system of its kind in the country, MECAPS won the 1996 National Award for Community Services from Hewlett Packard. Over 80,000 people have been enrolled in the state's

PrimeCare Program since installation. This system also supports the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program.

- ❖ Maine Medicaid Decision Support System (MMDSS) This system was installed in 1997. This system has a fully integrated database of 5 years of claims, provider information, client information, vital records, and insurance information. This product enables the Department to control both the quality and quantity of Medicaid services purchased and has enabled the Bureau to establish the Physician Incentive Payment Program.
- ❖ MECARE The Bureau of Elder and Adult Services developed a laptop PC application of the Department's Medical Eligibility Determination (MED) assessment form in 1998. MECARE is an automated system used to determine the medical eligibility of recipients applying for long-term care programs. Nurse assessors use the laptops in the client's homes to complete eligibility determination for all publicly-funded long term care services. Each laptop computer allows the nurse assessor to totally complete all aspects of the assessment, including the client letters on the spot.
- ❖ ImmPact ImmPact is a web-based health information and communication system initially implemented in late 1998, linking primary care providers in Maine to the Bureau of Health. ImmPact provides immunization information, including EPSDT related information, and preventive health tools for providers as well as gives the Bureau of Health a means to communicate with all healthcare providers in Maine. Participation by primary care providers continues to expand and other states have expressed interest in joining Maine in an expanded cooperative effort in this arena.
- ❖ Electronic Claims Receipt Starting in 1985, the Department provided for electronic billing for Medicaid claims and is in the process of implementing improved communications software for claims transmissions to reduce the number of transactions submitted on paper. Currently, about 60% of all claims are electronically received. Electronic submission reduces processing cost for the Bureau of Medical Services and also speeds the reimbursement process to providers.
- ❖ Electronic Benefits Transfer (EBT) The Bureau of Family Independence is developing a request for proposal for a system which will provide welfare benefits to clients through ATM's and in stores which currently accept Food Stamps. Similar to the bank debit cards used by many people, the Electronic Benefit Transfer (EBT) system will provide increased security and save on costs of distributing benefits. This project is anticipated to be implemented in late 2002.
- ❖ Interactive Automated Training Working cooperatively with the Muskie Institute at the University of Southern Maine, a sophisticated and responsive training system for DHS staff and service providers has been established.



## **DHS SERVICES TO PEOPLE IN MAINE COMMUNITIES**

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The Department provides a wide range of essential health and social services through its regional and central offices. Through a combination of direct and purchased services, almost all Maine citizens benefit. Some examples include:

- Each day in December of 2000, 183,000 individuals were eligible to receive health care services through the Medicaid Program.
- The Division of Child Support Enforcement and Recovery exceeded its collection goal of \$90 million for SFY 00. The total collections for SFY 00 were over \$92.7 million – this compares to approximately \$43 million collected in SFY 1993.
- The Fraud Investigation and Recovery Unit recovers an average of \$1.25 million per year in mis-spent public assistance. This money is recouped through direct collections and benefit reduction. This Unit also initiates an average of 20 criminal prosecutions per year.
- Virtually all adult recipients of TANF participate in ASPIRE, Maine's program to help recipients find work. During Calendar Year 2000, ASPIRE participants experienced approximately 7,000 job placements, including first jobs, job changes, and promotions. This is particularly noteworthy because a growing segment of the TANF caseload faces multiple barriers to employment.
- Approximately 900 post-secondary students are involved in the Parents as Scholars (PaS) program, a fully State funded program which supports TANF recipients in obtaining a two or four year post secondary degree. The PaS program follows the eligibility rules for TANF and provides support services of the ASPIRE program to assist the parent in obtaining a post secondary degree. The program is limited to 2000 participants.
- Due to an expansion of income limits and the establishment of the Cub Care Program, approximately 9,700 children in Maine who previously did not have health insurance are now receiving health care services. Expanded Medicaid and Cub Care provide children whose family's income is above the poverty line the same quality health care benefits that are available through Medicaid. The programs recognize that many employers do not provide health insurance coverage for all family members, and meets the needs for health services for younger residents of Maine.
- The Bureau of Child and Family Services received 14,876 reports of child abuse or neglect in 1999, of which 8,721 were appropriate for investigation. Of these appropriate reports, Bureau staff initiated assessment (or

investigation) of 4,332 and assigned 2,999 to community social service agencies with which the Department has partnership agreements.

- On an average day, foster parents and other service providers care for 3,200 abused and neglected Maine children in DHS custody.
- DHS staff licenses facilities which provide care for children including:
  - 209 residential treatment, group homes and child placing agencies
  - 2,938 child care facilities
  - 1,200 foster homes
- Over 13,000 low income children received Child Care or Head Start services through state-administered vouchers and community-based contracts.
- 46,000 low income elderly qualified for services under the expanded Low Cost Drugs Program.
- Over 500,000 doses of vaccine for children are distributed free of charge each year for prevention of vaccine-preventable diseases.
- 8,940 blood lead tests on children under 6 years of age were provided and 41 children were treated for lead poisoning.
- 2,000 children who were sexually and physically abused were assisted through the law enforcement and justice system by 14 victim-witness advocates statewide.
- Over 9.5 million meals were provided to over 30,000 children and 115 elderly people in Maine day care facilities through the Child and Adult Care Food Program.
- Approximately 50,000 elementary school children in 252 schools received fluoride supplements, toothbrushes and dental health education at school for less than about \$3.00 per child per year.
- DHS managed approximately \$33.9 million of categorical federal funding last year for public health work in such diverse areas as: radon, clean drinking water, tuberculosis, HIV, childhood lead poisoning prevention, smoking control, breast and cervical cancer, health status improvement, immunization, sexually transmitted diseases and risk factor surveillance and WIC.
- DHS staff conducted over 6,000 statewide food and lodging inspections and followed up on approximately 247 inspections with major violations.
- The 45 primary dental and mental health care practitioners placed in medically underserved areas of Maine by DHS grant funded recruitment and

retention programs, administered by DHS, account for over 150,000 patient visits a year. These practitioners serve disproportionately high numbers of indigent, Medicaid, Medicare and uninsured patients who would otherwise not have access to those services or would have to travel long distances to obtain mental, dental and primary health care services. An additional \$375,000 of federal monies will be available through a DHS grant-making process to eligible small rural hospitals to study the feasibility of conversion to Critical Access Hospital status.

- Nearly 4,000 Maine citizens contacted 24 hour rape crisis hotlines financed by DHS.
- Over 5,000 people received family-violence related crisis intervention and transition services.
- The Department provided chlamydia screening and follow-up for 2,500 women age 15-24 and provided 12,249 HIV tests.
- Over 700 HIV positive individuals received locally-based AIDS case management and support services.
- 3,000 elderly and other incapacitated or dependent adults in danger of abuse, neglect or exploitation receive protection annually. Included are 792 for whom the Department serves as public guardian.
- Home health and other supportive services are provided to 14,000 older and other dependent adults annually.
- Through contracts with Area Agencies on Aging, Legal Services for the Elderly, Inc., the Long Term Care Ombudsman Program and other community providers, more than 45,000 seniors received home delivered meals, transportation, employment, health insurance and benefits counseling, respite for family caregivers, public education, legal assistance and advocacy.
- More than 15,000 individuals and their families used the free, long-term care assessment program to better understand their service choices.
- DHS staff reviewed 18,586 applications of persons seeking disability benefits under the Social Security system. 9,204 were initial claims, 2,950 were reconsiderations, and 5,959 were continuing disability reviews (CDRs). The remainder were hearings, pre-hearings decisions and hearings an appeal development cases. DHS allowed 43% of the initial claims and continued 92% of the CDRs.

