



Maine Department of Health and Human Services  
Child and Family Services  
11 State House Station  
2 Anthony Avenue  
Augusta, Maine 04333-0011

**Maine**  
**Social Services Block Grant (SSBG)**  
**DRAFT Intended Use Plan & Pre-Expenditure Report**  
**Federal Fiscal Year 2022**

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Project Period: October 1, 2021 – September 30, 2022

*This document has been prepared in accordance with Title XX of the Social Security Act, the Social Services Block Grant (SSBG).*



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**STATE OF MAINE**  
**Social Services Block Grant (SSBG)**  
**Intended Use Plan**  
**Federal Fiscal Year 2022**

INTRODUCTION

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## **INTRODUCTION**

The Social Services Block Grant (SSBG) legislation requires that each state seeking funds under this program prepare a report on the intended use of the Block Grant funds prior to their distribution. The report must include information on the service activities that will be supported by these funds and the characteristics or categories of persons who will be eligible to receive the services. The report is submitted to the Secretary of the Federal Department of Health and Human Services and simultaneously published within the state. Should any substantial changes occur in the services or use of the funds during the year, a revised report must be submitted to the Secretary and made public within the state.

This SSBG Intended Use Plan and Pre-Expenditure Report is intended to briefly explain the social services available to the citizens of Maine through SSBG, other federal funds, and related state appropriations for the upcoming federal fiscal year.

DRAFT



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**I. State/Federal Fiscal Year covered in Pre-Expenditure Plan**

*Specify the fiscal year, including start and end dates, covered in the pre-expenditure plan.*

Fiscal Year (select one):

- State
- Federal

Dates (start and end date of fiscal year):

Start Date: 10/01/2021  
End Date: 09/30/2022

DRAFT



**Maine Department of Health and Human Services  
Child and Family Services  
11 State House Station  
2 Anthony Avenue  
Augusta, Maine 04333-0011**

Jolleen J. George  
Deputy Director  
Division of Social Services (DSS)  
[Office of Community Services, Administration for Children and Families](#)  
[Department of Health and Human Services](#)  
330 C Street, SW., Mailroom 5411  
Washington, DC 20201

Dear Ms. George:

Enclosed is the Social Services Block Grant (SSBG) Intended Use Plan and Pre-Expenditure Report for the State of Maine. This report covers Federal Fiscal Year 2022, which operates from October 1, 2021, through September 30, 2022.

The State official receiving the SSBG Grant Award is:

Ms. Jeanne Lambrew, Commissioner  
Maine Department of Health and Human Services  
109 Capitol St.  
Augusta, ME 04330  
Telephone: 207-287-3707  
Fax: 207-287-3005  
Email: [Jeanne.M.Lambrew@maine.gov](mailto:Jeanne.M.Lambrew@maine.gov)

The Grant Administrator is:

Ms. Christa Elwell, LMSW  
Maine Office of Child and Family Services  
2 Anthony Ave.  
Augusta, ME 04330  
Telephone: 207-624-7900  
Email: [Christa.Elwell@maine.gov](mailto:Christa.Elwell@maine.gov)

If you have any questions regarding this report, please contact [christa.elwell@maine.gov](mailto:christa.elwell@maine.gov).

Sincerely,

*Christa Elwell*

Christa Elwell, LMSW  
Business Services Manager  
Office of Child and Family Service

### III. Public Inspection

With passage of the Omnibus Budget Reconciliation Act of 1981 (PL 97-35) creating the block grants, the Governor of the State of Maine designated the Department of Health and Human Services (DHHS) as the state's lead agency for the planning and administration of the Title XX Social Services Block Grant. Since 1981, the Office of Child and Family Services (OCFS) has overseen the administering and monitoring of SSBG with consultation from the DHHS Financial Services Center and the DHHS Commissioner's Office.

Maine DHHS has produced this plan to meet the requirements for receiving Title XX Social Services Block Grant (SSBG) funds and to facilitate public comment on the services to be supported by Title XX funds.

The goal of providing social services is to help families and individuals with challenges that threaten their well-being or their ability to function self-sufficiently. Input from consumers, community leaders, providers, and citizens is a critical component to maintaining a viable network of social services. Maine DHHS places a three-day public notice in the Kennebec Journal, notifying Maine citizens of the posting of the Draft Report and seeking comments/feedback.

In accordance with Section 2004 (U.S.C. 1397c), the Maine Social Services Block Grant (SSBG) Pre-Expenditure Report (Intended Use Plan) Federal Fiscal Year 2021 was published and made electronically available for public comment and review July 29<sup>th</sup> through August 28<sup>th</sup> on the State of Maine DHHS website at <https://www.maine.gov/dhhs/ocfs/policy.shtml#plans>. A public notice requesting comment was placed in the Kennebec Journal July 30 through August 1, 2021.

