Chapter 15

General Assistance

Department of Human Services GA Policy

Maine Health and Human Services
Access, Support and Transition
11 State House Station
Augusta, Maine 04333-0011

John Elias Baldacci, Governor
John R. Nicholas, Commissioner

To: Welfare Officials & Contracted Agents

From: Cindy Boyd, Program Manager, General Assistance

Date: October 31, 2005

Subject: GA Policy, mileage reimbursement and fuel.

Enclosed is the adopted Department of Health and Human Services General Assistance policy. Please replace the copy you are using and any blue copies of proposed policy, with this copy and recycle the old ones.

For those municipalities that have adopted the 2005 MMA model ordinance, the mileage rate that is to be used when calculating the deduction for work related expenses is currently 34 cents. It will change to 36 cents on January 1, 2006. After that it will only change when the state changes it's mileage reimbursement rate.

For those municipalities that are not adopting the 2005 model ordinance, your mileage deduction is still 28 cents a mile unless you amend your ordinance.

The cost of fuel has increased from an average of $1.95 a gallon last year to $2.54 a gallon currently. This increase will mean that some of Maine's citizens are going to have a harder time purchasing fuel. Maine received the same amount of Li HEAP money as last year. The average grant is $435.00, which will buy about 170 gallons of # 2 fuel oil. Welfare Directors are most likely going to see more applicants. There will be applicants who are not eligible for regular GA and will need to be granted assistance based on an emergency.

There are a number of groups meeting to look at his issue. The Governor has initiated a Voluntary Fuel Fund. People can donate money to help others purchase fuel. Community Action Programs will administer the fund.

Please remind applicants not to wait until their tank is empty before they apply for assistance. Your local Fire Department may have safety information that can be shared with clients, because we know some will use unsafe ways to heat their homes.

I want to thank you all for the work you do to assist the people in your municipalities.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEMORANDUM

TO: Holders of the General Assistance Manual

FROM: Barbara J. Van Burgel, Acting Director, Office of Integrated Access and Support

DATE: October 3, 2005

SUBJECT: Approved Policy Manual Change No. 15A

Attached to this memorandum please find policy statement release(s) as described below:

SUBJECT: 323 Maine General Assistance Manual-Change In The Way The Overall Maximums In General Assistance Are Determined

CONTENT: See attached

EFFECTIVE DATE: October 1, 2005

DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEMORANDUM

TO: Regional Managers, Supervisors and Other Interested Parties

FROM: Cindy Boyd, General Assistance Program Manager

DATE: October 3, 2005

SUBJECT: Approved General Assistance Policy Manual Change – 15A

Comment Deadline was September 30, 2005. No comments were received.

This rule: 1) changes the formula for determining the maximum levels of assistance for General Assistance (GA), 2) clarifies GA can pay co-pays required on prescriptions paid for by Medicare, 3) clarifies ASPIRE Support payments are considered excluded income in the month of intended use when calculating eligibility and benefit level for GA, 4) adds a definition of the Federal Poverty Level, 5) changes the name of Maine's Medicaid Program to MaineCare, and 6) changes the Department's name from Department of Human Services (DHS) to Department of Health and Human Services (DHHS).

The 122nd Legislature made a change in the way the Overall Maximums in General Assistance are determined. The Overall Maximums are now the greater of 110% of the HUD fair market rents and the amount achieved by annually increasing the most recent aggregate maximum level of assistance by the percentage increase in the Federal Poverty Level of the current year over the FPL of the prior year.

The following changes have been made:

Changes the Department's name from Department of Human Services (DHS) to Department of Health and Human Services (DHHS) on page 1 and throughout policy.

Adds a definition of the Federal Poverty Level on page 3.

Policy clarifies how we treat ASPIRE Support Payments on page 4 and 15.

Changes the formula for determining the maximum levels of assistance for General Assistance (GA) on page 6.

The reference to Medicaid is changed to MaineCare on page 11 and throughout policy.

Policy clarifies how we treat Medicare co-payments on page 11.

MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES GENERAL ASSISTANCE POLICY MANUAL (Revised up to 15A)

SECTION I Introduction ..... p. 1

SECTION II Responsibilities ..... p. 1

SECTION III Definitions ..... p. 1

SECTION IV Levels of Assistance ..... p. 6

- Overall Maximums ..... p. 6
- Maximum Levels of Assistance ..... p. 6a
- Food ..... p. 7
- Shelter Costs ..... p. 7
- Payments to Relatives ..... p. 9
- Security Deposits ..... p. 9
- Property Taxes ..... p. 9
- Capital Improvements ..... p. 10
- Emergency Shelter Costs ..... p. 10
- Electricity, Fuel Oil, Wood, Natural Gas ..... p. 10
- Medical and Dental ..... p. 11

SECTION V Eligibility Factors ..... p. 11

- Address Confidentiality Program ..... p. 12a
- Emergency Applications ..... p. 13
- Verification of Income ..... p. 14
- Allowable Expenses ..... p. 15a, 15b
- Verification of Expenditures ..... p. 16
- Interim Assistance ..... p. 18
- Parental/Spousal Responsibility ..... p. 20

SECTION I. INTRODUCTION

Pursuant to 22 MRSA § 4323 the Department of Health and Human Services (DHHS) in conjunction with municipalities is responsible for the proper administration of General Assistance (GA).

The Department of Health and Human Services General Assistance Policy (the Policy) is intended to assist in the administration of General Assistance by clarifying State statutes and municipal ordinances. If issues should arise whereby this policy is perceived to be in conflict with local municipal ordinance, or state or federal law the Department shall seek advice from the State's Attorney General's office.

Legal citations refer to 22 MRSA. In the instance where the citation is from a different source the source will be identified.

SECTION II. RESPONSIBILITIES

MUNICIPAL: State law mandates that every municipality shall administer a General Assistance program (§ 4305 (1)). The municipal officers of each municipality must adopt an ordinance (after notice and hearing) which establishes written standards including the amount of the assistance to be provided. These standards are to be employed in making eligibility determinations (§ 4305 (3)). Within 30 Days of enactment the ordinance must be filed with the Department of Health and Human Services. If a municipality amends any part of its General Assistance Ordinance (including the adoption of new yearly maximums), only the amendment or notice thereof needs to be filed with the Department within 30 Days of enactment (§ 4305 (4).

DEPARTMENT OF HEALTH AND HUMAN SERVICES: DHHS assists municipalities in complying with statutory requirements by reviewing (i.e., auditing) the administration of GA (§ 4323 (1)). In addition to its authority to review municipal GA programs, it may intervene on behalf of GA applicants and other municipalities (§ 4323 (3)). DHHS may hold reimbursement owed to municipalities whose programs are not in compliance with program rules (§ 4323 (2)). DHHS provides technical assistance to municipalities upon request.

The Department must provide appropriate reimbursement to municipalities for their General Assistance program as defined in statute (§ 4311).

The DHHS, General Assistance Program staff represents the Department in administrative fair hearings relative to the program.

SECTION III. DEFINITIONS

ALLOWABLE EXPENSES	The applicant's cost for basic necessities up to the maximum levels of assistance as provided in municipal ordinance (§ 4305 (3-A)). In addition to items listed at 22 MRSA 4301(1) and (7)(B) allowable expenses include verified expenditures for mandated child support (e.g., DHHS court ordered).

APPLICATION FORM	A form provided by the administrator upon which a GA applicant provides the information required to make a determination of eligibility (§ 4308).
AVAILABLE RESOURCES	Any asset or resource that can be readily accessed to alleviate the need for General Assistance (§ 4317).
BACK BILLS	Charges for goods and services received prior to the current GA application. A bill that is due in the same month in which a GA application is made is not a back bill.
BASIC NECESSITIES	Food, clothing, shelter, fuel, electricity, non-elective medical services as recommended by a physician, non-prescription drugs, telephone where it is necessary for medical reasons, and any other commodity or service determined essential by the municipality. "Basic Necessities" do not include security deposits for rental property, except for those situations where no other permanent lodging is available unless a security deposit is paid, and a waiver, deferral or installment arrangement cannot be made between the landlord and tenant to satisfy the need for immediate payment of the security deposit or payment in full (§ 4301).
BUDGET	A mathematical calculation comparing income and expenses for the applicable time period.
CASE RECORD	Official file containing forms, correspondence, narrative records and all other relevant information pertaining to an applicant or recipient. The case record must include all signed GA applications, determinations of initial or subsequent eligibility, reasons for decisions, actions by the general assistance administrators, and types of assistance provided each recipient (§ 4306).
DEFICIT	The difference resulting from subtracting a household's net income from the municipal overall maximum for the appropriate household size.
DHHS	Department of Health and Human Services
DWELLING UNIT	Building or part thereof used for separate living quarters for one or more persons living as a single housekeeping unit (§ 4301 (2)).
ELIGIBLE PERSON	A person qualified to receive general assistance from the municipality or DHHS according to the standards of eligibility set forth in statute, DHHS policy, and municipal ordinance (§ 4301 (3)).

EMERGENCY	Any life threatening situation or a situation beyond the control of the individual which, if not alleviated immediately, could reasonably be expected to pose a threat to the health or safety of a person; or at the municipality's option, a situation which is imminent and which may result in undue hardship or unnecessary cost to the municipality if not resolved immediately
FAMILY DEVELOPMENT ACCOUNTS	Savings Accounts that are established, Pursuant to Maine Public Law 518, for the following specific purposes: education, job training, purchase or repair of a home, purchase or repair of a vehicle needed to access work or education, capitalization of a small business for a family member over 18, health care costs over $500 not covered by private or public insurance, and expenses for an emergency that may cause the loss of shelter, employment, or other basic necessities. The first $10,000 of funds and any accrued interest in an FDA cannot be used when determining eligibility for General Assistance.
FEDERAL POVERTY LEVEL	The measure defined by the federal Department of Health and Human Services that is updated annually by the federal government and published in the Federal Register. An individual may locate the Federal Poverty Level (FPL) for any year, including the current year, by Internet access at: http://aspe.hhs.gov/poverty/05poverty/shtml. An individual can also receive a copy of the current FPL by contacting his/her local DHHS office, or by writing to the General Assistance Program Manager and requesting a copy. Any municipality administering a GA program will also have copies of the FPLs for all applicable years.
GENERAL ASSISTANCE PROGRAM	A mandatory program administered by a municipality and DHHS for the immediate aid of persons who are unable to provide the basic necessities essential to maintain themselves or their families. The general assistance program provides a specific amount and type of aid for defined needs during a limited period of time and is not intended to be a continuing "grant-in-aid" or "categorical" welfare program. This definition shall not in any way lessen the responsibility of the municipality or DHHS to provide general assistance to a person each time that the person has need and is found to be otherwise eligible to receive general assistance (§ 4301 (5)).