- Vital records for 54,000 individuals are processed annually, including: 13,400 births, 12,200 deaths, and 11,000 marriages.
- Population estimates are provided to the Department of Economic and Community Development for use in required community planning efforts, and to the Department of the Treasury for State Revenue Sharing purposes. Estimates are also provided to individual communities on request.
- The Maine Breast and Cervical Health Program has provided breast and cervical cancer screening services to 6,400 low income, older women. Fifty-nine breast cancers and 28 cervical cancers have been diagnosed, and the women have been assisted in receiving treatment.
- Annually, over 1,850 people with diabetes are referred to the Maine Diabetes Control Project's Ambulatory Diabetes Education and Follow-up (ADEF) Program.
- The WIC Program served an average of 22,000 low income pregnant and breastfeeding women, infants and children under five in the last twelve months. Approximately 7,100 WIC clients were also able to participate in the Farmers Market Program, redeeming over \$72,000 of checks for fresh fruits and vegetables from approximately 150 farmers at participating markets.
- 3,551 newborns were referred by area hospitals for home visits by public health nurses.
- 250 newly arrived Refugees and Immigrants were screened for communicable diseases, health assessments completed, and referred to appropriate medical and dental services.
- Public Health Nurses provided infectious disease investigation services to discover sources of Salmonella and other diseases in 170 cases.
- Public Health Nurses provided Directly Observed Therapy for Tuberculosis to over 80 clients in Maine on a 7 day per week basis. 60 of the clients were in the Portland area.































**Department of Human Services**



**Bureau of Child and Family Services**

**Bureau of Elder and Adult Services**

**Bureau of Family Independence**

**Bureau of Health**

**Bureau of Medical Services**

**Regional Executive Managers**

**Community Services Center**

**Administrative Hearings Unit**

**Staff Education and Training Unit**

**Children's Cabinet**



# Bureau of Child and Family Services

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## Mission

The Bureau of Child and Family Services leads the State of Maine's effort to ensure the safety and well being of children and families.

## Budget

Fiscal Year	General Fund	Total Funds	FTE
2002 + 2003	\$152,830,727	\$279,741,030	535

## Major Programs

**Child Protective Services:** The Bureau receives over 14,000 reports of child abuse and neglect each year and works with families through the provision of caseworker and therapeutic services in an attempt to keep children safely in their homes. Bureau staff petition the courts for protective custody when necessary.



**Issue:** Responding to all specific allegations of child abuse and neglect in a timely, professional manner using the Safety Assessment protocol.

**Strategy for addressing:**

⇒ A safety assessment protocol was developed, implemented and staff were trained in the protocol. Modifying and refining the safety assessment protocol is a continuing process.

**Issue:** Pursuit of excellence in the delivery of child welfare services to clients in the face of an increased need for those services.

**Strategy for addressing:**

⇒ The Quality Assurance Unit, that continuously reviews cases and programs, provides measurable outcomes to assist the Bureau in determining future training and programming needs.  
⇒ Performance Based Contracting.

**Issue:** Lack of adequate and appropriate placement resources.

**Strategy for addressing:**

⇒ The Maine Caring Families Program provides in-house therapeutic foster homes;  
⇒ New locked facilities rules allow the Department to place children in state facilities who were previously being placed out-of-state.

**Issue:** Effectively administering health care services and receiving federal Medicaid funds so as to increase the availability of necessary services to the clients of the Department of Human Services.

**Strategy for addressing:**

⇒ Inter-departmental coordination for a plan to address behavioral health needs of foster children.

**Issue:** Responding to the need for children in out-of-home placements to be located within a reasonable proximity to familiar surroundings.

**Strategy for addressing:**

⇒ Significant emphasis on resource development to return children to Maine from out-of-state placements.

**Issue:** The increase in severity and pervasiveness of the problems found in the families and children for whom the Bureau is responsible.

**Strategy for addressing:**

- ⇒ The Community Integration Programs are used to keep families together by providing intensive casework services as well as creating community services in rural areas where there are few or none. These services are targeted to help families where protective referrals have been made and substantiated.
- ⇒ The Communities for Children initiative is a prevention program which targets at-risk children.

**Issue:** Improvement of staff morale.

**Strategy for addressing:**

- ⇒ A variety of employee recognition activities.
- ⇒ More training opportunities; technology such as cellular telephones for field workers, automation and voice mail.
- ⇒ Efforts to adjust caseworker pay steps to retain staff.

**Issue:** Automation of child welfare information and case management.

**Strategy for addressing:**

- ⇒ Further improving the Maine Automated Child Welfare Information System which is also the foundation for a case management system for the state.



- To maintain an effective administrative infrastructure which assists the Bureau in promoting its mission and that of its individual organizational units.
- To protect children who are abused, neglected, and exploited; to rehabilitate and reunify families when children have been separated from them; to secure permanent family relationships for children who cannot return to their own families; and to provide for the acquisition of skills and abilities for productive adulthood.

- To promote quality out-of-home foster care for Maine children through equitable licensing practice; through effective resource and policy development; and through the provision of training, public education, technical assistance, and advocacy for providers and children.
- To collaborate with the Community Services Center to coordinate and make social services available in order to maximize self-sufficiency and minimize risk to children, families and individuals in Maine.
- To encourage a work environment of integrity, mutual respect, cooperation and understanding while maintaining a sense of personal and professional balance.
- To achieve permanency for children who are in the custody of the Department of Human Services by coordinating with the Judicial Department and the Department of Attorney General.
- To develop an A.S.P.I.R.E.-type program, in conjunction with the Bureau of Family Independence, to enable teens in the custody of the Department of Human Services to become employed in meaningful work situations.
- To identify children age five and under, who have been in custody since age 6 months and under and expedite them into permanent living situations in under two years.
- To have a quality assurance unit within the Bureau to assist in assessing the quality of service delivery and effectiveness of programming. .
- To increase the number of family foster homes through collaboration with the Association of Adoptive and Foster Families of Maine, local communities and Maine media.
- To continue to increase adoptions of foster children who have been freed for permanent placement.
- To achieve consistency in the policy, practices, and procedures of the Bureau.
- To further refine the Maine Automated Child Welfare Information System known as MACWIS.


  
**Risk Factors**
  


Risk factors which may result in children needing protective services:

- ⇒ Poverty;
- ⇒ Substance abuse;
- ⇒ Domestic violence;
- ⇒ Unrelated adults residing in the household;
- ⇒ Parental history of abuse and neglect.



#### *Judicial Symposium*

The Department will sponsor its 5th Judicial Symposium in May, 2001. The topic this year will be related to attachment and adoption and there will be two national speakers at this major judicial education effort.

#### *Court Improvement Project*

The Bureau continues to participate on both the Executive Committee and the CIP full committee. Efforts continue to focus on implementing the changes in court practice recommended by the Committee's Report entitled, *The Role of the Court in Protecting Children*. Pilot projects have been identified in three locations (Portland, Lewiston and Skowhegan), and the District Court has been significantly involved in the development of case management model for District Court judges handling child protective cases.

#### *Therapeutic Treatment Network*

Foster parents, private foster care agencies and DHS staff review issues and policies common to all.

#### *Association of Adoptive and Foster Families of Maine*

The Bureau will meet regularly with the Association to discuss issues important to foster parents including recruitment, retention, legislation and permanency for foster children.

#### *Child Death and Serious Injury Review Team*

This group, comprised of the judiciary, physicians, mental health providers, law enforcement and Department staff reviews all cases involving child death and serious injury and makes recommendations on all cases which they review.

### *Child Welfare Advisory Committee/Family Preservation Advisory Committee*

This is an interdepartmental, as well as provider and Department membered group, which discusses issues involving children and families.

### *Child Abuse Action Network*

This group, comprised of Department staff, physicians, mental health providers, domestic violence advocates and providers of services, discusses child welfare issues and publishes educational manuals for use by judges, attorneys and others involved in child protection matters.

### *Community Treatment Care Providers Group*

Interagency and group home members review proposals for new group homes and develop joint applications.

### *Residential Treatment Center Group*

Interagency and residential treatment center members develop joint applications, and engage in rate setting for residential treatment centers.