Comments/feedback regarding this Draft Report/Plan may be submitted to Christa Elwell via email at [christa.elwell@maine.gov](mailto:christa.elwell@maine.gov), via fax at (207) 287-6156, or via mail at 2 Anthony Ave., Augusta, ME 04333. Comments/Feedback are accepted until August 28, 2021, at 5pm Eastern Standard Time.

## IV. Narrative

### A. Administrative Operations

#### 1. State Administrative Agency

##### Agency Designated to Administer SSBG Program:

Maine Department of Health and Human Services (MDHHS)

The Maine Department of Health and Human Services (MDHHS) is dedicated to promoting health, safety, resilience, and opportunity for Maine people. The Department provides health and social services to approximately a third of the State's population, including children, families, older Mainers, and individuals with disabilities, mental illness, and substance use disorders.

The Department also promotes public health through the Maine Center for Disease Control and Prevention, operates two state psychiatric hospitals, and provides oversight to health care providers through the licensing division. DHHS is the largest executive branch department in Maine, employing over 3,300 people across the state.

##### Goals

- Maine children grow up in safe, healthy, and supportive environments, allowing them to thrive throughout their lives.
- All adults have the opportunity to work, live with independence, and have good health.
- Older Mainers live with dignity in the place that balances their needs and preferences

Maine Department of Health and Human Services' (MDHHS) SSBG grant administration occurs within the Office of Child and Family Services' (OCFS) Operations Unit. The Business Services Manager is the Grant Administrator and coordinates the programmatic and financial management and monitoring across the Department. Monitoring at the individual service level is conducted throughout MDHHS by the service area's respective program manager(s). OCFS works closely with all program managers to ensure coordination, as well as coordinating with MDHHS' Financial Services Center regarding financial management. OCFS also works with the Division of Contract Management Services in procurement of all contracted services.

#### 2. State Offices/Departments

Below are descriptions of MDHHS Offices where Title XX funds are intended to be allocated:

##### Maine Center for Disease Control and Prevention (MeCDC) - <http://www.maine.gov/dhhs/mecdc/>

Maine Center for Disease Control and Prevention (MeCDC) has a vision for a strong, safe, and healthy Maine. Its mission is to provide the leadership, expertise, information, and tools to assure conditions in which all Maine people can be healthy. MeCDC accomplishes this through its programs within its Divisions of Medical Epidemiology, Environmental and Community Health, Disease Prevention, Public Health Nursing, Public Health Systems, and Disease Surveillance.

**Maine Office of Aging and Disability Services (OADS) - <http://www.maine.gov/dhhs/oads/>**

The Office of Aging and Disability Services (OADS) supports Maine's older and disabled adults by providing Adult Protective, Brain Injury, Other Related Conditions, Intellectual and Developmental Disability, Long Term Care, and Aging and Community services to the people of Maine.

OADS coordinates the programs and benefits to assure they operate consistent with the state and federal policies and the Maine Department of Health and Human Services' goals. Its vision is promoting individual dignity through respect, choice, and support for all adults. Its mission is to promote the highest level of independence, health, and safety for older adults and adults with disabilities throughout Maine.

**Maine Office of Child and Family Services (OCFS) - <http://maine.gov/dhhs/ocfs/>**

The Office of Child and Family Services (OCFS) supports Maine's children and their families by providing Child Development, Behavioral Health, Child Welfare Services, and Operations. Its vision is that all Maine children and families are safe, stable, happy, and healthy. Its mission is to protect the vulnerable by promoting a collaborative, efficient, accountable, and consistent service array which encourages recovery, resilience, and growth in children and families.

*Child Development & Behavioral Health* - Child Development and Behavioral Health is comprised of two units; Children's Behavioral Health and Child Care Services. The Children's Behavioral Health Services team strives to ensure all Maine children and their families receive the services and supports they need to live safe, healthy, and productive lives in their home, school and community. The Child Care Services team promotes the healthy development of all young children in Maine and ensures that all children have access to healthy, safe, and supportive child care environments.

*Children's Licensing and Investigation Services* - This specialized team licenses, monitors and investigates child care programs, children's residential facilities, child placing agencies, emergency shelters, and homeless shelters for youth. This program conducts child abuse and neglect investigations in a wide array of out-of-home settings that are licensed, subject to licensure, and funded by the Department. Program also conducts investigations in collaboration with or on behalf of other State agencies.

*Child Welfare* - Joins with families and the community to promote long-term safety, wellbeing, and permanent families for children. In order to achieve its mission, Child Welfare is guided by its core values; child safety first and foremost, parents have a right and responsibility to raise their own children, children are entitled to live in a safe and nurturing family, all children deserve a permanent family, and how we do our work is as important as the work we do.

*Operations* - Performs a variety of functions that assist OCFS managers, supervisors, and staff in managing their performance, as well as programs that assist the children and families they serve, such as regulating child care facilities and providers. Their mission is to provide quality services in the areas of administration, finance, contracting, quality improvement, and information services to all OCFS programs. They achieve this by being efficient, effective, and customer-service focused.