HOUSEHOLD	An individual or a group of individuals who share a dwelling unit. When an applicant shares a dwelling unit with one or more individuals, even when a landlord-tenant relationship may exist between individuals residing in the dwelling unit, eligible applicants may receive assistance for no more than their pro rata share of the actual costs of the shared basic needs of that household according to the maximum levels of assistance established herein. The income of household members not legally liable or otherwise responsible for supporting the household shall be considered as available to the applicant only when there is pooling of income. The municipality shall presume pooling of income unless the applicant proves otherwise (§ 4301 (6)).
INCOME	Any form of income in cash or in kind (as defined below) received by the household including net remuneration for services performed, cash received on either secured or unsecured credit, any payments received as an annuity, retirement, or disability benefits, veterans' pensions, workers' compensation, unemployment benefits, benefits under any state or federal categorical assistance program, supplemental security income, social security, and any other payments from governmental sources, unless specifically prohibited by any law or regulation, support payments, income from pension or trust funds and household income from any other source, including relatives or unrelated household members. For repeat applicants, it also includes unverified expenditures or misspent money from the 30 day period prior to application (§ 4301(7)). **Exception:** Support Services payments that are available to ASPIRE program participants are not to be counted as income in the time of intended use.
IN KIND INCOME	Payments made to or on behalf of an applicant either monetary or in the form of a commodity.
JUST CAUSE	A valid, verifiable reason that hinders an individual in complying with one or more conditions of eligibility.
LUMP SUM PAYMENT	A one-time payment issued to an applicant or recipient prior to or subsequent to applying for General Assistance. Lump sum payment includes, but is not limited to: retroactive or settlement portions of social security benefits, worker's compensation payments, unemployment benefits, disability income, veterans' benefits, severance pay benefits, or money received from inheritances, lottery winnings, personal injury awards, property damage claims or divorce settlements. A lump sum payment includes only the amount of money available to the applicant after

LUMP SUM PAYMENT cont.	payment of required deductions has been made from the gross lump sum payment. A lump sum payment does not include conversion of a non-liquid resource to a liquid resource if the liquid resource has been used or is intended to be used to replace the converted resource or for other necessary expenses. Funds contributed to Family Development Accounts (see above) are also not to be considered lump sums (§ 4301(8-A)).
MAINECARE	MaineCare is the name of Maine's Medicaid Program.
MAXIMUM LEVEL OF ASSISTANCE	The amount of assistance as established by ordinance or the actual cost of a basic necessity, whichever is less (§ 4305 (3a)).
MUNICIPALITY OF RESPONSIBILITY	The municipality which is liable for the support of any eligible person at the time of application (§ 4301 (9)).
NARRATIVE STATEMENT	A brief, written explanation.

NEED	The condition whereby a person's income, money, property, credit, assets, or other resources available to provide basic necessities for the individual and the individual's family are less than the maximum levels of assistance established by the municipal ordinance (§ 4301 (10)).
NET GENERAL ASSISTANCE COST	The total amount of General Assistance paid by a municipality (§ 4301 (11)).
NET INCOME	For initial applicants includes 30 day projected income excluding work related expenses from earned income. For repeat applicants, includes 30 day projected income excluding work related expenses from earned income and income either misspent or not accounted for during the prior 30 day period (§ 4315-A).
PERIOD OF ELIGIBILITY	The time for which a person has been granted assistance. Such period shall commence on the date of application for assistance and shall continue for the period stated on the decision. The period of eligibility may vary depending on the type of assistance provided; however, in no event shall such a period extend beyond one month (§ 4309 (1)).
POOLING OF INCOME	The financial relationship among household members who are not legally liable for mutual support in which there occurs any commingling of funds or sharing of income or expenses. It is a rebuttable presumption that persons sharing the same dwelling unit are pooling their income. Applicants who are requesting that the determination of eligibility be calculated as though one or more household members are not pooling their income have the burden of rebutting the presumption of pooling income by providing verification that they are not doing so (§ 4301 (12-A)).
POTENTIAL RESOURCES	Sources of financial assistance, including programs, services, non-liquid assets or trusts which typically require people to apply in writing and/or wait a period of time before eligibility is determined or the potential income is released (§ 4317).
REAL ESTATE	Any land, buildings, homes, mobile homes, and any other things affixed to that land (§ 4301 (13)).
RECIPIENT	A person who has applied for and is currently receiving general assistance.
RESIDENT	A person who is physically present in a municipality with the intention of remaining in that municipality in order to maintain or establish a home and who has no other residence (§ 4307 (2A)).

	A person who applies for assistance who is not a resident of that municipality nor any other municipality is the responsibility of the municipality where that person first applies (§ 4307 (2B)). That municipality must take an application and grant assistance to the applicant if he/she is eligible until he/she establishes a new residence in another municipality.
TANF	Temporary Assistance for Needy Families
THRESHOLD	Threshold amounts are used solely to determine DHHS reimbursement for municipalities and in no way apply to the amount a municipality must expend on GA.
UNMET NEED	The difference resulting from subtracting a household's projected 30 day net income from the household's 30 day need, which is the sum of the client's actual 30 day expenses for basic necessities, up to the specific ordinance maximums.
UNNECESSARY COST	An additional cost that a client may incur to cover a basic need such as a late fee or a court fee being added on to an eviction.

SECTION IV. LEVELS OF ASSISTANCE

OVERALL MAXIMUMS

22 MRSA 4305(3-B) mandates that municipalities establish an aggregate maximum level of assistance that is 110% of the applicable existing housing fair market rents as established by the United States Department of Housing and Urban Development pursuant to 24 Code of Federal Regulations, Section 888.115, applying the zero-bedroom level for one person, the one-bedroom level for 2 persons, the 2-bedroom level for 3 persons, the 3-bedroom level for 4 persons and the 4-bedroom level for 5 persons. For each additional person, the aggregate maximum level increases by $75. For the purposes of this subsection, municipalities with populations greater than 10,000 are deemed Standard Metropolitan Statistical Areas in those counties for which there are 2 fair market rent values and the aggregate maximum level of assistance for all Standard Metropolitan Statistical Areas is 110% of the average of the fair market rental values for the Standard Metropolitan Statistical Areas and areas that are not Standard Metropolitan Statistical Areas for each county in which there are 2 fair market rental values.

Beginning October 2005 and annually thereafter, the aggregate maximum level of assistance must be established at the greater of 110% of the fair market rents as determined in this subsection and the amount achieved by annually increasing the most recent aggregate maximum level of assistance by the percentage increase in the federal poverty level of the current year over the federal poverty level of the prior year.

MAXIMUM LEVELS OF ASSISTANCE

In addition to the overall maximums, a municipality may elect to incorporate maximum levels of assistance for each individual basic necessity as part of its ordinance but there is no requirement that they do so. If a municipality does not incorporate maximums, it shall use actual costs of the basic necessities in determining need.

If a municipality establishes maximum levels of assistance for specific basic needs, those levels must be reasonable and adequate to maintain health and decency in that municipality. This means that the levels must be adequate to allow general assistance

recipients who utilize all available resources, as defined herein, in the community to acquire goods and services necessary to maintain health and to provide a safe and habitable dwelling.

The maximum levels of assistance established by municipalities are subject to review by the department, upon complaint, to ensure compliance with the statutes. The maximums are also subject to regular departmental reviews. Municipalities should be prepared to demonstrate (1) the method by which they measure standards of health and decency and (2) substantiation of how they arrived at maximum level figures (§ 4305 (3A)).

If an applicant for assistance is applying because of an emergency, municipalities may find it necessary to disregard their maximum levels of assistance to provide help during the emergency situation (§ 4308 (2)).

FOOD

As a minimum, municipalities may adopt the current Thrifty Food Plan amounts as issued by the Food and Nutrition Service of the United States Department of Agriculture. These figures are published after study to cost of food for various size families and are updated annually. The Department shall consider those amounts current for up to one year following their date of issuance. Municipalities may adopt food allowances that restrict purchases of particular items. If so, the municipalities shall explain their rationale for the restrictions. The allowances shall be exclusively for food purchases. If municipalities authorize purchases of other items, such as household supplies, assistance for those items must be in addition to the food allowances.

Thrifty Food Plan allowances, if adopted, are to be used. Due to the fact that federally issued Food Stamps cannot be considered as income or a resource, the appropriate Thrifty Food Plan levels are to be budgeted for all applicants to determine an unmet need. (Food Stamp Code of Federal Regular (§ CFR 272.1)).

A market basket survey is an acceptable method of determining food costs in your municipality. All the basic food groups should be included in the market basket to ensure a balanced and nutritionally sound diet. Sources of information on nutrition may be the University of Maine Extension Services, Department of Education Nutrition Program, the DHHS nutritionist, nutritionist at the local hospital, etc. The food standard should be flexible enough to allow additional foodstuffs for people with special dietary needs such as: diabetics, elderly, no cooking facilities, etc.

SHELTER COSTS

Shelter costs, for the purpose of this section, are defined as rent, mortgage, taxes, and, if necessary, security deposits as described below. The level of shelter costs, as it relates to home owners/buyers, is not to exceed the maximum level of rentals. This definition, although it includes mortgage levels, in no way nullifies the court

decision, *Beaulieu vs. City of Lewiston, 440 A. 2d 334 (1982)* that permits municipalities to treat mortgage payments differently than rental payments. Suggested maximums are provided to the municipalities on an annual or biannual basis by the Department or Maine Municipal Association. These maximums are derived by using HUD fair market rent figures minus utilities as calculated by the Department or Maine Municipal Association.

When calculating allowable rent maximums for applicants, you first need to determine what is included in the rental cost. The three most common rental cost scenarios are:

- The rental cost is the basic rent only with no utilities or services (e.g. heat, electric, gas, propane, water) included.
- The rental cost is heated rent with no utilities or services included.
- The rental cost is a heated rent with all other utilities such as electric hot water and lights, etc. paid by the landlord.

Examples:

1. ***Rent includes no heat or utilities or services (e.g. electric, gas, propane, water)***

A woman and her child live in Oxford County and rent an ***unheated apartment.*** She has to pay for her ***heat and electric.*** She states that her rent is $325.00 and her electric bill is $64.00 and she pays $1.49 a gallon for oil to heat the apartment and it averages $200.00. When calculating her rental amount, compare her actual rent to the allowed maximum amount for an unheated one- bedroom rent. She is allowed the lesser of the two. You then compare the actual electric cost to the allowed maximum for electric for two. Make sure to ask if the electric includes electric hot water. You allow her the lesser of the two figures. To calculate the amount allowable for fuel you need to use the number of gallons allowed for the month in which you are assisting.