### *Central Case Review Committee*

Reviews cases involving children with behavioral/emotional problems in need of treatment and services.

### *Departments of Corrections and of Mental Health and Mental Retardation and Substance Abuse Services Treatment Committee*

This inter-departmental group develops community mental health resources for juvenile offenders.

### *School Based Mental Health Committee*

This inter-departmental group provides and develops mental health resources in local schools.

### *Cross Disciplinary Training Teams*

Representatives from substance abuse, domestic violence and child protective jointly train other professionals across the state using a structured protocol.

### *Rural Domestic Violence Project*

Domestic violence advocates are housed in four District offices to provide better collaboration and coordination of services to families.























# Bureau of Elder and Adult Services

[www.state.me.us/dhs/beas/welcome.htm](http://www.state.me.us/dhs/beas/welcome.htm)

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## Mission

To promote optimal independence for older citizens and adults in need of protective and supportive services.

## Budget

Fiscal Year	General Fund	Total Funds	FTE
2002+2003	\$56,843,058	\$83,658,785	150

## Major Programs

**Long-term Care:** To reduce reliance on nursing home care and offer more choices for consumers and families, BEAS is working to achieve a more balanced array of programs and services. Accomplishments include:

- Reduced Medicaid utilization of nursing homes by 13%

- The number of persons served in home or community settings has grown from 9,800 to 18,000.
- Total long-term care spending declined by 2% per year since 1995, well below the rate of inflation for the health care sector.
- Expanded affordable assisted living, as an alternative to nursing homes.
- Established a single point of entry for all state and Medicaid funded long-term care services.
- Consolidated management of home care programs statewide, to reduce administrative costs.
- Expanded respite services for families caring for persons with Alzheimer's disease or other dementia.
- Established 20 Adult Family Care homes, which serve up to six people in a home-like setting.
- Developed MECARE, a computerized application of the long-term care assessment form. This allows timely and accurate information for consumers and families.
- Expanded adult day services which help family caregivers who work outside the home
- Specialized homes for persons with Alzheimer's disease are available statewide.
- Provided free in-home assessments to more than 15,000 people to assist them in understanding their long-term care options.
- Used the Certificate of Need process to promote conversion of excess nursing home capacity to other uses.
- Promoted the use of vouchers and other consumer-directed options for arranging services.

**Community Services:** Includes services that assist older people to remain independent in their homes and communities. Services are delivered via contracts with community agencies, primarily the five Area Agencies on Aging. Accomplishments include:

- 14,000 persons received either Meals on Wheels, or attended a community dining center.
- 25,000 people were assisted with information and counseling about health insurance and pending changes to the Medicare program.
- 2,158 people received transportation services.
- 88 older people were employed part-time in community services jobs.
- Completed an evaluation of the home delivered meals program statewide.
- Provided additional funds to Area Agencies on Aging and Legal Services for the Elderly to expand their health insurance counseling programs.
- Awarded \$100,000 in additional funds to Aging Agencies for nutrition programs.
- Sponsored a federally-funded Nutrition Education project to address the needs of elders at risk of malnutrition.

**Adult Protective Services:** Works with dependent adults, age 18+, who are at risk of abuse, neglect or exploitation. Services are provided by caseworkers located in DHS regional offices statewide. Accomplishments include:

- The statewide adult abuse telephone intake call center in Houlton responded to more than 10,000 calls last year.
- Conducted a time study to assess caseworker workloads and to improve planning for allocation of staff and program resources.
- Through the partnership with the Maine Bankers Association, Maine Credit Union League and the Maine Association of Community Banks, provided training to bank employees, chiefs of police and probate judges on reporting financial exploitation.
- Worked closely with mental health provider agencies to support opportunities for public wards to be discharged from AMHI and BMHI.
- Coordinated DHS implementation activities under the AMHI Consent Decree.
- Funded TRIAD projects, which are partnerships between law enforcement and seniors promoting crime prevention.
- Provided protective services to 3,500 clients.

**Resource Development Unit:** This program is responsible for expanding community based long-term care services; managing the Certificate of Need program for nursing facilities, and contracting for assisted living programs, and adult day services programs funded by the Bureau. The program also works extensively with nursing facilities to assist them in converting excess capacity to other levels of care. Accomplishments include:

- Participated in the development of rules for increasing nursing home reimbursement.
- Participated in the design of a new pricing methodology for residential care services.
- Prepared grant application to Robert Wood Johnson Foundation for planning funds to develop a comprehensive congregate assisted living program.
- Approved seven new congregate assisted living demonstration projects.
- Reviewed and approved the replacement of several antiquated residential care facilities.

**Advocacy:** As the State Unit on Aging designated under the federal Older Americans Act, BEAS is responsible to advocate for the needs of Maine's older citizens. Activities of this unit include:

- Administering funds for the Legal Services for the Elderly and Long-term Care Ombudsman programs. These two programs served more than 7,000 people last year.
- Staffing the Bank Reporting project.
- Publishing three popular resource directories and distributing more than 30,000 copies of "Resource Directory for Older People in Maine," "Aging:

Taking Care of Business, A Guide to Advance Directives," and "Home Care: Where to Find It."

- Staffing the Department's Long-term Care Steering Committee, an all consumer committee that advises the Commissioner.
- Coordinating BEAS total quality management activities, including receiving the Margaret Chase Smith Quality Award.
- Coordinating BEAS legislative initiatives.

**Disability Determination Services:** This program, which is funded with all federal funds, reviews and makes determinations on applications for disability payments under the Social Security program. The staff of examiners and hearings officers adjudicates more than 22,000 claims annually for 18,000 individuals.

**Maine Alzheimer's Project:** Maine was one of only two states to receive a three-year research/demonstration Alzheimer's disease grant after previously having had a federally funded Alzheimer's Demonstration Project for seven years. As a result of the work done during the initial grant, Maine now has dementia evaluation services available statewide, a family caregiver respite program, and expanded day programs to serve people with dementia. It will build on these model programs and the lessons learned to incorporate dementia-specific services into the long-term care system and to expand support for caregivers.

**Managed Care:** The lack of coordinated primary and acute care health services can contribute to unnecessary institutionalization of older and disabled people. Managed care is intended to provide this coordination and, as a result, improve health outcomes. Maine has had federal and private foundation funding for MaineNET to plan for the implementation of managed care for elders and adults with disabilities. The Department has not been successful in finding an HMO interested in taking on this program. As a result, the Bureau is testing a primary care case management model at three pilot sites to enroll seniors and disabled adults on a voluntary basis.



During the coming year the Bureau will focus on the following major initiatives:

- Conduct a statewide assessment of Maine's senior population, in preparation for the 2001 Blaine House Conference on Aging.
- Develop quality indicators for in-home service programs.
- Increase assisted living services for low and moderate income elders.
- Implement the re-design of the disability determination process within DDS.
- Implement the Older Americans Act Family Caregiver Initiative, building on Maine's existing state-funded respite programs.
- Implement the Ticket to Work/ Work Incentive Improvement Act grant to study the feasibility of expanding Medicaid for employed, disabled adults.
- Increase the number of home delivered meals participants at high risk of malnutrition who get follow-up counseling.
- Improve transportation options for medical needs by determining the extent of need, advocate for additional funds and promote the use of volunteers.
- Revise and expand the Bureau website to make it an easy-to-use source of public information on aging issues.
- With the Department of Mental Health, Mental Retardation and Substance Abuse Services and the Joint Advisory Committee on Select Services for Older Persons implement joint recommendations to improve care, especially to isolated older persons with depression.
- Implement the new federally funded extension of the Alzheimer's Project to insure that Maine's long-term care system is responsive to the needs of people with Alzheimer's Disease and other dementias and their family caregivers.
- Advocate for system changes that will promote a qualified, stable home care workforce. Work with providers and the Legislature to address workforce issues regarding wages and benefits, dignity and respect for the job, and development of career ladders and opportunities for advancement.
- Promote more consumer direction and control of home care services by adding a consumer-directed option to the Elderly and Adults with Disabilities Waivers.
- Amend rules for state and Medicaid home care programs to create more uniformity across programs in order to ease the transition for consumers moving from one funding source to another.
- Advocate for changes in the Nurse Practice Act to allow more flexible use of certified nursing assistants.
- Participate in the planning workgroup to ensure that Maine's plan for complying with the "Olmstead decision" reflects the needs of older adults.
- Study the feasibility of extending pre-admission screening to include residential care facilities.
- Coordinate with the Bureau of Medical Services to develop and implement methods of better managing health care services for Medicaid eligible elders and adults with disabilities.