**Maine Office of Behavioral Health (OBH) - <http://www.maine.gov/dhhs/samhs/>**

The mission of the Office of Behavioral Health (OBH) is to ensure all Mainers with mental health, substance use, and co-occurring disorders are not just managing symptoms but living lives of dignity, hope, and meaning as independently as possible. OBH supports this mandate by:

- Promoting wellness, prevention, early intervention, treatment, recovery, and holistic supports;



- Funding mental health and substance use disorder services, training and technical assistance, housing, and evaluation;
- Providing direct service through our Intensive Case Management Program and State Forensic Service; and
- Working closely with the Governor’s Director of Opioid Response to oversee a wide array of contracted programs and set public policy regarding behavioral health in Maine.

OBH strives for an evidence-based behavioral health system that recognizes the importance of meeting people where they are and is trauma informed, inclusive, consumer driven, and proactive. This system aspires to keep Mainers experiencing mental health and substance use challenges supported in the community and out of jails, prisons, and hospitals.

OBH is a member of the National Association of State Mental Health Program Directors (NASMHPD), the National Association of State Alcohol and Drug Abuse Directors (NASADAD), and the American Public Health Association (APHA).

**B. Fiscal Operations**

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**1. Criteria for Distribution**

The distribution of SSBG funds is influenced by many factors, such as the availability of other federal, state and local funds; the availability of services from other federal or state agencies, private non-profit agencies, local agencies or family members; and the priorities and strategic plan of MDHHS.

**2. Planning Process for Use and Distribution of Funds**

Temporary Assistance to Needy Families’ (TANF) regulations authorize the use of up to 10% of a state's TANF grant to deliver programs pursuant to Title XX of the Social Security Act.

TANF-transferred SSBG funds will support OCFS’ Foster Care Services as described in this report, subject to the federal requirement that TANF funds transferred to SSBG shall be used only for programs and services to children and their families whose income is below 200% of the federal income poverty guidelines. The Department is estimating transfer of \$7,786,309.

**3. Financial Operating System**

The State of Maine has two indirect cost allocation agreements that affect the accounts within Maine Department of Health and Human Services (MDHHS). These two allocation agreements are a Statewide Cost Allocation agreement (Sta-Cap) and a Departmental Indirect Cost Allocation Plan (Di-Cap, PACAP). These two plans pay for entirely different services, so the underlying costs that make up the negotiated plans are entirely separate.

Sta-Cap is known as a Central Services Cost Allocation Plan. This plan is rate-based and pays for central services, such as Bureau of Budget, State Controller’s Office, utility costs for State-owned office buildings, and other statewide services. The Sta-Cap rate is negotiated yearly with Cost Allocation Services of the federal DHHS. The approved rate for MDHHS for SFY 2022 (July 2021-June 2022) 4.953%. The calculation is the 4.953% multiplied by expenditures eligible for allocations. Eligible expenditures include all expenditures except for pass-through money, direct services to the affected public, capital expenditures, and bank fees.

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Di-Cap is known as a Public Assistance Cost Allocation Plan (PACAP). This plan is not a rate-based plan but based on actual administrative expenditures. Costs are broken up into cost pools, which for DHHS are the accounting units. Each unit has a cost pool that is allocated based on an approved allocation method. All units within DHHS

have an assigned allocation method. There are two types of allocation methods: Direct and Indirect methods. Direct methods are costs that can be easily identified to the program they benefit. In this case the Direct Method would be "Direct to Social Services Block Grant." Indirect methods are costs that benefit multiple programs and are not easily identified.

Since the PACAP is based on actual expenditures, the amount of Di-Cap is estimated based on the prior year's expenditures for the indirect cost pools. The two primary drivers of indirect costs for OCFS grants (excluding Title IV-E) include Head Count and Contract Count.

### **C. Program Operations**

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#### **1. SSBG Statutory Goals the State Plans to Achieve**

In accordance with SSBG legislation, the Maine Department of Health and Human Services (MDHHS) makes available services intended to:

1. Assist individuals in achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency;
2. Assist individuals in achieving or maintaining self-sufficiency, including reduction or prevention of dependency;
3. Prevent or remedy neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserve, rehabilitate or reunite families;
4. Prevent or reduce inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; and
5. Secure referral or admission for institutional care when other forms of care are not appropriate or provide services to individuals in institutions.

#### **2. Characteristics of Individuals to be Served**

##### **DEFINITION OF FAMILY**

For purposes of determining financial eligibility, a family is defined as: A group of related or non-related individuals, who are not residents of an institution or boarding house, but who are living as one economic unit. An economic unit consists of all individuals who share a dwelling unit and either pool income or share expenses in common. Children in the care or custody of MDHHS are exempted from the above definition of family and are considered a family of one.

##### **DEFINITION OF CHILD**

An individual less than 18 years of age.

##### **DEFINITION OF ADULT**

A person who has attained the age of eighteen (18).