Actual Amount	**Maximums from Appendix**	**Allowed Amounts**
Rent $325.00	$304.00 (unheated 1-bedroom)	$304.00
Electric $64.00	$80.00 (has electric hot water)	$64.00
Fuel $200.00	$186.00 (month of March)	$186.25

2. ***Rent includes heat but no other utilities or services.***

The same woman lives in a ***heated apartment*** in Oxford County. She is still ***responsible for her electric bill.***

Actual Amount		Maximums from Appendix	Allowed Amounts
Rent	$325.00	$349.00 (heated 1 – bedroom)	$325.00
Electric	$64.00	$80.00 (has electric hot water)	$64.00

3. ***Rent includes heat and all utilities and services.***

The same woman lives in a ***heated apartment*** with ***all other utilities and services included*** in Oxford County. Her rent is $375.00. To calculate the allowed rent amount add the maximum amount allowed for a heated one-bedroom rent to the amount allowed for electric for a household of two.

Actual Amount	Maximums from Appendix	Allowed Amounts
Rent $375.00	**$349.00 (heated 1 –bedroom)**	**$375.00**
	+ 80.00 (Electric is included, use maximum for electric.)	
	$429.00 (maximum amount allowed for rent)	

If the municipality chooses to compile rent figures other than HUD, it may choose to conduct a survey of landlords. The survey may not be limited to those landlords who provide housing to General Assistance clients. Such a survey may produce distorted rent figures. Municipalities may also make use of classified advertisements when compiling rental costs.

NOTE: HUD fair market rent figures include all utilities. Deductions presented by the Department and/or Maine Municipal Association are already made for any utility costs the tenant is required to pay himself. HUD provides utility cost charts showing the amounts to be deducted for each separate utility. Maine Municipal Association guidelines for unheated apartments have already provided the necessary adjustments to HUD figures to remove the utility costs.

As with some categories of assistance, if municipalities choose to use housing assistance figures which are lower than HUD fair market rent figures, substantiation will be required that the figures used are reasonably and adequately sufficient to maintain health and decency (§ 4305 (3-A)).

Subsidized housing should be considered as a resource. Applicants should be required to seek subsidized housing. Applicants who voluntarily leave subsidized housing for housing with increased shelter costs without just cause may be limited to the amount of shelter expenses experienced with the subsidized housing. Municipalities may impose limits, not to exceed 120 days, whereby the shelter expenses to be used are not to exceed those experienced with the subsidized housing (§ 4317).

Shelter expenses for applicants who are mandated to leave subsidized housing because of fraud, misrepresentation or a knowing or intentional violation of regulations of the housing authority or a refusal to comply with regulations of the housing authority shall be limited to the amount of shelter expenses experienced with the subsidized housing for a period of 120 days beginning with the month after the eviction (§ 4317).

PAYMENTS TO RELATIVES

The statute specifically addresses payment of rent to relatives in 22 MRSA §4319(2). A municipality may choose not to make rental payments to a parent, grandparent, child, grandchild, sibling, parent's sibling or any of the children unless:

a) The rental agreement has existed for at least 3 months prior to application; and

b) The rental payment to one of the above named relatives is necessary to provide that relative with basic necessities.

SECURITY DEPOSITS

Security Deposits are addressed in the Statute under the definition of Basic Necessities. Pursuant to 22 MRSA §4301 (1), "Basic Necessities" does not ordinarily include security deposits for rental property. The exception is when the need changes to emergency status because no other permanent lodging (housing) is available unless a security deposit is made. Even in this circumstance, a security deposit should not be authorized until (1) all possible alternate sources for security deposit payments have been contacted (such as THAP, TANF EAP (etc.) and (2) the municipality has contacted the landlord and attempted to obtain a waiver or to make arrangements for delayed or partial payments of the security deposit over a prolonged period of time. These contacts must be made expediently and without undue delay as is appropriate to the particular situation of the eligible applicant.

Prior to a denial of assistance for lack of need for payment of a security deposit, the municipality should have knowledge that adequate permanent housing sources are available in the community without the necessity of a security deposit payment and must provide the client with that specific information. If the client refuses to utilize the housing sources provided without just cause, the municipality has no further responsibility to the client for housing assistance.

Municipalities should carefully document all details involved with a request to pay a security deposit making it clear why an emergency did or did not exist, what contacts were made, the results, etc.

Security deposits, when provided by the General Assistance program, should be returned to the municipality. Municipalities should have agreements with the landlord to return the security deposits minus amounts needed to cover any damages or cleaning charges incurred excepting such costs associated with normal wear and tear.

PROPERTY TAXES

36 MRSA §841 *et seq.* establishes a poverty tax abatement process. This process is an available/potential resource. The client has a legal entitlement to this process.

Municipalities should not use the General Assistance program to assist with delinquent property taxes unless foreclosure and subsequent eviction is imminent and it is the most cost-effective avenue.

CAPITAL IMPROVEMENTS

Capital improvements may only be made to property owned by and lived in by the client unless the client is temporarily absent due to the condition needing repair.

If such expenditures are for services determined essential by the municipal welfare official in accordance with the municipality's ordinance and Chapter 1161, they will be allowable for reimbursement under the same conditions as other expenditures. Capital improvements would include but are not limited to replacing inside fuel tanks which are improperly vented to the outside.

In addition a municipality may claim a lien against the owner of the real estate for the amount spent to make capital improvements to the real estate (§ 4320).

EMERGENCY SHELTER COSTS

A municipality may choose to consider the actual cost of an emergency shelter provided by a shelter provider as a shelter cost up to the amount allowed by ordinance.

In such cases the municipality may provide general assistance to the emergency shelter provider when the following criteria has been met:

1) The applicant (not the shelter provider) has completed an application for assistance.

2) The applicant has been found eligible for assistance based on criteria established in the municipal ordinance.

Municipalities may arrange with emergency shelters for the homeless to presume eligibility for persons to whom the emergency shelter provides shelter services. Individual agreements should be on file and available for review (§ 4304 (3)).

When residents of an emergency shelter apply for assistance, they must be aware that any income or resources they have are to be utilized for current needs. The same verification of income and expenditures for the previous 30-day period and 30 day prospective income procedures are to be utilized as with other applications.

ELECTRICITY, FUEL OIL, WOOD, NATURAL AND BOTTLED GAS

A municipality may elect to incorporate a list of average costs of these goods and services. It may elect to develop its own levels of assistance for each item and provide the Department with documentation justifying these levels of assistance.

Municipalities may consult with the utility in their area to determine household usage in kilowatts, cost per kilowatt-hour, etc.

For example, two people live in an apartment that is heated and the hot water is provided. Your utility company advises that a two person household living in a multi-family dwelling uses approximately 700 KWH per month. The cost per KWH is $.079; therefore, the utility bill should be $55.30 per month.

Cost per kilowatt hour varies among utilities. Kilowatt usage may be more or less than the standard based on the condition of the apartment, the pattern of usage, weather conditions, etc.

A survey of fuel oil companies may be conducted in the local area for yearly consumption figures. These figures will vary based on levels of insulation, construction and age of the building, etc.

The key to setting maximum levels of assistance is the reasonableness and adequacy of the standard. The standard should allow a person in the municipality to provide for themselves within the level established by the municipality. If a municipality elects not to use maximum levels of assistance in its ordinance, then eligibility determination shall be based on the actual cost of basic necessities.

MEDICAL AND DENTAL COSTS

Assistance for medical or dental services is restricted to non-elective medical or dental services as recommended essential to maintain the applicant's health by a physician or dentist (§ 4301 (1)). Municipalities should grant assistance for medical or dental services only when the assistance cannot be obtained from any other source and the applicant would not be able to receive necessary care without the municipality's assistance.

All medical and dental assistance expenditures should be for expenses and services which have been approved by the municipality prior to the service being made or delivered.

Authorization for medical or dental services should be granted based on and limited to MaineCare rates applicable for those services. The Department will instruct municipalities in the procedure for establishing the applicable MaineCare rates. Forms to be used by the municipalities for that purpose are available with medical providers.

For MaineCare clients, a co-payment is usually required to fill a prescription. The co-payment must be waived by the pharmacy without denial of service. General Assistance should not be used for a MaineCare co-payment, however, GA may be used for private insurance co-payments including co-pays for prescriptions provided by Medicare.

SECTION V. ELIGIBILITY FACTORS

22 MRSA §4309(1) limits the period of eligibility. The period of eligibility shall not exceed one month. The one month period is the maximum period of eligibility a municipality may use in determining eligibility.

A municipality may choose to determine eligibility for periods less than one month. Municipalities are strongly advised to limit the length of eligibility for all new applicants. This will enable the applicant to take advantage of the intake and referral system which may be available in the larger municipalities.

Each time the eligibility period has expired, the applicant must have his eligibility re-determined. Every redetermination is considered a new application (§ 4309). Every application will stand on its own merit regardless of past decisions i.e., in the event an error was made in the past and GA was provided when it should not have been, this does not set a precedent for prospective determinations.

If eligibility is determined on a weekly or daily basis, the municipality must calculate the amount of the unmet need using figures applicable to that same time period.

If eligibility has been determined for a thirty-day period but assistance is given for shorter intervals, the municipality shall not be required to re-determine eligibility during that time period.

Nothing in this section shall prohibit a municipality from re-determining eligibility at any time during that thirty-day period in accordance with 22 MRSA §4309(2).

Any person who makes an application for assistance, who has never applied for assistance in any municipality or unorganized territory within the state, shall have his eligibility determined solely on the basis of need as defined in 22 MRSA §4301(10).

When projecting weekly income for the eligibility period, there is no need to use the 4.3 weekly multiplier. Other programs, such as Food Stamps and TANF, use the multiplier to get a monthly average because the recipient's eligibility is determined for a period of time beyond a month. For General Assistance purposes, use actual expected pay dates for projection as the eligibility period cannot extend beyond one month. Applicants, or employers, should be able to determine number of income payments to be received during the next month.