- Work with the Maine State Housing Authority and others to assure that new elderly housing sites include the physical plant features that will meet the requirements of Congregate Housing Services Programs (CHSP) and qualify for future CHSP funding.
- Implement activities proposed in the Robert Wood Johnson Grant to expand affordable assisted living in rural areas.
- Develop additional residential programs to serve elders and disabled adults with special needs (dementia, mental illness, brain injury).
- Train staff in new elements of the disability determination process.
- Educate the public and advocacy groups about the disability determination process.





cost of heating fuels and to work with tenant services coordinators in subsidized senior housing.

*Department of Labor:*

On increasing employment opportunities for older workers.

*Department of Transportation:*

To assure that needs of non-drivers are included in planning transportation services and that there are linkages with consumer and provider groups in the development of policy and programs.

*Bureau of Insurance, Department of Professional and Financial Regulation*

To work with the Bureau on accessibility to its Division of Consumer Services, to the training needs of its aging network health insurance counselors and the distribution of its written materials.

*Bureau of Revenue Services, Department of Administrative and Financial Services*

To collaborate on the design of the Drugs for the Elderly or Disabled and Tax and Rent Refund Programs applications.































































# Bureau of Family Independence

[www.state.me.us/dhs/main/bfi.htm](http://www.state.me.us/dhs/main/bfi.htm)

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## Mission

To assist families in achieving their maximum potential, independence, employability, safety and health. The Bureau works with individuals to enable them to become self supporting.

## Budget

Fiscal Year	General Fund	Total Funds	FTE
2002 + 2003	\$118,587,215	\$543,111,552	762

## Major Programs

**Temporary Assistance for Needy Families (TANF):** The TANF program is the successor to the Aid to Families with Dependent Children (AFDC) program. It serves families in which one or both parents are unable to provide financially for the needs of the children due to absence from the home, incapacity, or lack of employment. The number of families receiving benefits has decreased from

23,246 in May 1993 to 10,715 families in November 2000. Monthly benefits cost about \$ 4 million and are decreasing. Families that lose eligibility for TANF due to increased earnings are eligible for **Transitional Services** including Medicaid, transportation reimbursement and child care. Closely aligned with the TANF program are **Emergency Assistance** which provides limited payments for families facing eviction, utility shutoff or loss of other specified necessities, and **Alternative Assistance**, which furnishes a one-time payment equal to up to three months worth of TANF benefits for items which the parent needs in order to find or keep work.

**Additional Support for People in Retraining and Employment (ASPIRE):** The ASPIRE program supplies case management and support service reimbursement for individuals who are receiving TANF or Food Stamps. The goal of ASPIRE is to link recipients with jobs or to assist families in eliminating the barriers that stand in the way of employment. The program works with almost all of the adults receiving TANF benefits. Services for Food Stamp recipients are directed toward individuals between 18 and 50 who are able to work and have no dependents. The program has been successful in assisting with approximately 7,000 job placements for participants in 2000.

**Child Support:** Child Support staff develop and enforce child support orders, locate nonsupporting parents, establish paternity and distribute collections to custodial parents receiving TANF benefits and parents not receiving welfare benefits who request their services. Staff work with over 61,000 non-custodial parents. Collections for FY 2000 were over \$92.7 million.

**Cub Care:** Cub Care is a program created in August 1998 in response to the need for children who do not have health insurance to obtain health care. The Federal government authorized the expenditure of funds to allow each state to design a program to serve these uninsured children. In Maine, children in families with income below 200% of the Federal poverty level (\$2,842 per month for a family of four) can receive health care services equivalent to Medicaid for a small monthly premium. Because of Cub Care, Maine is among the states with the lowest rates of uninsured children, at less than 6% in 2000.

**Food Stamps:** The Food Stamp Program supplies over 50,000 households in Maine with purchasing power worth over \$6 million each month for food. The purpose of the Food Stamp program is to increase the ability of households to provide good nutrition by supplementing the household's food budget. Food Stamps are funded entirely by the Federal government.

**Fraud Investigation and Recovery:** The Fraud Investigation and Recovery (FIR) unit investigates fraud in all of the state's welfare programs for the purpose of recovering monies and to prevent future fraud. This unit also collects welfare overpayments for closed cases.



component used to collect and manage data will be the Automated Client Eligibility System (ACES). ACES will provide the ability to meet the Federal reporting requirements and allow management and supervisory staff, as well as direct service staff, to respond more effectively to the needs of Bureau clients. The Bureau of Family Independence is on target to implement ACES in the fall of 2001.

**Child Support:** Maine's Child Support Program has applied for and been granted several federal grants to improve services. Maine plans to maximize performance based incentive funding through the use of existing and emerging technology. Self-assessment, incentive funding, and centralized State and Federal registries will enhance the timely delivery of support services. Many recently implemented changes, brought about as a result of welfare reform, will continue to positively impact families in Maine.

**Access to Services:** All regional offices have redesigned their service delivery system to provide a single application for TANF, Food Stamp and Medicaid benefits and have designated a single staff person to work with applicants and recipients in all of these programs. These changes have been in response to concerns that applicants and recipients are confused by the number of forms and staff people with whom they interact. The Bureau has also designed a simplified application form to be used only for children applying for Medicaid or Cub Care coverage. The application may be accessed on the Department's website ([www.state.me.us/dhs](http://www.state.me.us/dhs))

**Food Stamps:** Federal changes have limited food stamp benefits for individuals without dependents who are not working. The United States Department of Agriculture has made additional employment and training funding available to assist states in providing services to these individuals, however, it has also limited the ways in which those funds can be used.

**Benefits for Non-citizens:** Maine's demographics have historically shown that it is a state with little cultural diversity. That aspect of Maine is changing quickly as many individuals of different cultures and backgrounds move to the state. As the number of newcomers increases in Maine, the Federal government is curtailing its financial support for welfare programs to serve most individuals who are not citizens. The recognition that people need services regardless of their nationality or citizenship status has led Maine to develop financing for individuals who have lost access to programs which receive some Federal funds such as Medicaid, SSI, Food Stamps and TANF.

## Key Strategies

The Bureau continues to emphasize the values of work, family, responsibility and reciprocity which were the foundation of its welfare reforms of 1995. Welfare is intended to be a temporary support system while families move to self support. Acknowledging the importance of support by both parents has been a keystone of Maine's welfare reform for the past several years. The Bureau has worked with the Legislature and the Governor to devise new approaches in enforcing the payment of child support obligations and developing new strategies to aid in the employment of parents in families receiving welfare. Among those changes are:

- Additional incentives to work by providing an increase in the amount of earned income disregarded when determining the amount of the TANF grant. During the period 1/98-6/99, a pilot program was run in several Maine counties to determine whether higher disregards were effective in helping people successfully transition from welfare to work. In July 1999, increased earnings disregards were implemented statewide, allowing greater numbers of people to earn greater amounts of money as they move toward self-sufficiency.
- Establishing Family Development Accounts which allow low income families to set aside up to \$10,000 in special accounts from which withdrawals can be made only for specific purposes. The money in these accounts will not be considered in determining eligibility for most welfare programs;
- Parents as Scholars provides a monthly benefit for parents who are enrolled in a two- or four-year post secondary degree program in order to obtain employment that will allow them to become self supporting. This program is limited to 2000 participants and is fully State funded;
- Continuation of benefits to TANF, Supplemental Security Income, Medicaid, and Food Stamp recipients who are not citizens of the United States, but who would have been eligible for these benefits prior to the passage of federal welfare reform legislation.
- The Division of Child Support has had a major change in its target population from recipients of welfare benefits to non-recipients requesting help in collecting child support due their children. For FY 2000, collections totaled over \$92 million. This is a major increase from \$43 million in SFY '93.