##### **ELIGIBILITY FOR SERVICES**

While the federal legislation creating SSBG repealed the client income eligibility requirements of the previous Title XX program, the State of Maine has retained the concept of income eligibility when maintenance in the community and rehabilitation are the goals to which services are directed. MDHHS through its experience in the social, health, and financial assistance fields regarding individuals with low incomes is acutely aware of the challenges many of these individuals encounter in their attempts to strengthen themselves financially and

socially. MDHHS continues to direct its programs and services to those individuals least able to access needed services on their own.

Further, MDHHS has determined that particular groups of individuals are to be provided SSBG-funded services regardless of income level. Individuals receiving services within the framework of the MDHHS' Child Protective Services are eligible for service without regard to income when part of an MDHHS case plan. In addition, sexual assault services, domestic violence services, and nutrition services for the elderly are available without regard to income.

Except as noted in this section, MDHHS' Social Services Block Grant-funded services and related state-funded services will retain income eligibility requirements for FFY2022. Persons receiving assistance through the Temporary Assistance for Needy Families (TANF) or Supplemental Security Income (SSI) programs are financially eligible for needed services based on their income maintenance status. Other persons whose gross family income does not exceed the limits set forth in this report are also financially eligible to receive needed services.

In all circumstances, MDHHS assures that there shall be no discrimination against any applicant for, or recipient of, services on the basis of race, color, sex, religious creed, ancestry, national origin, or any other factors specified in Title IV of the Civil Rights Act of 1964, (42 U.S.C. 2000d); Section 504 of the Rehabilitation Act of 1973, *et.seq.*; the Age Discrimination Act of 1975, *et.seq.*, and any applicable state statutes.

2021 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
For families/households with more than 8 persons, add \$4,540 for each additional person.	
1	\$12,880
2	\$17,420
3	\$21,960
4	\$26,500
5	\$31,040
6	\$35,580
7	\$40,120
8	\$44,660

SOURCE: <https://aspe.hhs.gov/poverty-guidelines>

#### AVAILABILITY OF SERVICES

SSBG services are purchased from private, community programs and are available statewide. Because the need for services often exceeds the limited funds available for service, agencies may establish waiting lists, priority systems, or limits on the length of or amount of services that an individual may receive. A list of agencies with which MDHHS contracts for services are available upon request from the Office of Child and Family Services (OCFS) or the MDHHS Division of Contract Management.

### 3. Types of Activities to be Supported

This report highlights the specific programs and services which MDHHS has determined be made available in FFY2022, to assist individuals in attaining the five federal block grant program goals. OCFS in its administration of multiple social services programs approaches the funding of these programs through the coordinated use of federal, state, and local funds. SSBG funds are utilized in conjunction with legislatively appropriated state social services funds and other federal funding sources, to meet a broad range of client needs identified within service programs.

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#### CATALOG OF PROGRAMS and SERVICES

The following services and programs will be funded, in whole or in part, with SSBG funds during FFY2022. The following list is organized by the federal SSBG service category titles and the corresponding MDHHS service area titles.

SSBG Service Category	State Administered Services
Employment Services	Supported Employment
Family Planning Services	Family Planning
Foster Care Services - Children	Services for Families and their Children that are in Foster Care
Home-Based Services	Consumer Directed Home Based Care, Home Based Care, and Independent Support Services
Home-Delivered Meals	Home-Delivered Meals
Prevention and Intervention	Domestic Violence Services/ Sexual Assault Services
Transportation Services	Transportation

Charts on the following pages provide overviews of each MDHHS-administered program/service to be provided. For each service, charts include the service description, the method of delivery, service/program objective(s), service eligibility criteria, the service budget allocations and the projected number of clients to be served.

The method of delivery indicated on the charts reflects the manner in which MDHHS offers each service. Services made available through private, community agencies are purchased through formal agreements between the Department and each service provider agency.

Eligibility criteria cited on the charts reflects eligibility for SSBG-related services based upon an individual's inclusion in particular target groups, income maintenance status, individual's presenting problem and/or need, and/or general income criteria. Unless noted elsewhere in this report, the eligibility criteria information for the services provided by private agencies applies to that portion of the services these agencies provide. These are included in their MDHHS' service agreements that contain SSBG funding, other federal funds, related state funds, and any required local matching funds. These private agencies may provide services through other funding arrangements to persons other than those described in the following charts.

The service funding information presented on the following pages reflect only those other federal and state funds directly related to MDHHS service provision. Unless noted in the charts on the following pages, services are available on a statewide basis.

**EMPLOYMENT SERVICES**  
**Supported Employment**

**Program/Service Definition:** Supported Employment is an evidenced-based practice to assist adult mental health consumers obtain employment in the community, maintain employment, and improve their employment-related skills. This service is provided by certified Employment Specialists who receive training to maintain their certification.

**Method of Delivery:** Purchased - Private agencies  
Contracted through MDHHS, Office of Behavioral Health

**Service Objective:** Certified Employment Specialists provide supported employment services in order to assist individuals in becoming employed and maintaining employment. These services are integrated with behavioral health services. Employment Services are included as a core service in the Consent Decree. Additionally, workforce development services ensure the system has capacity of trained and certified employment specialists.