Decisions are to be rendered within 24 hours of application (§ 4304). If there is insufficient or questionable information and a determination of eligibility cannot be made, a denial should be issued based upon the fact that the administrator is unable to determine eligibility. The denial should note what information is necessary. In addition, when the next business day falls outside the 24-hour time frame (e.g., the applicant applies at 4:00 pm on Friday) a denial should be issued (unless sufficient information on which to determine eligibility is provided). In such a situation, the applicant should be directed to obtain the necessary information and re-apply the next business day. In the event of an "emergency" sufficient assistance to alleviate the emergency should be provided until the next business day.

ADDRESS CONFIDENTIALITY PROGRAM

The Address Confidentiality Program (ACP), administered by the Secretary of State, provides address confidentiality for victims of domestic violence, stalking or sexual assault and requires state and local agencies and the courts to accept a designated address as the program participant's address when creating a public record. When an applicant or recipient verifies that they are a certified participant in the Address Confidentiality Program, the designated address is the only address accepted and provided. Any correspondence with the applicant or recipient is sent to the designated address. If the municipality releases information by permission from the applicant or recipient or due to a subpoena, the only address to be provided is the designated address.

EMERGENCY APPLICATIONS FOR ASSISTANCE

It is the responsibility of the applicant to supply the municipality with any information necessary to determine if an eligible household is in an emergency situation (§ 4309 (a-A)). The municipality may determine that there is an emergency that if not alleviated immediately could pose a threat to the health and safety of the applicant or a member of the household. The municipality may also determine that an emergency is imminent and that the failure of the municipality to provide assistance may result in undue hardship and unnecessary cost (§ 4308 (2)). An example of an undue hardship would be the client incurring court costs for an eviction notice that could have been averted by the municipality assisting the client with the past due rent when the landlord threatened eviction. An example of an unnecessary cost would be court cost added on to the eviction. Once the municipality determines that there is an emergency or an imminent emergency, assistance adequate to alleviate the emergency must be granted. The fact that the municipality has 24 hours to grant or deny an application should not be used to create an unnecessary waiting period. If all the information necessary to make a determination is available the municipality must grant the assistance immediately.

If, after discussion between the applicant and the municipality it is determined that an emergency does exist, the municipality must ensure that the client is allowed to apply for assistance the same day. If there is an emergency and the applicant is eligible, the emergency must be alleviated without undue delay. Delivery of services the same day may be required. If it is determined that there is an imminent emergency, the municipality must ensure that the client is allowed to apply for assistance as soon as possible to ensure that there is not undue hardship or unnecessary cost. Delivery of services should take place as soon as possible.

At times municipalities may find it necessary to disregard their maximum levels of assistance to provide assistance during an emergency or an imminent emergency situation (§ 4308 (2)). It is not necessary to provide long term assistance or a permanent solution in an emergency. Assistance of a type and amount that will alleviate the immediate threat to life and safety or that will help to alleviate any undue hardship or unnecessary cost will suffice.

There are two situations when a municipality cannot grant assistance during the emergency situation: (§ 4308 (2))

1) When a household member is currently disqualified for false representation, not meeting work requirements, or not using potential resources, do not grant assistance to the disqualified member. Remaining household members may be eligible.

2) When the household members could have averted the emergency situation by using their income or resources for basic necessities the municipality is not required to grant assistance. To determine if the household could have averted the emergency situation the municipality must determine eligibility and calculate the amount which the household would have been eligible for in each month involved. **Example:** A woman with one child living in Androscoggin county gets an eviction notice in September. The eviction has been given because the woman did not pay her rent in July or August. The monthly rent is $250 including all utilities. The woman needs to pay the $500 back

rent or be evicted. The only income the woman has is her SSI of $500 and TANF of $131 for her child. The woman is a repeat applicant. The maximum allotment for a household of two in Androscoggin county is $428.

JULY	AUGUST	SEPTEMBER
$428 Maximum	$428 Maximum	$428 Maximum
-631 Income	-631 Income	-631 Income
0 Deficit	0 Deficit	0 Deficit

After the Deficit Budget is completed, the municipality must do the Unmet Need Budget. The woman's allowable expenses are: $230 for food (the Food Stamp Maximum for two), $250 for rent (the maximum in Androscoggin county is $347), $35 for personal, $10 for medical co-pays (the woman receives MaineCare but she is responsible for the co-pay), and $45 for diapers since her child is only one.

JULY	AUGUST	SEPTEMBER
$230 Food	$230 Food	$230 Food
250 Rent	250 Rent	250 Rent
35 Personal	35 Personal	35 Personal
45 Diapers	45 Diapers	45 Diapers
10 Medical co-pay	10 Medical co-pay	10 Medical co-pay
$570 Allowed Expenses	$570 Allowed Expenses	$570 Allowed Expenses
-631 Total Income	-631 Total Income	-631 Total Income
0 Unmet Need	0 Unmet Need	0 Unmet Need

This client did not have either a deficit or an unmet need in either of the months involved in the eviction. The municipality does not have to assist her. Note: the municipality may assist to prevent an emergency situation. If the municipality elects to provide assistance, the municipality must document the reason for providing such assistance.

VERIFICATION OF INCOME

Upon receiving earned income verification, usually in the form of check stubs, the administrator shall ascertain whether the deductions are optional (§ 4301(7-B)). Deductions for deposits to banks or credit unions; payments for optional services; and payments for loans or other creditors, except for court or DHHS ordered child support/alimony payments are to be considered optional. Optional deductions for health or dental insurance to be considered as allowable expenses are to be determined at the local level and based upon the cost effectiveness of the expense. If deposits are made to a financial institution, the assets must be considered as available.

If a student of post-secondary education, other than those involved with Department of Labor or Department of Health and Human Services' programs, applies for General Assistance, the applicant must be available to seek and accept full-time employment (§ 4316 (3-E)). The

student applicant would not be exempt from any requirements of the program. If a student of post-secondary education applies for General Assistance all income must be considered available except for financial aid provided through the school system which is specifically earmarked for required expenditures such as tuition, books, lab fees, etc. Availability of financial aid for room and board must be considered. Verification of financial aid must be received by the administrator. It is the applicant's responsibility to provide the necessary information.

Municipalities should require applicants to provide detailed financial aid information to determine that which is specifically earmarked for school and which portion is, or can be used, for living expenses.

Support Service payments received by ASPIRE participants are not to be counted as income whether paid directly to the vendor or issued to the ASPIRE participant through Electronic Benefit Transfer (EBT) during the time of intended use.

Income deemed available to an applicant during the application process due to unverified expenditures in the previous 30 day period may change during the next 30 days. If the applicant can submit missing verification and it is found to be acceptable, eligibility may be determined using the 30 day period from the original application date.

Income deemed available to a repeat applicant during the application process due to misspent expenditures in the previous 30 day period is to be considered available to the applicant. This may create a 30-day ineligibility period (§ 4315-A).

If an applicant, whether an initial or repeat applicant, receives a lump sum payment and cannot verify the amount, date of receipt and expenditures from the lump sum, a denial can be placed on the case for up to twelve months from the application date unless the information is received. If the date of receipt and amount are known, but expenditures are not, the length of denial should not be longer than what the amount allows, beginning with the date of application (§ 4301 (7)).

The household of an initial applicant that is otherwise eligible for emergency assistance may not be denied emergency assistance solely on the basis of the proration of a lump sum payment. However, in such cases, subsequent applications are subject to the proration and all other standards established under GA law, regulations and municipal ordinance.

Lump sum payments are to be prorated over future months. The period of proration is determined by deducting any portion of the lump sum that the applicant or recipient can verify was spent on basic necessities. Basic necessities include, but are not limited to, all basic necessities allowed by General Assistance; reasonable funeral and burial expenses for a family member; reasonable travel costs related to an illness or death of a family member; repair and replacement of essentials lost due to fire, flood, or other natural disaster; repair or purchase of a vehicle essential for employment, education, training, or other day-to-day living necessities; repayments of loans or credit, the proceeds of which can be verified as having

been spent on basic necessities; and payment of bills earmarked for the purpose for which the lump sum is paid.

All income received by the household between the receipt of the lump sum payment and the application for assistance is added to the remainder of the lump sum and the total is then prorated. The period of proration is then determined by dividing this total by the greater of:

a. the verified actual prospective thirty day budget for all of the household's basic necessities or,
b. by 150% of the applicable federal poverty guidelines.

The end result is the number of months in the proration period starting on the date the lump sum was received. The prorated sum for each month must be considered available to the household for 12 months from the date of application or during the period of proration, whichever is less.

Example:

10/1/01	GA application date Client requests assistance with utility Household of (1)	
9/1/01	Lump Sum was received	=$12,000
	Lump sum was an insurance settlement	
	Allowed Expenses:	
	Medical Bills	$4,500
	Rent	$1,000
	Travel Costs (Medical)	$ 100
	Car Purchased for new job	$4,000
	VISA payment (verified paid on utilities)	$ 140
	Food (2 months)	$ 270
	Personal	$ 70
		$10,080
		$12,000
		- $10,080
		$ 1,920
8/6/01	Client started job	
	net wages= $95.00 weekly x 4 weeks	+$ 380
		$ 2,300
	Federal Poverty Level for 1	$ 1,108

$2,300 ÷ $1,108 = 2.1
(2 months & 3 days)

*Eligibility is for 30 days
1/10 of 30 is 3

Client would potentially become eligible on 11/4/01.

If the applicant's verified actual prospective thirty day budget for all of the household's basic necessities was more than $1,108, the GA administrator would use that figure in the budget.

Example:

Verified actual 30 day budget for basic necessities:

Rent	$ 850
Food	$ 235
Lights	$ 95
Personal	$ 55
Medical	$ 60
	$1,295

$2,300 ÷ $1,295 = 1.8
(1 month + 24 days)

Client would be eligible on 10/25/01.

If client requests assistance because of a utility disconnect and is an initial applicant, the client may be granted to alleviate the emergency as long as all other eligibility is met.

Earned income tax credit (E.I.T.C.) is an available resource for low income persons who have had a work history within the past year. Applicants should be required to apply for this resource and to report the tax credit when received, if they meet this criteria (§ 4317).

ALLOWABLE EXPENSES

When determining prospective earned income, necessary work-related transportation and dependent care costs should be deducted from the prospective earned income. Do not deduct work-related expenses from unearned income (§ 4301 (7B)).

Unless otherwise specified in the municipal ordinance, the budgeted allowances for all transportation costs are to be capped at the allowed mileage rate in the ordinance. Expenses for vehicle registration, payments, insurance, repairs and emission control testing are included as part of that mileage allowance. All allowable work-related expenses are to be deducted from earned income before applying the income to the tests to determine the deficit or unmet need.