- The Family Division of the District Court, implemented in the spring of 1998, has increased the number of child support orders executed while reducing the timeframes to establish those orders.
- The Bureau has enforced the Federal Food Stamp requirement that most unemployed individuals without children can receive Food Stamp benefits for only three out of thirty-six months. Six counties and four municipal areas with unemployment higher than the national average are exempt from this requirement. The Food and Nutrition Service, which administers the Food Stamp program at the federal level, has granted Maine's request for waivers based on individual characteristics such as limited ability to speak or read English, homelessness, lack of transportation, and lack of education.
- Applicants for TANF benefits are now required to attend an Orientation as part of the application process. The Orientation Session has been updated and refined. It includes a slide presentation, a film, and written material, all of which have been designed to introduce the applicant to the Bureau's programs. This material was reviewed and approved by the TANF Advisory Council. The newly designed Orientation will be implemented in all Bureau offices no later than January 2001.

As a result of these changes, 7,000 individual job placements have been experienced by TANF recipients in the year 2000. This number has climbed steadily from 2,323 job placements in 1995.



**Risk Factors**



The ASPIRE program has worked with TANF recipients for years to assist them in finding jobs. Many of the families who are currently participating are not just trying to overcome one or two barriers in order to work; they are trying to overcome multiple barriers. Chronic illness, minor brushes with law enforcement agencies, substance abuse, lack of previous work experience and a learning disability are combining to present the family with what may seem to them to be insurmountable difficulties. Families with these difficulties will still face a five year federal time limit on TANF benefits. It is, therefore, imperative to work with local communities to identify available resources to overcome these more complicated issues in a timely manner.

Maine has also made a commitment to provide TANF benefits to some families beyond the 5 year limit allowed by the Federal government. Children, and in

some instances adults, will be able to receive state funded benefits if they are unable to obtain employment before Federal funding for their family expires.

The Bureau monitors caseload trends as a possible indicator of economic conditions. Rising fuel costs will have an impact on families needing to access services. Proposed federal and state regulations may address the issue of energy costs and how they affect energy programs.

In 2002, many federal programs will face federal re-authorization. The Bureau is monitoring discussions on two programs, TANF and Food Stamps. The discussion so far has focused on funding levels and overall design, both of which could impact Maine families' access to benefits.



**Linkages**

The Division of Support Enforcement and Recovery continues to expand linkages in the areas of locating obligors, establishing paternity and support orders, and enforcement of support orders. Financial linkages with the Department of Labor, Worker's Compensation Bureau, Bureau of Motor Vehicles, Judicial Department, Maine Revenue Services, the Internal Revenue Service and Department of Treasury continue to be vital to the success of the Child Support Program. Federal and state registries provide additional information essential to improved child support services.

The Bureau works closely with other Departments in the planning and implementation of federal grants and funds provided by the Legislature to increase services to TANF recipients who are entering the workforce. We are developing plans that benefit from Federal funds available from the Departments of Labor and Transportation. Such interaction occurs at both the state and local level.

The University of Southern Maine was recently awarded a grant with special emphasis on the effects of welfare reform. Bureau staff are actively participating in the activities of that two-year grant.

Staff from the Food Stamp program continue to be actively involved in the Maine Nutrition Network to provide communication among agencies and groups interested in increasing the nutrition of individuals and has developed an educational component for delivery in schools to all grade levels.

Bureau staff are working with the Robert Wood Johnson Foundation to assess reasons why families leave Cub Care.











































# BUREAU OF HEALTH

<http://www.state.me.us/dhs/boh/>

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## MISSION



**TO PRESERVE, PROTECT AND PROMOTE THE HEALTH OF ALL MAINE PEOPLE**

### **What is the Bureau of Health and Public Health?**

The Bureau of Health is the state's public health agency. Public health is focused on disease prevention and health promotion interventions with populations. This is in contrast to medicine, which is traditionally focused on individuals and is illness-based. Today, public health and medicine work increasingly together toward the common goal of improving health status of Maine people.

All Maine people benefit from the services of the Bureau of Health at different stages of their lives: from issuing of birth certificates, to funding and providing home visitation programs for newborns, providing free childhood vaccines to health care providers, providing teen pregnancy prevention programs, helping to create an environment supportive of tobacco-free choices, providing free rabies tests on suspicious animals, carrying out measures that ensure safety of our public food and water supplies and maintaining death certificates.

  
**Budget**  


Fiscal Year	General Fund	Total Funds	FTE
2002 + 2003	\$15,921,616	152,025,913*	359.0

\*Includes new Healthy Maine Fund (tobacco settlement) @ \$36,000,000

  
**Major Programs**  


**Division of Community Health:** Focuses on disease prevention and health promotion interventions that are community-based. Acting Director: Barbara Leonard, 287-5387

Programs include:

- ◆ Breast and Cervical Health Program
- ◆ Campaign for a Healthy Maine
- ◆ Cancer Registry
- ◆ Community Health Promotion/Chronic Disease Prevention Unit
- ◆ Partnership for a Tobacco-Free Maine
- ◆ Comprehensive Cancer Control
- ◆ Diabetes Control Project
- ◆ Maine Injury Prevention & Control Program
- ◆ Oral Health Program
- ◆ Teen & Young Adult Health Program

**Division of Health Engineering:** Focuses on maintaining a safe environment. Director: Clough Toppan, 287-5686

Programs include:

- ◆ Drinking Water Program
- ◆ Eating and Lodging Program
- ◆ Nuclear Safety Program
- ◆ Plumbing Control
- ◆ Radiological Health
- ◆ Radon Program

**Division of Family Health:** Focuses on disease prevention and health promotion interventions that are family-based. Acting Director: Valerie Ricker, 287-5396

Programs include:

- ◆ Coordinated Care Services for Children with Special Health Needs
- ◆ Genetics Program
- ◆ Healthy Families Program
- ◆ Lead Poisoning Prevention Program
- ◆ MCH Medical Director
- ◆ Nutrition Program
- ◆ Public Health Nursing
- ◆ WIC Program
- ◆ Women & Children's Preventive Health Services Program

**Division of Disease Control:** Focuses on infectious disease surveillance and control. Director: Paul Kuehnert, 287-5179

Programs include:

- ◆ Acute & Infectious Epidemiology Program (includes position of the State Epidemiologist)
- ◆ Tuberculosis Program
- ◆ Refugee Health Assessment Program
- ◆ HIV/STD Program
- ◆ Immunization Program – includes ImmPact and EPSDT (Early Preventive Screening, Detection and Treatment Program)

**Health and Environmental Testing Laboratory:** Focuses on providing laboratory testing that serves the public's health, such as disease and water safety surveillance. Chief of Operations: Jack Krueger, 287-6611

Programs include:

- ◆ Chemistry (radiation monitoring, forensics, drug testing)
- ◆ Microbiology Testing Lab (sexual and infectious disease surveillance, rabies testing, food safety testing)
- ◆ Environmental Lab (public water supplies, inorganic, and organic environment monitoring)
- ◆ Environmental Clinical Certification

**Offices of Health Data and Program Management:** Focuses on health data collection, areas of need, and resources for meeting the needs for health services. Director: Warren Bartlett, 287-3264

Programs include:

- ◆ Behavior Risk Factor Survey
- ◆ Data & Research
- ◆ Offices of Rural Health & Primary Care
- ◆ Coordinated School Health Program (with Department of Education)
- ◆ Vital Statistics