**Client Eligibility:**

Supported Employment Services are provided to individuals who are interested in becoming employed who meet the following clinical eligibility requirement of the MaineCare Benefits Manual:

- Specific Requirements, as stated in 10-144 C.M.R. ch. 101, ch. 2, § 17.02-3; or
- Specific Requirements, as stated in 10-144 C.M.R. ch. 101, ch. 2, § 92.03-2.

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**FFY2022 SERVICE BUDGET ALLOCATION:**

SSBG Funds	Funds Transferred into SSBG	Other Federal & State Funds	Total
\$182,045	\$0	\$648,025	\$830,070

**FFY2022 SERVICE RECIPIENT PROJECTIONS:**

Children	Adults Age 59 Years & Younger	Adults Age 60 Years & Older	Adults of Unknown Age	Total Adults	Total	Actual (A), Estimated (E), Sampled (S) data?			Duplicated (D) or Unduplicated (U) Counts?	
						A	E	S	D	U
0	275	25	5	305	305		X			X

**FAMILY PLANNING SERVICES**  
**Family Planning**

**Program/Service Definition:** Family Planning services include screening and treatment of Sexually Transmitted Infections (STIs), cancers related to the reproductive system, intimate partner violence, other related health concerns, and related educational and prevention services.

**Method of Delivery:** Contracted through MDHHS, Maine Center for Disease Control and Prevention services are delivered through eighteen (18) directly managed sites, one (1) directly managed combined family planning/primary care site, four (4) sites operated by a subgrantee, twenty (20) sites operated by Federally Qualified Health Centers (FQHCs), and five (5) sites operated by School-based Health Centers (SBHCs) by providing them with funding, contraceptives, and/or training to increase geographic access to Family Planning services.

**Service Objectives:**

- Increase the percentage of already sexually active teens in Maine who use a Highly Effective Method of Birth Control.
- Of the population of women ages twenty (20) and over who are currently trying to avoid pregnancy, increase the use of highly effective birth control method by 5%.

**Client Eligibility:** All men and women of childbearing age, regardless of income. A sliding fee scale is utilized in which fees are based upon gross income and household size relative to a percentage of the Federal Poverty Limit.

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**FFY2022 SERVICE BUDGET ALLOCATION:**

SSBG Funds	Funds Transferred into SSBG	Other Federal & State Funds	Total
\$ 900,000	\$0	\$78,211	\$978,211

**FFY2022 SERVICE RECIPIENT PROJECTIONS:**

Children	Adults Age 59 Years & Younger	Adults Age 60 Years & Older	Adults of Unknown Age	Total Adults	Total	Actual (A), Estimated (E), Sampled (S) data?			Duplicated (D) or Unduplicated (U) Counts?	
						A	E	S	D	U
5,028	21,806	360	0	22,166	27,194		X			X

**FOSTER CARE SERVICES - CHILDREN**

**Program/Service Definition:**

Services are provided to children and their families that are involved in Maine’s foster care system, as well as older youth participating in extended care agreements. Foster care services include, but are not limited to, services to support reunification of youth in care with their parents, temporary emergency shelter, child care, and transportation.

**Method of Delivery:** Purchased - private agencies  
Contracted through MDHHS, Office of Child and Family Services

**Service Objectives:**

- To provide services to children in foster care to reunify with their families or other permanent outcome.

**Client Eligibility:**

- Must meet 200% of the Federal Poverty Limit.
- Children and families involved in child protective services.

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**FFY2022 SERVICE BUDGET ALLOCATION:**

SSBG Funds	Funds Transferred into SSBG	Other Federal & State Funds	Total
\$0	\$7,786,309	\$68,000,000	\$75,786,309

**FFY2022 SERVICE RECIPIENT PROJECTIONS:**

Children	Adults Age 59 Years & Younger	Adults Age 60 Years & Older	Adults of Unknown Age	Total Adults	Total	Actual (A), Estimated (E), Sampled (S) data?			Duplicated (D) or Unduplicated (U) Counts?	
						A	E	S	D	U
1900	0	0	0	0	1900	X				X

**HOME-BASED SERVICES**

**Consumer Directed Home-Based Care, Home-Based Care, and Independent Support Services**

**Program/Service Definition:**

Consumer Directed Home-Based Care (CDHBC) delivers services to elders and adults with disabilities that allow them to maximize independent living opportunity at home, to remain in the community, and avoid or delay placement in higher cost settings. Consumer Directed Home-Based Care services include the following: service coordination, personal assistance services, transitional services, transportation, and personal emergency response (assistive technology). Home-Based Care (HBC) serves individuals who are at greatest risk of institutionalization through the provision of service coordination, personal care, nursing, therapies, respite, adult day health, home modifications, personal emergency response (assistive technology), and limited transportation to activities covered in the plan of care. Independent Support Services (ISS) deliver services to individuals assessed as needing assistance at home with Independent Activities of Daily Living (IADL). Activities supported include meal preparation, light household cleaning, laundry, grocery shopping, and limited transportation.