The expenditures for transportation, when determining a repeat applicant's use of income for the previous 30-day period is subjective. If public transportation is available, the need for allowances for transportation should not exceed the bus fare, etc. If the applicant is not working and has a vehicle, it should be determined whether or not the applicant can get to

a food store or to a doctor, when necessary, by means other than the applicant's vehicle. Such elements as distance, remoteness, availability of family and neighbors should be factored into a decision.

For example, Jill Osborn has two children and lives in a municipality that provides no public transportation. She works twenty hours a week at minimum wage. She lives five miles from work and has no neighbors or family to provide transportation needs. The administrator budgets $.28 a mile (current cap in ordinance) for the transportation expense and deducts this amount from her net income. When verifying use of income for the past 30 days, Jill verifies that she had registered her vehicle for $76 and paid $50 for mandatory car insurance. The administrator decided that since it was necessary for Jill to have transportation to continue working, the expenditures for car registration and car insurance were allowable. These expenditures were not considered to be misspent.

It is important to project transportation costs at the capped mileage rate and child care costs as work related expenses when budgeting. It is equally important to allow reasonable, verified transportation expenditures when determining use of income for the past thirty days.

In another example, Julie Jones is a mother with one child. She lives near the center of town where she can easily obtain food and medical care. Her only income is TANF. When projecting the budget for the eligibility period, she is not allowed any mileage for transportation as she is not employed. When determining use of income, Julie verifies that she registered and insured her vehicle. Since the vehicle is not a necessity in this situation, expenditures for the vehicle should not be considered allowable and the monies used should be considered as still available to her.

Child support payments, when ordered by the court or Department of Health and Human Services, should be an allowable expense if verified as being made. Any payment made in excess of the ordered amount is to be considered as still available to the applicant's household. If, as the result of making the ordered payment, the applicant is eligible for General Assistance, a requirement should be made to petition the Department of Health and Human Services or the court, whichever is appropriate, to get the ordered payment lowered.

When deciding which payments made are allowable expenses, only the basic amount should be considered. For example, when a telephone is medically necessary, only allow the basic rate (§ 4301 (1)). Do not allow long distance calls unless made to a physician. Do not allow additional insurance coverage necessary due to driving convictions such as OUI offenses or poor driving record.

VERIFICATION OF EXPENDITURES

Applicant(s) will be responsible for providing any and all information and documentation concerning need including, but not limited to, resources, assets, employment, income and use thereof, expenses and any changes in information previously given for all members of the household that would affect eligibility for all members (§ 4309 (1A)).

For repeat applicants, in regard to receipts, all available receipts should be seen by the administrator (§ 4315-A). The administrator may or may not retain copies of the receipts in the case file. Documentation that receipts were seen should be included in the case file.

When receipts are not available, other methods may be used to verify use of income such as phone calls made to utility companies, fuel dealers and landlords. Written, signed statements from a vendor are acceptable. Municipalities which require receipts for purchases of food and/or household supplies should inform applicants that these receipts will be required. Receipts for food may show that some of the food was purchased with Food Stamps. This portion would not be considered in determining use of income.

In kind contributions to the household or on behalf of the household are to be considered income and, therefore, are subject to verification procedures (§ 4301 (7)). If the household income is verified as being spent on basic necessities, any additional payments made by others on behalf of the household is still to be considered as available income. Accordingly, in kind payments and payments for cable, credit card debt, personal loans, car payments, all fines including court fines and related court costs, etc. are to be considered as misspent.

Misspent income includes income-in-kind received, or paid for, by a General Assistance repeat applicant from sources, including friends or relatives, for the payment of bills not considered to be necessary such as cable bills, credit card debt, fines, tobacco and alcohol products, etc. and will be considered as available to the applicant when determining use of income for the previous 30 day period (§ 4315-A).

Income expended that cannot be verified is to be added to the 30 day prospective income. Income expended for unallowable expenses, verified or not, is to be considered misspent income and is to be added to the 30-day prospective income (§ 4315-A).

For example, a REPEAT applicant applies on June 19 and the only income is $418 TANF. She would need to verify expenditures for the TANF check received in June. She has a rent receipt dated June 4 for $350.00 and a cable receipt dated June 7 for $14.00 She has no other receipts. She states she has used no cash for food because her Food Stamps were sufficient. She says she paid $30.00 on her light bill, but has no receipt. A telephone call to the power company confirms a $30.00 payment on June 10.

Type of Income	Amount
TANF	$418.00
Income Rec'd not spent on basic necessities	$38.00
Total monthly household income	$456.00

(Dates of payment are very important. A payment to the power company on May 26 would not explain expenditures made with income received within the last 30 days and would not be considered.)

In this example, the verified expenditures for the income received within the prior 30 days total $394.00. Of this amount, $14.00 was verified as an unallowable expenditure. Of her total income, $380.00 was verified as being spent on allowable expenses. The remaining income of $38.00 ($14.00 verified, but not allowed, and $24.00 not accounted for) is to be considered as still available. Her prospective income for the next 30 days is to be $456.00.

This includes her July TANF of $418, verified misspent money of $14.00 and unverified expenditure of $24.00.

INTERIM ASSISTANCE

The Department has entered into an agreement with the Social Security Administration to institute an Interim Assistance Reimbursement program to repay state and local funds expended for assistance to Supplemental Security Income (SSI) applicant/recipients while the SSI payments are pending or suspended. Under this agreement, any General Assistance funds provided for an individual who is found eligible for SSI must be repaid from the retroactive SSI check (§ 4318).

There are two types of authorization. The initial payment authorization is used for individuals who have not received SSI payments or whose benefits have been terminated for at least one year. The posteligibility authorization is used for individuals whose eligibility for SSI has been suspended or terminated for less than one year.

Municipal General Assistance Administrators must seek authorization from each applicant who, to the Administrator's knowledge, may be eligible for SSI, has applied for SSI, or who is waiting for benefits which have been suspended. The Department of Health and Human Services has the responsibility to provide the necessary forms to initiate this agreement. As a condition of eligibility, written authorization to have the retroactive SSI check sent to the State must be given by the recipient. Failure to provide written authorization will result in the denial of General Assistance for the recipient until the authorization is signed. Assistance will be provided for the time period beginning with the date that the authorization is signed.

If two or more people are applying for SSI, each must sign a separate authorization form.

If the SSI applicant is a child, the authorization form is completed and signed by the parent ("Mary Smith for John Smith, Jr.-Son"). The Social Security number is that of the child.

If an individual is already receiving SSI, an authorization does not need to be signed. The authorization form is used only to deduct monies from a retroactive SSI payment. Current SSI payments are not affected. If a client's SSI monthly payments are suspended or terminated, the client should be required to appeal or file again. The individual must sign a <u>posteligibility authorization</u> for reimbursement of moneys from a potential lump sum.

There are two check off boxes on the authorization form. One box is for the initial payment authorization and one box is for the posteligibility authorization. The form is to be used for only one payment. Only one box can be checked off. If both boxes are checked off the form is not binding on the state or the client.

The authorization form has 4 sheets. The Department is sent the original. Copies are sent to the local Social Security Office, the client, and the client's file. The signed authorization form must arrive at the Social Security Office within 30 (thirty) days of the signing or the form is no longer binding and a new form must be signed. The municipality and the State could recoup only for any assistance granted after the second form was signed. The

municipality and the State would lose any reimbursement for assistance given before the date on the form that was received at the Social Security Office within the thirty (30) days of being signed.

Federal regulations require the Department of Health and Human Services to issue any difference between the SSI retroactive lump sum payment and the General Assistance provided for the individual to the client or the representative payee within ten working days of receipt of the retroactive payment.

When the SSA notifies the Department that an individual has been found eligible for SSI benefits and will be receiving a retroactive check, the Department will request the following information from the municipality **by month for each month of receipt**:

a. 1. The amount of General Assistance provided for the individual.

- Most individuals are one-member households, however, if the individual receiving the SSI retroactive check is part of a household which received General Assistance, only the prorated amount of the General Assistance that was for the SSI recipient is reimbursed to the State and municipality. In other words, if the individual is part of a four person household, only one-fourth of the General Assistance benefit is reported for reimbursement purposes. Any General Assistance benefit provided specifically for the SSI recipient is added to the prorated amount.

2. The number of hours that the individual performed workfare for the municipality and the monetary value placed on each hour of workfare performed. The individual must be credited with at least minimum wage for each hour of workfare. **The value of workfare performed by the individual during the applicable time period will be subtracted from the General Assistance amount reported in 1. above.**

3. The percent of reimbursement that the municipality previously received from the State for General Assistance payments made for the client.

Once the Department has received the information from the municipality, a check will be issued to the municipality and to the individual. The amount of the check to the individual will be the amount of the retroactive SSI check, minus the amount of General Assistance paid on behalf of the client (after the value of any workfare performed by the individual during the applicable time period has been subtracted). The Department will follow the instructions of the Interim Assistance Reimbursement Handbook as provided by the Social Security Administration. There will be times when the amount of General Assistance reimbursed is less than the amount provided. The Department is not responsible when the client's share, if any, is insufficient to cover any debts incurred by the client during or prior to the interim period, including attorney's fees.

The amount of the check to the municipality will be the applicable percent of reimbursement for the month that General Assistance was provided for the General Assistance amount minus the value of workfare by the individual. If the State has already reimbursed the municipality for 100% of the value of the General Assistance benefit minus the value of the workfare, no further reimbursement will be made to the municipality.

If the amount of deduction, reimbursement to the client, or reimbursement to the municipality is found to be the wrong amount and the municipality has been overpaid, the municipality must issue a check to the Treasurer, State of Maine or ask the Department to withhold from future reimbursements the appropriate amount.

Note: The amount of reimbursement received by the municipality through the Interim Assistance Reimbursement agreement is not to be reported back to the Department on the 099 (Statistical Report). These reimbursements are not reported as reimbursement received directly from clients or from other municipalities.

If the client is found eligible for SSI benefits and the SSI retroactive payment is sent to the client in error instead of to the State, the municipality can seek to collect this amount from the client through civil court action or other legal remedy. §4318

PARENTAL/SPOUSAL RESPONSIBILITY

A municipality MAY contact the parent(s) of any applicant for general assistance who is under the age of 25 and whose parent(s) live in or own property in the State of Maine. The purpose of this contact is to determine the ability of the parent(s) to financially support the applicant. Parents should be informed of their financial responsibility. If the parents are willing to provide assistance for the applicant, the application may be denied (§ 4319 (1)).

