





JAN 1 1 2018 BY GOVERNOR

That the State Controller increase allotment in account 014-10A-Z201-44, Mental Health Services Community Medicaid - Private Nonmedical Institution Tax, by \$1,604,872 in the All Other line category to provide funding for MaineCare cycle payments; and,

Be it further ordered,

that the State Controller authorize the expenditure in accordance with the attached "Revision of the Work Program for Fiscal Year ending June 30, 2018," for which this shall be our sufficient warrant.

#### Statement of Fact

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This financial order will allot \$885,987 in unencumbered balance forward and \$718,885 in revenue projected to be received in the current fiscal year to meet MaineCare cycle payments. The expenditure allocation is currently inadequate relative to resources and needs to be increased. Failure to allot these funds may result in the use of MaineCare General Funds to ensure providers are paid in a timely manner.

Signature of Department Head EX WILLY, ACTING DEP. COMM. FINANCE Name and Title FOR BUREAU OF THE BUDGET USE ONLY elissa Signature of State Budget Officer Policy Area: 05 - Health and Human Services JAB 1/8/18 **Umbrella:** HUM00 - DEPARTMENT OF HEALTH AND HUMAN SERVICES 30 day wait Agency Contact: JEFFREY WILEY

Agency Phone: (207) 287-1921

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## **APPROVED**

JAN 1 1 2018

# **BY GOVERNOR**

That the State Controller increase allotment in account 014-10A-Z210-50, Medicaid Match -Developmental Services - Private Nonmedical Institution Tax, by \$392,938 in the All Other line category to provide funding for MaineCare cycle payments; and,

Be it further ordered,

that the State Controller authorize the expenditure in accordance with the attached "Revision of the Work Program for Fiscal Year ending June 30, 2018," for which this shall be our sufficient warrant.

#### Statement of Fact

This financial order will allot \$216,186 in unencumbered balance forward and \$176,752 in revenue projected to be received in the current fiscal year to meet MaineCare cycle payments. The expenditure allocation is currently inadequate relative to resources and needs to be increased. Failure to allot these funds may result in the use of MaineCare General Funds to ensure providers are paid in a timely manner.

gnature of Department Head ACTING DEP. COMM. FINANCE ICFFI WILY Name and Title FOR BUREAU OF THE BUDGET USE ONLY Signature of State Budget Officer Policy Area: 05 - Health and Human Services JAB 1/8/18 Umbrella: HUM00 - DEPARTMENT OF HEALTH AND HUMAN SERVICES 30 day wait Agency Contact: JEFFREY WILEY Agency Phone: (207) 287-1921







### **BY GOVERNOR**

That the State Controller increase allotment in account 014-10A-Z202-41, Medicaid Seed - Private Nonmedical Institution Tax, by \$422,250 in the All Other line category to provide funding for MaineCare cycle payments; and,

Be it further ordered,

that the State Controller authorize the expenditure in accordance with the attached "Revision of the Work Program for Fiscal Year ending June 30, 2018," for which this shall be our sufficient warrant.

#### Statement of Fact

This financial order will allot \$232,315 in unencumbered balance forward and \$189,935 in revenue projected to be received in the current fiscal year to meet MaineCare cycle payments. The expenditure allocation is currently inadequate relative to resources and needs to be increased. Failure to allot these funds may result in the use of MaineCare General Funds to ensure providers are paid in a timely manner.

	Signature of Department	uture of Department Head	
	JEFFREY WILEY, ACTING DEP. C		
	Name and Title		
FOR BUREAU OF THE BUDGET USE ONLY			
	Milissa L. Hatt		
	Signature of State Budget	Officer	
Policy Area: 05 - Health and Human S	ervices	. 10.1.0	
Umbrella: HUM00 - DEPARTMEN	T OF HEALTH AND HUMAN SERVICES	JAB 1/8/18	
Agency Contact: JEFFREY WILEY		JAB 1/8/18 30 day wait	
Agency Phone: (207) 287-1921		- / .	
HUM00-0056			





## APPROVED

JAN 1 1 2018

## **BY GOVERNOR**

### ORDERED,

That the State Controller transfer \$78,000 from account 014-90C-0183-02, Workers Compensation Board-Reserve Account, to account 014-90C-0183-01, Workers Compensation Board Administration Fund, for the purpose of funding programming services; and

Be it further ordered,

that the State Controller increase the allotment for account 014-90C-0183-01, Workers Compensation Board Administration Fund, by \$78,000 in the All Other line category; and,

Be it further ordered,

that the State Controller authorize the expenditure in accordance with the attached "Revision of the Work Program for Fiscal Year ending June 30, 2018", for which this shall be our sufficient warrant.

#### Statement of Fact

This financial order transfers and allots \$78,000 of the unencumbered balance forward from account 014-90C-0183-02, Workers' Compensation Board-Reserve Account, to account 014-90C-0183-01, Workers Compensation Board Administration Fund, in the All Other line category. This request is consistent with statute 39-A MRSA §154, subsection 6-B. The board, by a majority vote of its membership, has approved the use of a portion of its reserves to fund additional technology services to increase the overall efficiency of the agency. Failure to approve this financial order will result in decreased efficiency in processing mandatory filings and in meeting the board's obligations to operate the workers' compensation system efficiently and with maximum benefit to both employers and employees.

*Signature of Department Head* Paul H Sighinolfi, Executive Director/Chair

Name and Title

FOR BUREAU OF THE BUDGET USE ONLY

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Signature of State Budget Officer

Policy Area: 07 - Business Licensing and Regulation Umbrella: WOR00 - WORKERS' COMPENSATION BOARD

Agency Contact: Jan Adams

Agency Phone: (207) 287-7084

WOR00-0002



That the State Controller increase allotment in account 014-90C-0195-01, Employment Rehabilitation Fund by \$45,000 in the All Other line category for the purpose of paying for rehabilitation services; and

#### Be it further ordered,

that the State Controller authorize the expenditure in accordance with the attached "Revision of the Work Program for Fiscal Year ending June 30, 2018", for which this shall be our sufficient warrant.

### Statement of Fact

This financial order allots a portion of the unencumbered balance forward by \$45,000 in account 014-90C-0195-01, Employment Rehabilitation Fund, in the All Other line category per statute 39-A MRSA §355, subsection 7. The board, by a majority vote of its membership, has approved to provide funding of additional plan costs resulting from orders of the board to provide rehabilitation services per 39-A MRSA §217. Failure to approve this financial order will result in the board being unable to pay for plans in accordance with its statutory obligations.

Signature of Department Head Paul H Sighinolfi, Executive Director/Chair

Name and Title

FOR BUREAU OF THE BUDGET USE ONLY

Melisna Signature of State Budget Officer

Policy Area: 07 - Business Licensing and Regulation Umbrella: WOR00 - WORKERS' COMPENSATION BOARD

Agency Contact: Jan Adams

Agency Phone: (207) 287-7084

WOR00-0003