**Method of Delivery:** Purchased – private agencies  
Contracted through MDHHS, Office of Aging and Disability Services

**Service Objectives:**  
The overall goal is to assist eligible consumers with services needed to avoid or delay placement in higher cost settings. Consumers receiving Home-Based Care services will retain or increase their level of independent living, receiving the quality and quantity of services needed to remain at home.

- Client Eligibility:**
- The Assessing Services Agency (ASA) conducts a face-to-face assessment to determine medical eligibility and the need for CDHBC and HBC services covered.
  - The ASA develops an authorized plan of care that specifies all services to be delivered based on the assessment, within the service-level boundaries established in the policy referenced above.
  - The contracted Provider of ISS conducts a face-to-face assessment to determine medical eligibility and the need for ISS.
  - Reassessments which follow the same procedures are conducted annually or sooner when the client’s medical condition changes.

**FFY2022 SERVICE BUDGET ALLOCATION:**

SSBG Funds	Funds Transferred into SSBG	Other Federal & State Funds	Total
\$2,272,238	\$0	\$17,484,217	\$19,756,455

**FFY2022 SERVICE RECIPIENT PROJECTIONS:**

Children	Adults Age 59 Years & Younger	Adults Age 60 Years & Older	Adults of Unknown Age	Total Adults	Total	Actual (A), Estimated €, Sampled (S) data?			Duplicated (D) or Unduplicated (U) Counts?	
						A	E	S	D	U
0	125	1596	0	1721	1721		X			X



## HOME-DELIVERED MEALS

**Program/Service Definition:**

Home-Delivered Meals provide a meal that includes one third the minimum daily adult requirements and may be supported by nutritional education, counseling, and socialization. Meals are delivered to the residence of individuals who are homebound.

**Method of Delivery:**

Purchased – private agencies  
Contracted through MDHHS, Office of Aging and Disability Services

**Service Objectives:**

- To prevent institutionalization, malnutrition, and feelings of isolation of adults living in the community.

**Client Eligibility:**

- Adults in public guardianship and active adult protective cases, when part of the Department case plan.
- Older individuals who are Area Agency on Aging case management clients, when part of a case plan.
- Adults with physical disabilities, older individuals, and individuals residing in the community.

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**FFY2022 SERVICE BUDGET ALLOCATION:**

SSBG Funds	Funds Transferred into SSBG	Other Federal & State Funds	Total
\$710,793	\$0	\$3,941,966	\$4,652,757

**FFY2022 SERVICE RECIPIENT PROJECTIONS:**

Children	Adults Age 59 Years & Younger	Adults Age 60 Years & Older	Adults of Unknown Age	Total Adults	Total	Actual (A), Estimated €, Sampled (S) data?			Duplicated (D) or Unduplicated (U) Counts?	
						A	E	S	D	U
0	429	612	0	1041	1041		X			X

**PREVENTION and INTERVENTION  
Domestic Violence and Sexual Assault Services**

**Program/Service Definition:**

Domestic Violence Resource Centers (DVRC's) and Sexual Assault Support Centers (SASCs) offer an array of services statewide for victims of human trafficking, and/or domestic, dating, and/or sexual violence, including, but not limited to: advocacy and information through a 24-hour help line, temporary emergency shelter and transitional housing (DVRC's only), specialized programming for children exposed to domestic and/or sexual violence, school and community-based outreach and education, court advocacy, medical accompaniment, and support groups. There is also a Child Protective Services-Domestic Violence Liaison located within the eight (8) district offices.

There is a Children's Advocacy Center (CAC) located within each of the eight (8) districts. The CAC's mission is to promote the healing of child victims of sexual abuse by providing a strong community response to the investigation, treatment, and prevention of child sexual abuse. Referrals to CAC's are only accepted by law enforcement or CPS.

**Method of Delivery:** Purchased - Private agencies  
Contracted through MDHHS, Office of Child and Family Services

**Service Objective:**

- To provide advocacy and support to victims of human trafficking, domestic, dating, and/or sexual violence and their affected family members.

**Client Eligibility:**

- Without regard to income, victims of human trafficking, domestic, dating, and/or sexual violence and their affected family members.

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**FFY2022 SERVICE BUDGET ALLOCATION:**

SSBG Funds	Funds Transferred into SSBG	Other Federal & State Funds	Total
\$857,631	\$0	\$16,471,081	\$17,328,712

**FFY2022 SERVICE RECIPIENT PROJECTIONS:**

Children	Adults Age 59 Years & Younger	Adults Age 60 Years & Older	Adults of Unknown Age	Total Adults	Total	Actual (A), Estimated (E), Sampled (S) data?			Duplicated (D) or Unduplicated (U) Counts?	
						A	E	S	D	U
1636	4205	277	675	5157	6793		X		X	

## TRANSPORTATION SERVICES

**Program/Service Definition:**

Transportation services consist of the provision of or arrangement for the conveyance of individuals from one location to another via means of public and/or private vehicle.