Spouses of applicants are financially responsible for each other. Spouses may be contacted to determine their ability to financially support the applicant if the spouse lives in or owns property in the State of Maine (§ 4319 (1)).

In determining the ability to pay, whether it is a parental or a spousal responsibility, the municipality should consider actual expenses of the parent(s) or spouse and not use the maximum limits for basic necessities as used for the general assistance applicant.

IN NO EVENT SHOULD A PARENT OR SPOUSE BE CONTACTED IF THE SEPARATION INVOLVES ANY TYPE OF DOCUMENTED ABUSE - PHYSICAL, MENTAL OR EMOTIONAL Documentation may be supplied by DHHS, police, counselors, etc. Sometimes the abuse is evident to the administrator through apparent bruises or knowledge of the applicant's family history.

In instances when the applicant's parents or spouses will be contacted about financial responsibility, the applicant should be informed of the potential contact and why. Applicants have the right to withdraw their application if they do not want certain contacts made.

Parents or spouses who refuse to provide financial information may be billed for the assistance issued on behalf of their children or spouse (§ 4318).

Applicants should not be denied solely because parents or spouses refuse to release financial information.

PREGNANT MINORS OR MINORS WITH CHILDREN

Minors: A minor under the age of 18 who has never married and is applying independently for general assistance and who is pregnant or has a dependent child or children will be eligible to receive general assistance only if the minor is residing in the home of his or her parent, legal guardian or other adult relative, in which case the entire household will be evaluated for eligibility. Exceptions to this limitation on eligibility will be made when:

1) the minor is residing in a foster home, maternity home, or other adult supervised supportive living arrangement; or

2) the minor has no living parent or the whereabouts of the parents are unknown; or

3) no parent will permit the minor to live in the parent's home; or

4) the minor has lived apart from both parents for at least one year before the birth of any dependent child; or

5) the Department of Health and Human Services determines that the physical or emotional health or safety of the minor or the minor's dependent child or children would be jeopardized if the minor and his or her child or children lived with a parent; or

6) the Department of Health and Human Services determines, in accordance with its regulation, that there is good cause to waive this limitation on eligibility (22 MRSA §4309.4).

MUNICIPAL WORK PROGRAM

As a condition of eligibility, a municipality may require an otherwise eligible person who is capable of working to perform work for the municipality or work for a nonprofit organization which has agreed to participate in the municipal work program (also known as Workfare). Such work cannot be used to replace regular employees of the municipality or nonprofit organization (§ 4316-A (2)).

The municipality may also, as part of the municipal work program, require individuals to participate in training, educational or rehabilitative programs that would assist the recipient in securing employment (§ 4316-A (2)). Participation in such training, educational or rehabilitative programs will not be considered workfare for reimbursement purposes if the participant is able to repay the municipality back in the future.

The maximum length of time which can be required of a participant in a municipal work program is determined by dividing the General Assistance benefit by an amount equal to at least the minimum wage (§ 4316-A (2A)).

An individual cannot be required to work for a nonprofit organization if that work would violate the individual's basic religious belief (§ 4316-A (2B)).

Once assignment is made to the municipal work program or a work requirement is made, an applicant is responsible for completing the assignment. If subsequent action(s) by the individual result in incarceration which results in the inability of the individual to complete the assignment, just cause will not be granted. Failure to fulfill any eligibility requirement due to incarceration as a result of an applicant's action after the requirement has been made will not result in good cause. The individual cannot be assigned work which is beyond the physical or mental capabilities of the individual (§ 4316-A (2G)).

Expenses related to work performed under this section must be considered in determining the amount of General Assistance to be provided to the individual (§ 4316-A (2E)).

The municipality must identify General Assistance provided for work performed by an individual participating in the municipal work program (§ 4316-A (2)).

Individuals in need of emergency assistance cannot be required to perform work prior to receiving General Assistance. An individual who is not in need of emergency assistance

may be required to fulfill a workfare requirement satisfactorily prior to receiving the nonemergency assistance. This requirement is known as "workfare first". Workfare first is a condition of current assistance. Participation in the municipal work program is a conditional requirement for future General Assistance (§ 4316-A (2)).

The amount or value of workfare performed does lessen the amount for which the applicant can repay such as, in the cases of a Workers' Compensation settlement or an SSI retroactive payment. When a client who has signed a lien is awarded a Workers' Compensation award, the value of the work performed in the municipal work program during the applicable time frame is deducted from the amount of the General Assistance paid out on behalf of the client prior to reimbursement. Clients who sign an Interim Agreement Reimbursement agreement and then receive an SSI retroactive payment will have the value of the work performed in the municipal work program during the applicable time period deducted from the amount of General Assistance paid out on their behalf prior to reimbursement. (See Interim Assistance) Workfare clients are not employees of the municipality and therefore are not covered under Workers' Compensation. Medical bills for workfare injuries not due to municipal negligence are to be submitted to the Department.

DISQUALIFICATIONS

When applicants for General Assistance are disqualified, regardless of the reason, written disqualification notices are to be sent to the GA applicant/recipient as soon as the infraction is known. Municipalities should not wait for the client to reapply or to come in on their own. Disqualification notices are to give the reason for the disqualification, the time period involved, information regarding the establishment of good cause and fair hearing rights (§ 4321).

Disqualifications are effective statewide. Disqualified recipients are not to be found eligible for General Assistance anywhere in the state unless the disqualification is lifted by the municipality which initiated the disqualifications. In no event may a disqualification period exceed 120 days per application.

The Department has a statewide tracking system where municipalities should be reporting disqualified applicants. Municipalities should contact DHHS to verify whether applicants are currently disqualified by any other municipality.

The 120 day disqualification period due to non-compliance with any work requirements shall follow the applicant if he/she should apply elsewhere during the 120-day period unless he becomes employed or complies with the work requirements (§ 4316-A (4)). The 120-day disqualification period also affects false representation (§ 4315).

SECTION VI. MUNICIPALITY OF RESPONSIBILITY

Municipalities shall provide General Assistance to all eligible persons at the expense of that municipality (22 MRSA §4301(1)). Whether a resident or not, if a person presents himself

to make application for assistance, he shall be allowed to apply and if eligible, assistance shall be provided. No municipality may establish a durational residency requirement for General Assistance (§ 4307 (3)).

A municipality is responsible for the General Assistance support of the following (§4307 (2)):

1. a resident of the municipality; and
2. eligible persons who apply for assistance and who are not residents of that or any other municipality. If a person is not a resident of any municipality, where the person first applies shall be responsible for support until a new residence is established.

When determining the responsible municipality, the determination of where the applicant spent the previous night is not sufficient. Transient people will usually become the responsibility of the municipality where they apply, regardless of where they have lived prior to the application date.

Municipalities are responsible for taking applications. This does not necessarily mean they are financially responsible. If assistance is granted without notice or agreement with a second "responsible" municipality, the first municipality is responsible for payment for the assistance granted (§ 4307 (5)).

A resident is defined as a person: (§ 4307 (2A))

1. who is physically present in a municipality;
2. who intends to remain in that municipality;
3. who maintains or intends to establish a home in that municipality; and
4. who has no other residence in another municipality.

If an applicant is in a group home, shelter, rehabilitation center, nursing home, hospital or other institution for six months or less or had a residence immediately prior to entering the institution and intends to return to that residence, the municipality of responsibility shall be the municipality where the applicant was a resident immediately prior to entering the institution. If the applicant had no residence immediately prior to entering the institution, the municipality of responsibility shall be the municipality where his institution is located at the time of application. When the applicant leaves an institution, even temporarily, the municipality of responsibility may change (§ 4307 (4B)).

NOTE: Nursing home residents sign an "intent to return" statement upon entering the institution.

A hotel, motel or similar place of temporary lodging is considered an institution when a municipality:

1. grants financial assistance for a person to move or stay in temporary lodging;

2. makes arrangements for a person to stay in temporary lodging; <u>or</u>

3. illegally denies housing assistance and, as a result of that denial, the person stays in temporary lodging.

For purposes of this Chapter, rooming houses are not to be considered temporary housing. Rooming houses, when residents reside there for more than 28 days, are to be considered the person's primary residence and as such, are exempt from sales tax by the owner. In our mobile society, rooming houses are no more temporary than apartments and for many of the general assistance single population, rooming houses become permanent housing.

Overseers of a municipality shall not move or transport an applicant or recipient into another municipality to relieve their municipality of responsibility for the applicant's or recipient's support (§ 4307 (4)). The penalty for moving or transporting an applicant or recipient to avoid municipal responsibility and for illegally denying an applicant which results in relocation is, in addition to the other penalties provided in this Chapter, to reimburse twice the amount of assistance to the municipality which provided the assistance to that person (§ 4307 (1)).

If two or more municipalities dispute an applicant's residency and the municipalities are unable to settle the dispute themselves, they may ask the Department of Health and Human Services to resolve the dispute. When a municipality notifies the Department, either in writing or by telephone, that there is a dispute, the Department will render a written decision to resolve the dispute within 30 days. In the interim, the municipality where the applicant has applied shall use its own general assistance ordinance to determine levels of assistance when the person is eligible for assistance (§ 4307 (5)).

The issues of residency and municipality of responsibility are outlined in 22 MRSA 4307. They are complicated issues. When there is a dispute, the municipalities should try to resolve it prior to contacting the Department. The applicant should never be placed in the middle of a dispute concerning responsibility. All persons who wish to file an application should be allowed to do so. If a municipality believes that an applicant is not its financial responsibility, that municipality is still responsible for taking an application.

The municipality requesting assistance in resolving the dispute must demonstrate that a good faith effort has been made to resolve the dispute (e.g., discussion with the other municipality). In order for the Department to resolve successfully any disputes with regard to residency, the municipality making the challenge shall promptly submit to the Department (§ 4307 (6)):

1. the applicant's name and current address;

2. the applicant's previous residence;

3. the applicant's place of employment; and

4. any pertinent information with regard to the applicant's residence in any other municipality.

The Department will render its decision in writing, will state the sources of information relied upon, and include findings of fact and conclusions of law. A municipality or person aggrieved by the Department's decision may file an appeal as provided by law.

After the Department's decision has been rendered, the owing municipality shall reimburse the municipality that provided the assistance within 30 days. If at the end of this 30-day period payment has not been received, it is the responsibility of the municipality owed the money to notify the Department of non-payment by telephone or letter within 30 days of expiration of the deadline for payment.