**Environmental Health Unit:** Focuses on evaluating environmental health hazards.  
Directors: Dr. Phil Haines, 287-3290 and State Toxicologist:  
Dr. Andy Smith, 287-5189

Programs include:

- ◆ Environmental Toxicology
- ◆ Office of the State Toxicologist



The Bureau of Health has identified several key objectives to work on during the next two years:

- **Campaign for a Healthy Maine:** Fully implementing the Campaign for a Healthy Maine components of the national tobacco settlement by providing resources to communities to ensure that Maine people have improved access to healthy choices.
- **Emerging Diseases:** Increasing our readiness for emerging diseases such as West Nile Virus, bioterrorism, and pandemic influenza.
- **ImmPact Computer System:** Facilitating the merger of public health and medicine by providing health care providers with public health tools such as ImmPact and incorporating their input on public health issues.
- **Environmental Issues:** Increasing our work on environmental health issues such as MTBE, mercury, arsenic, lead and drinking water contaminants.
- **Cancer:** In partnership with the American Cancer Society and many other organizations and people, implementing Maine's comprehensive cancer control plan.
- **Partnership for a Tobacco-Free Maine:** Continuing to create smoke-free public indoor and outdoor places and implanting a full-media anti-tobacco campaign that includes a youth-driven campaign similar to the very effective one in Florida.

Key Strategies

- Promoting health and disease prevention through education, motivation, and public policies
- Conducting disease surveillance and control measures
- Diminishing environmental health hazards
- Maintaining/collating vital statistics and other data

Maine’s Recent Public Health Accomplishments:

- Maine’s teen tobacco addiction rates have decreased 27% in only 2 years and overall tobacco consumption has decreased 17%.
- Maine consistently has one of the lowest infant mortality rates in the country.
- Maine’s childhood immunization rate is among the highest in the nation.
- 100% of Maine adults who have a child under age 3 say they always use a car safety seat for that child.
- Maine has one of the lowest teenage pregnancy rates in the country.
- About 90% of pregnant women in Maine receive early and continued prenatal care – this is one of the highest rates in the country.

Risk Factors

Chronic Disease: 3/4 of Maine people die from 4 diseases: heart disease, cancer, diabetes and chronic lung disease. These diseases are chronic, causing over 1/3 of all disabilities, and are mostly preventable, arising particularly from tobacco addiction, poor nutrition, and physical inactivity. Maine has the 4<sup>th</sup> highest percentage in the country of people who die from these 4 costly diseases and high rates of the preventable risk factors leading to them:

- *Tobacco:* On average, an estimated 7 Maine people die every day from a tobacco-related illness – one of these is a non-smoker who dies from secondhand smoke exposure. Maine has the tragic distinction of having the highest in the nation tobacco addiction rates among our young adults ages 18-30, and consistently has had one of the highest rates among youth ages 14-18. One in 3 people who smoke will die from a tobacco-related illness.

Given these high tobacco addiction rates, 1 in 9 Maine children will eventually die of a tobacco-related disease.

- *Exercise*: Over 3/4 of Maine people do not exercise regularly.
- *Diet*: Only about 1 in 10 Maine adults eats the recommended 5 or more fruits and vegetables per day; and almost 2/3 of Maine adults consume about 1/3 or more of their calories from fat.

Emerging Diseases: Because we live in a world where daily access to foreign foods and travel to all continents are possible, we are increasingly at risk for emerging infections. Therefore, surveillance and control measures of these infections are a priority area. Specific examples include:

- *West Nile Virus*: In response to concerns about WNV, the Bureau of Health led a surveillance of dead birds throughout Maine during the fall of 2000. Of the 150 birds tested, all have tested negative as of this date. However, we are working closely with other state departments and agencies to improve mosquito, bird, and human surveillance, as well as to make prevention preparations for the spring and summer of 2001.
- *Water and Food Borne Illnesses*: Identifying and preventing water and food borne illnesses. Working with other state departments to promote food safety in Maine can reduce these threats.
- *Vaccinations*: Continuing to increase our childhood vaccination rates, as well as vaccinating our adults against and educating them about vaccine-preventable diseases will improve the health of Maine citizens. Older adults are especially vulnerable and continue to die of influenza and pneumococcal pneumonia despite the availability of vaccines.
- *HIV*: 15 years into the HIV epidemic, we see the face of this infection changing in Maine. About 1/2 of people with HIV in Maine live in rural Maine, and we are seeing an increase in the number of women, heterosexuals, and injectable drug users infected with HIV. Most people infected with HIV contracted the infection as a teen or young adult, emphasizing the importance of comprehensive health education in our schools. Because of powerful new treatments, the number of people dying from HIV in Maine has dropped dramatically from 70 in 1995 to about 20 annually for the past 3 years. However, the numbers of people infected with HIV has not likewise dropped, which points out the importance of prevention.
- *Rabies*: Raccoon rabies continues to spread northward as expected, and is now found in the vast majority of Maine counties. Surveillance of this disease and education on how to prevent it continues to be a priority.

- *Hepatitis C:* We believe that Hepatitis C is the most prevalent infectious disease in Maine, affecting approximately 15,000 Mainers. This virus is spread through a variety of means, including blood and sexual contact. Infecting the liver, about 85% of those infected will go on to develop significant liver disease. If caught early enough, drug treatment can cure up to 40%. However, many of those who are infected are not aware until the disease progresses far enough to cause major symptoms such as severe fatigue and jaundice. Hepatitis C related treatment costs for Maine people with Medicaid insurance exceeded \$10 million last year, and are forecasted to continue to climb steeply. Early detection and treatment can dramatically reduce these costs.

Environmental Health Issues: We are recognizing that environmental toxicological issues have a significant public health impact, as well as an environmental impact. Some of our environmental health priorities include:

- *Fish Consumption Advisories:* Updating and communicating our fish consumption advisories, which are mostly driven by mercury exposure in freshwater fish. Pregnant women and young children, both of whom have developing nervous systems which are susceptible to damage from mercury, are our main target populations for these advisories. Communicating with this population on fish consumption is a priority.
- *Lead Poisoning:* Most commonly, lead poisoning is from paint in homes built before 1960; Maine has a high risk housing population, with half of all homes built before 1960. Lead is found at harmful levels in about 10% of Maine children tested for it, yet only one in six Maine children have been tested.
- *Secondhand Smoke:* This environmental toxin kills an estimated 1 nonsmoking Maine person every day and causes great harm to children who are exposed to it. It is a class A carcinogen and is a leading cause of lung cancer, heart disease, sudden infant death syndrome, childhood asthma, pneumonia, and ear infections.



Department of Education:

The Bureau of Health funds health education positions within the Department of Education and works closely with them, as well as with school districts, on improving comprehensive health education.

Department of Environmental Protection:

The Environmental Health Unit works with the Department of Environmental Protection on a number of environmental issues such as upgrading fish consumption advisories, conducting an extensive study of MTBE in our drinking water supply, and consulting on private water supply contamination. The Childhood Lead Poisoning Prevention Program also works closely with DEP on such initiatives as the training of day care and environmental inspectors in assessing lead hazards.

Department of Public Safety:

The Maine Injury Prevention Program works with the Department of Public Safety on issues such as child transportation safety issues. The Health and Environmental Testing Laboratory works with DPS with regard to forensic testing such as drug and blood alcohol testing.













































# Bureau of Medical Services

[www.state.me.us/bms/bmshome.htm](http://www.state.me.us/bms/bmshome.htm)

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## Mission



To provide and manage health benefits for Maine citizens who otherwise would have none through an integrated system of policy/product development, quality improvement and financing.



## Budget



Fiscal Year	General Fund	Total Funds	FTE
2002 + 2003	\$811,120,335	\$2,899,349,714	270



## Major Programs



The Bureau of Medical Services has two distinct functions -- the operation of the State Medicaid program, and the Licensing and Certification of health care facilities and certain health care providers. The Bureau is organized into the following divisions.