**Method of Delivery:**

(Purchased - private agencies)  
Contracted through MDHHS, Office of Child and Family Services and Office of Behavioral Health

**Service Objective:**

- To enable persons who have no other reasonable means of transportation available to access necessary and critical social and medical services.

**Client Eligibility:**

- When division financial eligibility standards are met, the following groups are eligible: elderly persons at risk of institutionalization or needing preventive services; physically handicapped persons; persons with intellectual disabilities living in the community; persons with mental illness living in the community; and families with low incomes that have medical, social, and employment needs.
- Consumers of mental health services who meet MaineCare Benefits Manual Section 17 eligibility requirements, to participate in educational, employment, social, and recreational opportunities as identified in their treatment plan as part of their planned recovery. Such services include only those which are not covered by the MaineCare non-emergency medical transportation program, which assists qualified consumers with mental health needs with access to medical, education, employment, and social services. The Bates v. DHHS Consent Decree requires this service be provided.

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**FFY2022 SERVICE BUDGET ALLOCATION:**

SSBG Funds	Funds Transferred into SSBG	Other Federal & State Funds	Total
\$1,238,320	\$0	\$3,350,795	\$4,589,115

**FFY2022 SERVICE RECIPIENT PROJECTIONS:**

Children	Adults Age 59 Years & Younger	Adults Age 60 Years & Older	Adults of Unknown Age	Total Adults	Total	Actual (A), Estimated (E), Sampled (S) data?			Duplicated (D) or Unduplicated (U) Counts?	
						A	E	S	D	U
5	8300	100	12,000	20,400	20,405		X		X	

**Maine Department of Health & Human Services Social Services Block Grant  
Summary of Services and Projected Funding**

Service Categories	SSBG Funds	SSBG Transfer*	Other Federal & State Funds	Total Funds
Employment Services	\$182,045	\$0	\$648,025	\$830,070
Family Planning	\$900,000	\$0	\$78,211	\$978,211
Foster Care Services-Children	\$0	\$7,786,309	\$68,000,000	\$75,786,309
Home-Based Services	\$2,272,238	\$0	\$17,484,217	\$19,756,455
Home-Delivered Meals	\$710,793	\$0	\$3,941,966	\$4,652,759
Prevention & Intervention	\$857,631	\$0	\$16,471,081	\$17,328,712
Transportation Services	\$1,238,320	\$0	\$3,350,795	\$4,589,115
<b>SERVICE TOTAL</b>	<b>\$6,161,027</b>	<b>\$7,786,309</b>	<b>\$109,974,295</b>	<b>\$123,921,631</b>

\*Transferred from TANF

<b>SSBG Funds</b>	\$6,161,027
<b>SSBG Transfer*</b>	\$7,786,309
SSBG Subtotal	\$13,947,336
<b>SSBG Administration</b>	\$350,000
<b>TOTAL SSBG</b>	<b>\$14,297,336</b>

Service Categories	Total Recipients
Employment Services	305
Family Planning	27,194
Foster Care Services-Children	1,900
Home-Based Services	1,721
Home-Delivered Meals	1,041
Prevention & Intervention	6,793
Transportation Services	20,405
<b>Total</b>	<b>59,359</b>

## **V. Pre-Expenditure Reporting Form**

The program period reflected in this report is October 1, 2021, through September 30, 2022, the Federal Fiscal Year 2022 (FFY22). In FFY22, Maine plans to spend its entire anticipated allotment of federal funds under the SSBG Program.

Pre-expenditure report is available at: <https://www.maine.gov/dhhs/ocfs/about-us/policy-rules>

## VI. Appendices

Appendix A: Documentation of Public Inspection

Appendix B: Certifications

Appendix C: Proof of Audit

Appendix D: TANF ACF-196-R - Available at: <https://www.maine.gov/dhhs/ocfs/about-us/policy-rules>

Appendix E: SF 424M - Available at: <https://www.maine.gov/dhhs/ocfs/about-us/policy-rules>

Appendix F: Federal Financial Reporting (FFR) Form SF-425 - Available at:

<https://www.maine.gov/dhhs/ocfs/about-us/policy-rules>

**APPENDIX A: DOCUMENTATION OF PUBLIC INSPECTION**

**PUBLIC NOTICE**

Issue Date: July 29, 2021

**MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC COMMENT  
ON THE STATE OF MAINE SOCIAL SERVICES BLOCK GRANT (SSBG) PLAN  
OCTOBER 1, 2021 – SEPTEMBER 30, 2022**

The Department of Health and Human Services requests public comment on the above-referenced plan. A copy of the proposed plan is available for public inspection on the Maine.gov website at: <https://www.maine.gov/dhhs/ocfs/about-us/policy-rules>

The Department will accept written comments on the plan sent to any of the following addresses:

E-mail: [Christa.Elwell@Maine.gov](mailto:Christa.Elwell@Maine.gov)

Fax: (207) 287-6156

Mail: Maine Department of Health and Human Services  
Office of Child and Family Services  
ATTN: Christa Elwell  
2 Anthony Avenue, SHS 11  
Augusta, ME 04333-0011

Written comments should be sent, so the Department will receive them **before 5:00pm, August 28, 2021**, and should include contact information for the person providing comments, as well as the name of the organization that person represents, if applicable.