Upon notification of non-payment, the Department shall reimburse the municipality owed the money. The owing municipally will be given written notice of the Department's reimbursement. The Department shall require payment by one of the following methods:

1. withholding that amount from reimbursable funds due;
2. referral to the Treasurer, State of Maine who shall withhold that amount from funds due the owing municipality from tax revenues, fines or fees; or
3. direct billing to the owing municipality

It shall be the responsibility of the municipality alleging that the client is the responsibility of another municipality to notify that municipality in writing that the client now resides in that municipality. The notice should include information that lends itself to the establishment of residency, i.e., name, former address, parents and relatives in the area, etc.

RELOCATION

A municipality may assist an applicant or recipient to relocate only if the applicant or recipient requests a relocation. Relocation is defined as granting financial assistance to relocate and making arrangements for a person to relocate. Making arrangements means finding shelter in another community or referral to shelter in another community. If a municipality provides assistance for an applicant or recipient to relocate in another municipality, the sending municipality is responsible for all basic necessities requested by that person for 30 days after relocation to permanent housing, provided that he remains eligible for such assistance in all respects other than residency (§ 4307 (4)).

Municipalities may elect to assist an applicant who requests assistance to move to another municipality. However, if adequate housing is available in the municipality where the applicant currently resides, there is no obligation on the part of the municipality to relocate the applicant.

If housing assistance is requested, the applicant is eligible, and there is no adequate available housing locally, then relocation to another municipality would be warranted. If the relocation is to temporary housing, the financial responsibility may last for up to six months. A relocation into temporary housing should be followed by requirements to find permanent housing as soon as possible. If the relocation is to permanent housing, the financial

responsibility of the municipality which relocated the household ends after 30 days of the move (§ 4307 (4B)).

If an applicant relocates on his/her own, the municipality from which that applicant has moved has no financial responsibility unless that municipality has illegally denied assistance which resulted in the relocation.

SECTION VII. RETENTION OF RECORDS AND FAIR HEARING TAPES

The Department recommends that the audio tapes of municipal fair hearings for General Assistance be kept as part of the case record for a minimum of three years. This is in conjunction with regulations from the Local Government Records Board. Tapes may be erased or destroyed only if the activity has been transcribed and entered into the case record in written form.

All case records, shall be retained at the local level for a minimum of three full years. The three full years shall coincide with the State's fiscal year which begins July 1 of any given year and ends on the following June 30. Records may be destroyed after three years. The preferred method of destroying confidential records is by supervised burning or shredding.

The process and method of destroying records should be determined by the local government records officer in each municipality. Any questions should be first addressed at the local level of government.

IF CASE RECORDS INCLUDE LIENS OR LITIGATION ACTIVITY, PERTINENT INFORMATION SHOULD BE RETAINED FOR FUTURE USE. TO PROVIDE VERIFICATION OF REPEAT APPLICATION, YOU SHOULD ALSO RETAIN ORIGINAL APPLICATIONS AND/OR CASE HISTORY.

NOTE: General Assistance records are part of the total municipal records. Be sure to follow procedures as set in statutes with the Local Government Records Board.

SECTION VIII. FORMS

If forms used in the General Assistance eligibility determination process are different than those provided by Maine Municipal Association, copies must be submitted to the Department of Health and Human Services. These forms may include the following:

- Initial Application form
- Reapplication form
- Client Release form
  (which should be client specific, reason specific, and time dated)
- Bank Verification form

- Use of Income Requirement form
- SSI/SSI Claim Verification form
- Job Search form
- Physician's Verification form
- Landlord form
- Decision Sheet
- Unemployment Compensation Verification form
- Employer's form
- Client Relocation form

SECTION IX. ORDINANCES FILED WITH THE DEPARTMENT

Municipalities are required to submit a copy of their General Assistance ordinance and subsequent amendments to the Department of Health and Human Services for filing (§ 4305 (4)).

The Department shall acknowledge the receipt of each municipal General Assistance ordinance and any subsequent ordinance amendments as submitted. If the municipality elects to enact the Maine Municipal Association model ordinance, it shall so advise the Department by submitting a copy of the cover sheet. If changes are made to the model ordinance, the municipality must highlight those changes, and submit them to the Department. Those municipalities which do not use the MMA model ordinance must submit their entire ordinance.

The Department shall file these ordinances/amendments upon receipt. The Department shall acknowledge receipt of ordinance/amendments with a letter to the municipality.

The Department shall not be estopped from subsequently finding that a municipality's ordinance is in violation of the General Assistance statutes. The Department may initiate a program or case review of the municipality's General Assistance program. The review may be initiated as a result of a complaint. The review will include whether or not the municipality has submitted its current ordinance/amendments to the Department. Primarily, the review will determine whether the ordinance/amendments conform to the provisions as set at 22 MRSA 4301-4323. The ordinance will need to contain requirements for a hearing process which need to comply with standards set forth at 22 MRSA 4322.

Upon receipt of the Department's findings, the municipality may, if dissatisfied with the decision, request a fair hearing as provided at 22 MRSA §4323(4). If a municipality requests a fair hearing, the Department shall stay all penalties pending a fair hearing decision. If the Department wins the fair hearing, penalties may be imposed as described in Section VII of this manual.

If the municipality elects to incorporate changes required by the Department, it shall submit a plan of correction within 30 days of receipt indicating those areas that will be changed. Upon receipt of a municipality's plan of correction, the Department will notify the municipality, in writing, whether the Department has accepted the plan of correction. If the plan is acceptable to the Department, the municipality must enact the changes found

necessary within 60 days of receipt of the Department's notification (§ 4323 (2)).

If the plan of correction is not acceptable, the Department shall notify the municipality in writing, stating the portions which remain unacceptable and shall work with the municipality to achieve an acceptable plan of correction. The Department may also impose appropriate penalties as discussed in Chapter VIII, Section VII. If a municipality requests a fair hearing, the Department shall stay all penalties pending a fair hearing decision.

SECTION X. REVIEW OF MUNICIPAL ADMINISTRATION OF GENERAL ASSISTANCE

The Department of Health and Human Services shall review the administration of General Assistance on a regular basis. The review shall be conducted during normal business hours of the Department. Appointments for program reviews shall be scheduled at least 48 hours prior to the review being held, unless a lesser time allowance is acceptable by both parties. The General Assistance administrator or his designee shall be available during the Department's review and shall cooperate in providing all necessary information 22 MRSA §4323(1).

At the Department's discretion, municipalities with very little General Assistance may be reviewed by mail and/or by telephone. The Department will consider the amount of General Assistance expended, the number of cases and cost effectiveness when considering if an on-site review is warranted. Any municipality which receives a mail review may request an on-site review by the Department's representative. Those municipalities which are reviewed by mail or telephone should have an on-site review at least once every three years.

The Department's representative shall first conduct an entrance conference. Either by phone at the time of scheduling or in person prior to the review, there should be an entrance conference which allows the examiner to explain to the administrator the purpose of the review, the scope of the review (fiscal/case records), the time period to be reviewed and the case selection process. At the entrance conference, the Department's representative shall determine that an updated general assistance ordinance is available for review by all applicants upon request and that a notice of its availability is posted. The same is true for the statutes pertaining to general assistance. Notice is to be posted which lists regular business hours, an emergency phone number to be called outside of business hours, the name of a person to be contacted in an emergency, the requirement that written decisions are to be issued within 24 hours, and the Department's toll-free number for reporting alleged violations. Notices stating the availability of statutes and ordinances, the posted hours, emergency numbers and contacts, decision deadlines, and the Department's toll-free number must be posted in plain sight 24 hours a day. This means that a notice placed on a bulletin board, etc. in a building which is locked after normal business hours will not be acceptable.

A fiscal review will be necessary to allow the examiner to verify that the amount submitted to the Department for reimbursement is the amount of General Assistance paid to vendors

for direct costs of the program. This is done by reviewing bills paid, computer printouts, ledgers and warrants or a combination of these. It is imperative that no administrative costs are billed to the Department. If client or municipal reimbursements are reported, the examiner is to review the process used to arrive at the amount reported to ensure that the reimbursement formula (10%-50%-90%) was used properly so the municipality and the state gets their correct share. Municipalities are only to report on the 099 statistical report form the amount of the state's share which will then be subtracted from the reimbursed amount.

Statistical reports (the 099 form) are to reflect information which coincides with the claim for reimbursement. Case numbers, TANF cases, payments made, etc. are to correspond to the payments made for the reporting period.

During the case review, the Department's representative will determine at least the following:

a. applications are on file;

b. a budget is completed to determine a deficit in every case;

c. a budget is completed to determine unmet need in every case, whenever there is a deficit or an emergency exists;

d. unverified expenditures and expenditures verified as misspent are added to prospective income as misspent income and are considered as available, unless the applicant is considered to be a first-time applicant;

e. the lesser of the deficit or unmet need is the amount granted unless an emergency exists which could not have been averted by the applicant's use of income and resources;

f. there is a narrative statement of case activity in emergency situations. The narrative statement in the case record should indicate the emergency and the reason for granting more than the maximum allowed;

Situations may arise resulting in the need for exceeding limits of assistance. There may also be times when a particular situation needs to be treated differently to the extent that normal procedures are not adequate. In these types of situations, narratives are important. If a narrative is not in the case record, the administrator will be expected to explain the decision. Narratives are necessary so, upon review, the actions of the administrator or the procedures used, are clear to the extent that the reviewer can ascertain whether or not the administrator had sufficient information at the time of the decision. It also allows the administrator to explain the decision that was made. The reviewer shall accept a decision made by the administrator if it can be shown that the administrator knew what regular procedures should have been followed, but had valid reasons for treating a particular situation differently. If an administrator routinely uses procedures which are in conflict with applicable laws and regulations, the particular program may be found to be in violation and subject to the penalty process.

g. if an emergency application is made outside of normal working hours, and the applicant fails to appear later to document eligibility, the case record, in lieu of an actual application/budget, must include a narrative explanation describing circumstances which led up to the granting of assistance;

h. there is a written decision given in each instance that eligibility is determined/redetermined, granted, denied, reduced, terminated or suspended and specific reasons for the determination are given;

i. the client is apprised of fair hearing rights; and

j. the decision form lists the Department's toll-free number.

k. applicants are required to sign an interim assistance reimbursement authorization if they are waiting for an initial eligibility determination for SSI or are waiting for a posteligibility determination due to suspension or termination of SSI benefits.

The preceding list is not inclusive of all areas subject to review. Any legislation enacted by statute regarding client rights, Department or municipal responsibilities, cost-saving measures or any legislation enacted as emergency legislation will be subject for review upon the effective date of legislation.

The Department may, at a regular review or case review, audit the grants, expenditures, and computation of SSI reimbursements.