**Policy and Programs:** The Division of Policy and Programs is responsible for research and developing coverage for and access to a comprehensive array of health and social services for Medicaid recipients and other individuals of low income. Within this Division, the Information and Research Unit provides general Medicaid information and research assistance to all callers to the Bureau of Medical Services. They also provide assistance to staff within the Provider and Consumer Relations Unit. The Provider and Consumer Relations Unit is responsible for providing information, education and assistance to providers and consumers relative to Medicaid and other State health care coverage policies. The Provider File Group enrolls new providers, updates provider enrollment records and maintains provider files. The Policy Development Unit is responsible for the development of Medicaid rules, requests for proposals for securing specialized service providers as well as for the services of consultants. The Cub Care Unit provides the coordination for the Department's Cub Care Program.

**Quality Improvement:** The Quality Improvement Division is responsible for monitoring the quality of and accessibility to services for all Medicaid clients. The Division administers the Medicaid Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, and directs the functions of the Health Benefits Advisor (HBA) that educates and enrolls clients in managed care. The Professional Claims Review Unit authorizes services requiring prior authorization including: all out-of-state services, durable medical equipment, dental care, hearing services, eye care, special transportation service, organ transplants and some surgical procedures. The Division is also responsible for processing clinical eligibility data for long term care services and administering the case mix and quality improvement programs for nursing and residential care facilities. The Surveillance and Utilization Review Unit (SURS) is responsible for monitoring provider and recipient compliance with Maine Medicaid policies and regulations. Reviews are performed to fulfill the requirements set forth in Section 42 of the Code of Federal Regulations. This Division also manages the pharmacy benefits administered by the Bureau, including the Medicaid pharmacy benefit and the Maine Drugs for the Elderly and Disabled Program.

**Financial Services:** The Division of Financial Services is responsible for establishing and analyzing reimbursement rates for providers of Medicaid services, and for enforcing federal and state third party liability (TPL) laws which establish the state Medicaid program as the payor of last resort. The Division also prepares budget estimates, calculates the financial impact of policy and program changes, analyzes legislative proposals and recommendations, establishes managed care capitation rates, and administers the Department's acute care Certificate of Need (CON) program.

**Program Evaluation:** The Division of Program Evaluation supports the Bureau's efforts in evaluating the health care services and programs offered to recipients, and assists the divisions and units in improving processes for better workflow and efficiency. This Division performs the long-range technical planning for the Bureau, coordinates the Bureau's research and training initiatives and acts as a



pharmacy claims services continue uninterrupted past 2001. In addition, the Bureau has justified and received funding to replace the current claims processing system that has been in operation for over 22 years. The Claims Management System (CMS) project will build a system to support the increased complexity of the Medicaid delivery and billing systems, provide new fiscal and business management tools, and create enhanced information delivery systems. The CMS is scheduled for implementation in late 2002.

### **Long Term Care**

The Department of Human Services continues its Plan Development Work Group for Community-Based Living. This Workgroup was developed as a result of the U.S. Supreme Court's decision in the 1999 *Olmstead v. L.C.* case. The Supreme Court ruled in *Olmstead* that states must develop a "comprehensive, effectively working plan" to provide medically appropriate community-based care to eligible populations, within given budget constraints. Maine's work group is made up of representatives from five State Departments and consumers representing a wide range of disability groups. The charge of this work group is to develop a comprehensive, effectively working plan for Maine. A broader group of interested parties will be brought into the development and refinement of this plan once the group is closer to having the first draft completed.

### **Prescription Drug Costs**

Outpatient pharmaceutical spending for the Maine Medicaid Program has been accelerating at a rate in excess of 20% for the past two years. Program costs for SFY 2001 are approximately \$200 million. Estimates from all sources expect this 15-20% annual increase to continue for several more years. The Bureau of Medical Services recognizes that the potential long-term impact of increased spending for pharmaceuticals is to control or prevent disease. This ultimately results in a reduction in overall health system spending. However, the Bureau needs to ensure that patients are receiving appropriate therapy with pharmaceuticals in the most cost-effective manner possible.

### **Health Insurance Portability and Accountability Act (HIPAA)**

This new Federal law establishes standards for electronic transactions, code sets, various national identifiers, security, and privacy for the health care industry. These standards are to be implemented within 26 months of the publication of the final rule for each set of standards. The first final rule for electronic Transactions and Code Sets was adopted in August of 2000 with an implementation date of October 16, 2002. The Federal Health Care Financing Administration has no projected dates for publication of the final rules for the remaining standards for national identifiers, claim attachments, enforcement, privacy, and security. However, these are expected to be published in staggered fashion and there will be overlapping implementation dates of various standards ongoing over the next few years.





enhancements.





































## Regional Executive Managers

### Region I

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**Region I:** York and Cumberland Counties

**Region II:** Oxford, Androscoggin, Kennebec, Sagadahoc, Knox, Lincoln, Waldo, Somerset, Franklin Counties

**Region III:** Aroostook, Washington, Hancock, Penobscot and Piscataquis Counties



## Key Strategies



### Communications

The three Regional Executive Managers (REMs) serve as a direct communication link between the regions and the Commissioner's Office. They assist with consumer relations, legislative constituent concerns, and staff relations and development. They also assist local agencies, local and regional government, families, and business and community representatives to navigate the state system and to have positive interactions with the Department.

### Continuous Improvement and Policy

Through the input gathered by local families, consumers, agencies, governments, businesses and communities, the REMs provide feedback to internal operations of DHS for continuous, systemic improvement. Additionally,

they work with the Commissioner's Office to use local and regional feedback to inform policy decisions and initiatives.

### **Special Projects and Collaborations**

The REMs facilitate many successful interagency initiatives and collaborations. Examples include seamless transitions from youth to adult services across departments and bureaus, a \$3 million federal grant for decreasing the impact of trauma on preschoolers, Welfare to Work transition services, and developing resources to bring children with mental health needs back to Maine.

### **Regional Children's Cabinet**

The Commissioner has appointed the REMs as the DHS representatives to the Regional Children's Cabinets. Currently, the three REMs serve as the Chairpersons of their respective Regional Cabinets. The Cabinets implement projects for the Children's Cabinet, including the Integrated Case Management System, Local Case Resolution Committees with Pooled Flexible Funds, and Youth Suicide/Violence Prevention. They also assist with the Communities for Children and America's Promise. Additionally, they identify local and regional needs and develop interagency solutions. Success stories include interdepartmental trainings, the Youth Who Are Homeless projects, Boost for Kids, a Dual-Diagnosis conference, Youth Center services, and resource development and mini grants for systemic development and to build capacity.

# Community Services Center

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## Mission

To lead in the State of Maine's interdepartmental effort to ensure the health, safety and well being of children, families and individuals who need or receive services through community-based programs, organizations and facilities through the coordination, purchase, and development of community services in order to maximize self-sufficiency and minimize risk to children, families and individuals in Maine. The mission is operationalized through maintaining administrative processes which promote accountable, quality, cost-effective service delivery in community based programs, organizations, and facilities; ensuring that out-of-home care for Maine's children and adults will be provided in a legal setting that is free from personal and environmental harm; strengthening the public-private social service infrastructure throughout Maine through active participation in community and service development initiatives; and, encouraging a work environment of integrity, mutual respect, cooperation and understanding while maintaining a sense of personal and professional balance.