## APPENDIX B: CERTIFICATIONS (REQUIRED)

### CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988: 45 CFR Part 76, Subpart, F. Sections 76.630(c) and (d)(2) and 76.645(a)(1) and (b) provide that a Federal agency may designate a central receipt point for STATE-WIDE AND STATE AGENCY-WIDE certifications, and for notification of criminal drug convictions. For the Department of Health and Human Services, the central point is: Division of Grants Management and Oversight, Office of Management and Acquisition, Department of Health and Human Services, Room 517-D, 200 Independence Avenue, SW Washington, DC 20201.

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#### Certification Regarding Drug-Free Workplace Requirements (Instructions for Certification)

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.
2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. For grantees other than individuals, Alternate I applies.
4. For grantees who are individuals, Alternate II applies.
5. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).
7. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).
8. Definitions of terms in the No procurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

*Controlled substance* means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

*Conviction* means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug



statutes;

*Criminal drug statute* means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

*Employee* means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All direct charge employees; (ii) All indirect charge employees unless their impact or involvement is insignificant to the performance of the grant; and, (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of sub recipients or subcontractors in covered workplaces).

#### **Certification Regarding Drug-Free Workplace Requirements**

Alternate I. (Grantees Other Than Individuals)

The grantee certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about --

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must

provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted --

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)  
2 Anthony Ave., Augusta, Maine 04330 Kennebec County

Check if there are workplaces on file that are not identified here.  
Alternate II. (Grantees Who Are Individuals)

(a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;

(b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

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Bethany L. Hamm

Deputy Commissioner  
Title

Maine Department of Health and Human Services  
Organization

### **CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE**

The Pro-Children Act of 2001, 42 U.S.C. 7181 through 7184, imposes restrictions on smoking in facilities where Federally-funded children's services are provided. HHS grants are subject to these requirements only if they meet the Act's specified coverage. The Act specifies that smoking is prohibited in any indoor facility (owned, leased, or contracted for) used for the routine or regular provision of kindergarten, elementary, or secondary education or library services to children under the age of 18. In addition, smoking is prohibited in any indoor facility or portion of a facility (owned, leased, or contracted for) used for the routine or regular provision of federally funded health care, day care, or early childhood development, including Head Start services to children under the age of 18. The statutory prohibition also applies if such facilities are constructed, operated, or maintained with Federal funds. The statute does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, portions of facilities used for inpatient drug or alcohol treatment, or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 per violation and/or the imposition of an administrative compliance order on the responsible entity.

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Bethany L. Hamm

Deputy Commissioner

Title

Maine Department of Health and Human Services

Organization

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS**

*Certification Regarding Debarment, Suspension, and Other Responsibility Matters--Primary Covered Transactions  
Instructions for Certification*

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
  
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
  
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
  
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
  
5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
  
6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
  
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
  
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non procurement Programs.
  
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
  
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

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**Certification Regarding Debarment, Suspension, and Other Responsibility Matters--Primary Covered Transactions**

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
  - (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
  - (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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**Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions**

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, [[Page 33043]] should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non procurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions**

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Bethany L. Hamm

Deputy Commissioner

Title

Maine Department of Health and Human Services

Organization

**CERTIFICATION REGARDING LOBBYING**

*Certification for Contracts, Grants, Loans, and Cooperative Agreements*

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

*Statement for Loan Guarantees and Loan Insurance*

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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Bethany L. Hamm

Deputy Commissioner

Title

Maine Department of Health and Human Services

Organization

### **APPENDIX C: PROOF OF AUDIT (REQUIRED)**

Federal regulation state that: "Each State shall, not less often than every two years, audit its expenditures from amounts received (or transferred for use) under this title...Within 30 days following the completion of each audit, the State shall submit a copy of that audit to the legislature of the State and to the Secretary." (Sec. 2006 [42 U.S.C. 1397a, Sec. 2006]).

*Provide a copy or link to the most recent audit, or a description of the audit that specifies when the audit occurred and summarizes the results of the audit.*

See: <http://www.maine.gov/audit/osa-reports/annual-single-audit.html>

### **APPENDIX D: TANF ACF-196-R**

See: <https://www.maine.gov/dhhs/ocfs/about-us/policy-rules>

### **APPENDIX E: SF 424M**

See: <https://www.maine.gov/dhhs/ocfs/about-us/policy-rules>

### **APPENDIX F: FEDERAL FINANCIAL REPORTING (FFR) FORM SF-425**

See: <https://www.maine.gov/dhhs/ocfs/about-us/policy-rules>