

**EFY 24 Supplemental Budget (LD 2214) - HHS Language Parts**

<b>Line #</b>	<b>Program Area</b>	<b>Part</b>	<b>Summary</b>	<b>Part Notes</b>	<b>HHS Vote</b>	<b>AFA Vote</b>
199	Public Assistance	<b>II</b>	This Part limits General Assistance provided by municipalities from exceeding maximum levels of assistance past 30 days in a 12-month period for any household.		<b>IN-A 8-5 See Report Back</b>	
200	MaineCare Hospitals	<b>JJ</b>	This part makes several changes to the hospital tax. First, it removes Critical Access Hospitals from the definition of hospital, as of January 1, 2025, in two sections of statute relating to the hospital tax. Second, it changes the tax imposed on hospitals from 2.23% to 3.25% beginning on January 1, 2025. Third, it specifies that the tax no longer applies to critical access hospitals beginning on January 1, 2025. Fourth, beginning January 1, 2025 it changes the taxable year for hospitals from 2020 to 2022. All revenues received in each fiscal year that result from the tax pursuant to this chapter from hospitals net of refunds must be credited to the Medical Care – Payments to Providers, Other Special Revenue Funds account in the Department of Health and Human Services to be used for <i>MaineCare hospital payments</i> .	Line 92-93	<b>IN 13-0</b>	
201	MaineCare Hospitals	<b>KK</b>	This Part requires an applicant to provide a copy of the most recent Community Health Needs Assessment and a plan for utilization of the increased reimbursement rates that will be obtained as a critical access hospital (CAH) to meet the Community Health Needs that are not currently being fully met. If approved, the CAH will provide an annual report to the department for a period of 5 years demonstrating its revenues and expenditures are in accordance with the approved plan.		<b>IN-A 13-0 See Report Back</b>	
202	MaineCare Hospitals	<b>LL</b>	This Part repeals, as of December 31, 2024, the section of statute that requires the department to allocate at least \$1,000,000 to critical access hospitals for staff enhancement payments. This Part also changes the reimbursement percentage to critical access hospitals from 109% to 104.5% beginning January 1, 2025.	Sec. LL-2, addt'l language about \$1,000,000 may need to be removed	<b>IN-A 8-5  Voted to remove add'l language about \$1 M to CAH</b>	
203	MaineCare Hospitals	<b>MM</b>	This Part authorizes the Department to ensure payments to hospitals licensed under 22 MRSA, chapter 405 comply with the upper payment limit(s) described in federal rules and requirements.		<b>IN-A 13-0 See Report Back</b>	
204	MaineCare Other	<b>NN</b>	This part repeals the requirement for the department to establish an increased disregard for the qualified Medicare beneficiary (QMB) program, thereby maintaining upper eligibility limits of 150% of the federal poverty level for QMB and 170% of the federal poverty level for the specialized low-income Medicare beneficiary (SLMB) program. It maintains the elimination of the asset test for all Medicare savings programs. It changes the expansion of the qualified individual (QI) program to no more than 202% of the federal poverty level, or the maximum allowed under Federal policy, effective July 1, 2024. It also authorizes the department to reduce the income limit in the QI program if expenditures are projected to exceed the federally approved annual QI allotment.	Lines 104-105; Part NN language only discusses QI leaving QMB and SLMB as currently in policy. May want to adjust language to include QMB and SLMB as well.	<b>IN-A 13-0  Update Statute to a July 1, 2024 effective date.</b>	

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205	Public Assistance	<b>OO</b>	This Part requires the transfer of \$5,000,000 on or before June 30, 2025 from the unappropriated surplus of the General Fund to the Department of Health and Human Services, General Assistance – Reimbursement to Cities and Towns program, Other Special Revenue Funds account for funding General Assistance payments to cities and towns.	Line 166	<b>IN-A 8-5</b>	<b>Increase transfer to \$25M</b>
206	Social Services	<b>PP</b>	This Part requires the transfer of \$6,000,000 in fiscal year 2024-25 from the unappropriated surplus of the General Fund to the Department of Health and Human Services, Purchased Social Services, Other Special Revenue Funds account to provide one-time funding to support victims of crimes.	Line 196	<b>IN 13-0</b>	
207	Public Assistance	<b>QQ</b>	This part repeals the hardship exception that allows access to state-funded SNAP benefits for individuals who have obtained proper work documentation but are unemployed.	Line 165	<b>OUT 13-0</b>	
208	Children's Services	<b>RR</b>	This Part allows the Department of Health and Human Services, Office of Child and Family Services to carry up to \$1,500,000 for technology enhancements necessary to implement the increase in eligibility for child care subsidies from 85% to 125% of the State's median income.		<b>IN 13-0</b>	
209	Children's Services	<b>SS</b>	This Part changes the beginning date of the increase of eligibility for child care subsidies from January 1, 2024 to July1, 2024.	Line 31	<b>IN-A 13-0</b>	<b>See Report Back</b>
210	Children's Services	<b>TT</b>	This Part establishes a 2-year child care staff scholarship program, beginning in state fiscal year 2024-25, to help staff working in a licensed child care program in Maine pay for their own child to attend a licensed child care program. The program is capped at \$2.5 million per year.		<b>IN-A 13-0</b>	<b>Increase length of pilot to 3 years</b>
211	Nursing Facilities	<b>UU</b>	This Part outlines the distribution of funding approved in PL 2023, c. 412 to support investment and rate reform for fiscal year 2024-25. Half of the funds may take effect July 1, 2024 and the remaining funds may be applied to reformed rates that take effect on January 1, 2025.		<b>IN 13-0</b>	
212	DHHS Management	<b>VV</b>	This Part authorizes the Department of Health and Human Services to adopt emergency rules to implement any provisions of this Act over which it has specific authority that has not been addressed by some other Part of the Act without the necessity of demonstrating that immediate adoption is necessary to avoid a threat to public health, safety or welfare.		<b>IN 13-0</b>	
213	Substance Use Disorder	<b>KKK</b>	This Part provides the department the authority to plan for and assist a statewide network for Crisis Receiving Centers in regions of Maine that will support both rural and urban communities to provide short-term mental health and substance use disorder crisis stabilization services.		<b>IN 13-0</b>	
214	Public Health	<b>LLL</b>	This Part provides the department the authority to create and administer injury and violence prevention programs, including data collection, synthesis, and evaluation.	Lines 188 - 190	<b>IN 13-0</b>	