

Rule-Making Cover Sheet

TO: Secretary of State

ATTN: Administrative Procedure Officer
State House Station #101, Augusta, Maine 04333

1. Agency: Department of Health and Human Services, Office of MaineCare Services,
Division of Policy
- 2 Agency Umbrella Unit and Number: 10-144
3. Title of rule(s): Maine Uniform Accounting and Auditing Practices for Community Agencies.
4. Chapter number assigned to the rule(s): Chapter 30
5. Date(s)/methods(s) of notice: n/a
6. Date(s)/place(s) of hearing(s): n/a
7. Type of rule: new rule partial amendment(s) of existing rule
 suspension of existing rule repeal of rule emergency rule
 repeal and replace: complete replacement of existing chapter, with former version
simultaneously repealed
8. Name/phone of agency contact person: Caroll P. Thompson, CPA, (207) 287-2775
9. If a major substantive Rule under Title 5, c.375, subchapter II-A, check one of the following:
 Provisional adoption Final adoption Emergency adoption
10. Certification Statement: I, Mary C. Mayhew, hereby certify that the
attached is a true copy of the rule(s), described above and is lawfully adopted by
The Department of Health and Human Services on _____
(name of agency) (date)
- _____
Signature
Mary C. Mayhew , Commissioner
Printed Name & Title
11. Approved as to form and legality by the Attorney General on _____
(date)

Signature (original signature, personally signed by
an Assistant Attorney General)

Printed Name