## Budget

Fiscal Year	General Fund	Total Funds	FTE
2002 & 2003	\$36,523,648	\$155,034,140	87





- Development and implementation of common contracting policies for all Department of Human Services Bureaus, and analysis of the common contracting policies that can be applied across both Departments.
- Procurement and implementation of an automated service reporting system that can respond to the increased demands for program accountability.
- Refinement of the computerized Contract Services payroll system to accommodate payment of all service agreements administered by the Service Center.
- Increase the timeliness of finalizing audited cost settlements for all outstanding nursing home and boarding home facilities through increased technology and technical assistance to providers.
- Promote a coordinated response to the needs of crime victims in Maine.
- Promotion of coordinated prevention strategies on violent crimes in Maine's schools. This effort includes expanding the number of schools participating in the Sexual Assault initiative in Comprehensive School Health Curriculum developed with the Department of Education, as well as expanding the initiative to include all types of personal, violent crimes.
- Modification of the curriculum of the Service Center's cross-disciplinary training model on child abuse and neglect, substance abuse, and domestic violence to tailor the training presentations to newer audiences. The curriculum has recently been modified for presentation to clergy across the state, at the request of the Maine Council of Churches.
- Development of program and fiscal strategies to continue to provide services with limited funding and an increased demand for community services.
- Finalization of coordinated licensing rules for Mental Health, Substance Abuse, and Children's Residential programs.
- Revisions to Day Care Center licensing rules.


  
**Key Strategies**
  


The Community Services Center addresses its responsibility as a single point of contact for purchasing social services and performing coordinated auditing and licensing functions for the Department of Human Services and the

Department of Mental Health, Mental Retardation, and Substance Abuse Services through a variety of services and programs. Ongoing efforts include:

- Providing audit oversight of approximately 900 organizations receiving in excess \$600,000,000 in state and federal funds through the Department of Human Services and the Department of Mental Health, Mental Retardation and Substance Abuse Services.
- Contracting for over \$70,000,000 in community-based health and human services, including direct monitoring of all provider agencies.
- Coordinating and administering federal social service program grants, including:
  - Child Care Development Fund
  - Head Start Collaboration Grant
  - Health Systems in Child Care Grant
  - Child and Adult Care Food Program Grant
  - Refugee Resettlement Cash & Medical Grant
  - Refugee Resettlement Social Services Grant
  - Crime Victims Assistance Grant
  - Social Services Block Grant
  - Community Services Block Grant
  - Ryan White Title II AIDS Program Grant
  - Family Violence Prevention & Services Grant
- Licensing of all children's residential programs, adult mental health, and substance abuse treatment facilities in the state, and licensing or certification of over 4,500 child care facilities.
- Investigation of complaints of alleged abuse, neglect, or exploitation of children in all types of facilities, including foster homes, schools, and residential and child care facilities.
- Completing Requests for Proposals for all services contracted through the Service Center, for all services provided through the Office of Substance Abuse Services, the Bureau of Child & Family Services, and for other Bureaus within the Department of Human Services or the Department of Mental Health, Mental Retardation and Substance Abuse Services, as needed. Providing technical assistance to Bureaus in both Departments in the completion of Requests for Proposals.
- Continued development of performance-based contracting for all services contracted through the Department of Human Services and the Department of Mental Health, Mental Retardation, and Substance Abuse Services, including development of common policies, procedures and agreements.

  
**Linkages**  


- The Bureaus in both Departments in the development of performance-based contracting and common service agreements and service agreement policies.
- The Bureau of Health in planning for and monitoring services to teen mothers, Family Planning services, sexual assault prevention services, and HIV/AIDS services.
- The Maine State Housing Authority in the development and operation of transitional housing programs for targeted homeless populations, including victims of family violence and HIV positive individuals.
- The Department of Public Safety, the Department of the Attorney General, the eight (8) Prosecutorial Districts, and several urban Police Departments in the coordination of services to victims of crime.
- Provider Agency Organizations and Program Advisory Committees to maintain and increase service capacity and service quality:

Maine Child Care Directors Association  
 Maine Association of Child Care Resource and Referral Agencies  
 Maine Family Child Care Association  
 Maine School Age Child Care Association  
 Maine Child Care Advisory Committee  
 Maine Head Start Directors Association  
 Maine Homemakers Association  
 Maine Coalition to End Domestic Violence  
 Maine Victim-Witness Advocate Association  
 Maine Association of Community Action Programs  
 Maine Head Start Directors  
 Maine Association of Child Abuse and Neglect Councils  
 Maine Coalition Against Sexual Assault  
 Maine Transit Association  
 Maine Refugee Advisory Council

- State and federal level Task Forces and Committees













## Office of Administrative Hearings

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### Purpose and Scope



The Office of Administrative Hearings provides administrative hearings to citizens and clients who are aggrieved by actions or inactions of the Maine Department of Human Services. Hearings are conducted on a variety of matters including, but not limited to, child support, medical eligibility determinations, eligibility for Food Stamps, Medicaid, Temporary Assistance for Needy Families, Emergency Assistance, ASPIRE, licensing, foster care, day care and other licensing issues, and General Assistance. Hearings are generally held at the Regional offices of the Department of Human Services, from Sanford to Fort Kent.

Where adjudicatory hearings are required to resolve disputes, it is the Department's objective that the adjudicatory hearing process provide a meaningful opportunity for parties to present their grievances. It is the intention of the Department, in its conduct of adjudicatory hearings, to ensure that fundamental fairness is accorded to all parties in a manner consistent with carrying out the requirements of the law.



## **Staff Education and Training Unit**

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### **Mission**



The mission of the Staff Education and Training Unit of the Department of Human Services is to design, implement, monitor and evaluate a coherent and effective staff training system. The purpose of the system is to meet the educational and training needs of the Department of Human Services and local provider agencies so that social services delivered to the citizens of Maine remain of the highest quality. We believe that a well-trained and skilled work force is an integral part of the service delivery system.



### **Major Programs**



Staff Education offers a wide range of programs that include: clinical and social work programs; supervisory and management programs; orientations; core competency programs such as time management, writing skills, computer training, interviewing, interpersonal communications and career development. The Unit also provides training to meet legal mandates and specific initiatives from DHS management such as diversity awareness programs, worker safety, sexual harassment and educating staff on the Americans With Disabilities Act. In a typical ten-month period, 240 programs are offered and about 6,000 participants are trained. Specialized training programs and consulting services are also offered to management staff.



# Children's Cabinet

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## Mission



The mission of the Children's Cabinet is to actively collaborate to create, promote and coordinate policies and service delivery systems that support children, families, and communities.



## Linkages



Commissioners of the Departments of Education, Corrections, Human Services, Mental Health and Mental Retardation and Substance Abuse Services, and Public Safety, serve as members of the Children's Cabinet. Deputy Commissioners of these Departments serve as Chairs of Sub Committees, and Departmental staff support and participate the work of the Cabinet and participate in and support the work of the sub-Committees.



## Major Initiatives



**Communities for Children** supports Children's Leadership Councils in 61 Partner Communities representing 225 municipalities. The purpose of the Communities

for Children initiative is to develop and coordinate prevention programs and policies for children at the local level.

**The Early Care and Education Childhood Initiative** is designed to assure that all children reach their highest potential, beginning at birth, by supporting parents in becoming successful and effective first teachers of their children. With support from the Legislature and tobacco settlement funds, home visits by nursing services will be offered to all first-time parents in Maine.

**Integrated Case Management** is an initiative designed to provide Maine families and children with services that are planned, managed and delivered in an integrated way. A pilot project has successfully been completed and a plan is underway to expand this initiative throughout the state.

**Local Case Resolution** and **Pooled Funding** initiatives provide non-categorical funding to provide services that are not otherwise available to families and children. This “fill the gap” funding mechanism helps children remain in their own homes.

The **Maine Marks** initiative is producing a set of indicators of children's health and well-being to assist policy-makers in the development of effective strategies and programs.

The **Adolescent Suicide Prevention** initiative has developed training sessions, a statewide information resource center, technical assistance for communities and school-base programs and a statewide mental health crisis hotline.

Through the **Homeless Children** initiative, and with DHS funding, children 14 years old and under who are living on the streets are contacted by a community-based case manager whose goal is to develop a permanent placement for the child.

**Mentoring Youth** has a goal of having a mentor available on a voluntary basis for every Maine child.