The case review will require the Department's representative to examine fiscal records of the municipality as they relate to each case reviewed. The case review and fiscal review will consist of an examination of municipal records relating to the month to be reviewed. The case review shall examine the period for which that fiscal appropriation is granted beginning with the corresponding application date and 30 days forward.

The Department's representative shall review a limited number of cases in each municipality. The following table sets out the minimum number of cases that will be reviewed:

No. Cases Monthly	Minimum Reviewed
1 - 25	10
26 - 50	20
51 - 100	30
101 - 150	40
151 - 200	50
201 - 300	60
301 - 400	75
More than 400	90

In addition to reviewing active case files, the Department's representatives shall request cases which have been denied assistance. Reasons for denial, notices of ineligibility, etc. need to conform to ordinance and statute provisions. All case actions, including those involving denials, must be retained at the local level for a minimum of three years. The review of denied cases may extend beyond the time period used for the active file record.

Once the Department's representative has finished the case review, he/she will conduct an exit conference with the General Assistance administrator or his/her designee. The representative shall provide the municipality with written findings of the case review indicating any program violations he/she believes have been made and penalties that may be imposed by the Department. The purpose of the exit conference is to advise the administrator/designee of those program violations that appear to exist and corrections that will need to be made before compliance with the statutes can be achieved. The representative and the administrator shall both sign the exit conference form. The administrator may write comments on the form. If the administrator refuses to sign the form, it shall be so noted by the Department representative. The administrator's signature does not signify agreement with the review findings. It signifies that the review findings have been discussed with the Department's representative.

If the administrator is not in agreement with the findings of the exit conference, he/she is to be informed by the Department's representative that a written response should be sent to the Department within 10 days of the exit conference. Information provided to the Department shall be considered before a final determination is made relative to the General Assistance review conducted by the Department representative.

Municipalities that are found to be in compliance with the requirements of Chapter 1161 (22 MRSA-4301-4323) and these regulations at the time of the review shall be notified in writing at the exit conference and by letter from the Department.

Municipalities that are found to be out of compliance with the requirements of Chapter 1161 and these regulations after the ten day period from the date of the exit conference shall be notified in writing by the Department. Municipalities shall have thirty days to submit a plan of correction which is to specify what action shall be taken in order to achieve compliance. The written plan must be specifically targeted to the violations found. The Department shall work with the municipality in developing an acceptable plan of correction (§ 4323 (2)).

If the plan of correction is accepted by the Department, the municipality shall receive a written response from the Department stating that the plan of correction is acceptable and that another review will be done within sixty days.

If, at the subsequent review, the same violations are found, the Department may withhold reimbursement relative to General Assistance payments made after the initial notification of non-compliance has been issued until compliance is met. If, at the subsequent review, the previous violations have been corrected, but other violations are found, the penalty process begins again with no immediate threat of withholding.

If a plan of correction is not filed with the Department within the thirty day period, the Department shall send written notification that a plan of correction has been requested, that none has been received, and that withholding will take place.

If a plan of correction is filed with the Department but is found to be unacceptable, the Department shall send written notification to the municipality that the submitted plan is unacceptable and what is needed for a new plan of correction.

The Department may conduct a review upon complaint or when the Department believes that a municipality is violating the General Assistance statues. When the Department receives a number of similar complaints, it shall conduct a case review. The Department may find it necessary to conduct an in-depth case review if during the initial review it discovers a significant number of errors or inconsistencies in the case files being reviewed. This may require the Department to conduct interviews with clients, vendors, advocates, etc.

The Department may decide not to investigate a complaint if it is not warranted. Such decisions will be based upon a case-by-case analysis of the situation. Such factors as the severity of the issue, whether or not the issue is an ongoing problem, the client's needs, and the lapse of time between the alleged inappropriate action and the date of complaint which may make an accurate investigation impossible will need to be addressed in making the determination.

All Department decisions are subject to appeal as provided by 22 MRSA §4323(4).

SECTION XI. INTERVENTION

When the Department finds that an eligible person in immediate need of General Assistance has not received assistance as a result of a municipality's failure to comply with General Assistance statutes or the Department's regulations, the Department shall intervene and grant assistance as allowed at 22 MRSA §4323(3).

The Department shall ascertain from the complainant or the applicant:

1. the complainant's name;

2. the applicant's name and address;

3. the household members and the household's income, assets, and current expenses; and

4. all other pertinent facts and circumstances leading to the complaint, including, but not limited to, information about whether the complaint involves a first-time application, whether the client has been allowed to apply, whether the client is being disqualified, and whether the client has received a written decision.

The Department shall, if possible, contact the municipal official who handles General Assistance in the municipality complained against to determine the basis for the municipality's action. The Department shall clearly describe the complaint received and the statutory violations alleged to the municipal official. The municipal official shall provide information concerning facts and circumstances bearing on the complaint, applicable ordinance citations, the reasons for the decision, and any other relevant facts.

The Department, using the information supplied by the complainant and the municipality, shall determine whether the municipality acted in accordance with the requirements of state law. If the Department cannot reach the municipal official who administers General Assistance, and an emergency apparently exists, it shall grant assistance in accordance with that municipality's ordinance and state law.

If the Department has been able to contact the municipality and determine that the municipality acted incorrectly, the Department shall advise the municipality, citing the statutory or regulatory basis for that determination. The municipality shall have an opportunity at that time to reconsider its decision and to grant assistance. If the municipality does not grant assistance, the Department will grant in accordance with the municipality's ordinance and state law. The Department shall advise the municipality and the complainant of its action as soon as possible (§ 4323 (3)).

The Department shall follow up that notification with a written notice stating the reasons for the decision, citing statutory or regulatory violations and the hearing rights available. Assistance shall be limited to an amount necessary to alleviate the emergency.

If the Department determines that the municipality acted correctly, the Department shall advise the municipality and the complainant as soon as possible, and shall follow that notification with a written notice stating the reasons for the decision, applicable statutory or ordinance provisions, and the hearing rights available.

Whenever the Department intervenes, it shall bill the municipality for the expense of the assistance granted, plus 5% of the amount to defray the Department's administrative expenses.

Whenever the Department intervenes, it shall prepare an application, do a budget, etc., and send copies of all paper work, information, etc., it has used to determine the need for the intervention to the municipality.

SECTION XII. PENALTIES

GENERALLY

When the Department determines, after a program review, case review and/or ordinance

review, that a municipality is not complying with the requirements of the General Assistance statutes, the regulations promulgated thereunder, or the municipality's ordinance, it may withhold reimbursement as a penalty for those program violations.

Withholding of reimbursement as a result of a review shall not take place unless:

1) a plan of correction which has been requested is not received timely;
2) a submitted plan of correction is not acceptable to the Department and efforts by the Department and the municipality to agree on an acceptable plan of correction do not result in an acceptable plan;
3) a subsequent review, after an acceptable plan has been received, results in the same violations found at the previous reviews.

The time period for withholding shall begin when the initial notice has been sent to the municipality. Withholding will cease, corresponding to the above three instances, when:

1) a plan of correction is received by the Department;
2) an acceptable plan of correction is received by the Department;
3) a subsequent review results in compliance with the accepted plan of correction.

The Department may also refer the municipality's case to the Attorney General's Office for appropriate court action.

Any money withheld from a municipality shall not be reimbursed to that municipality, unless the Department's determination that penalties are appropriate is subsequently reversed by a hearing decision or court order.

Any penalty imposed by the Department against a municipality shall be stayed upon receipt of a fair hearing request. No further penalty will be imposed pending the fair hearing decision (§ 4322).

PROGRAM REVIEW

The total amount withheld as a result of program evaluation shall not be reimbursed to the municipality.

If any of the following listed program requirements are not found during the program review, it shall be considered a program violation:

1. Operation of a program during reasonable hours;
2. Posting of notice of General Assistance hours in a place visible to the public and who to contact in case of emergency at other times;
3. Posting of notice of availability of ordinance;
4. Plan of correction (as needed); or

5. Case files which include

   a. applications;
   b. timely written decisions;
   c. accurate notification of fair hearing rights; and
   d. the Department's toll-free number.

Monies withheld due to a program violation may be returned to the municipality if it can show that compliance existed prior to the receipt of the plan.

CASE REVIEW

If any of the following listed elements are not found in a case record during a review, (which may or may not be part of the regularly scheduled review), it shall be considered a case review violation:

1. Application(s);
2. budget(s) to determine unmet need and/or deficit when appropriate;
3. narrative statement(s) (emergencies or when maximums are exceeded only);
4. written, timely decision(s);
5. fair hearing rights;
6. Department's toll-free number.

Emergency telephone applications should be transferred to a written application form and maintained on file as any other application.

22 MRSA §4321 requires a written decision be given when assistance is granted, denied, reduced, terminated or suspended and it shall include the specific reason(s) for the action. The Department requires that a municipality maintain a copy of this decision in the client's file. This will serve as a back-up document for claims made that a written decision was not given by the municipality. It should also identify emergency situations and state reasons guidelines were exceeded.

Narrative statements will be required whenever assistance is granted in an emergency, and when the amount of assistance is more than the amount of the entitlement or more than the maximum allowed.

Plans of correction shall be required as noted in Section IV of this policy. Failure to submit plans of correction in a timely manner may result in a program review violation.

ORDINANCE REVIEW AFTER FILING

If a municipality's ordinance is reviewed upon complaint and the ordinance is not in

compliance after the plan of correction has been submitted as provided in Section III (1), the Department may, after written notification to the municipality, withhold all reimbursement due the municipality.

The time period for withholding shall begin when written notice has been sent to the municipality and will end when an acceptable ordinance has been received by the Department. Monies withheld due to an ordinance review violation may be returned to the municipality if it can show that compliance existed prior to the receipt of the plan.

SECTION XIII. REIMBURSEMENT TO MUNICIPALITIES, REPORTING

GENERALLY

Once a municipality has incurred net General Assistance costs in any fiscal year in excess of .0003 of its most recent state valuation relative to the state fiscal year, and the Department has determined that the municipality has complied with state law regarding General Assistance, it is entitled to reimbursement of 90% of their net General Assistance costs from the Department of Health and Human Services (§ 4311 (1)).

AMOUNT OF REIMBURSEMENT

1. Direct Costs

Reimbursement shall be 90% of direct General Assistance costs incurred in excess of the .0003 figure. In order to receive the reimbursement to which it is entitled, a municipality must:

a. be in compliance with all requirements of Chapter 1161 and the regulations promulgated pursuant thereto: and

b. submit monthly, in a timely manner, report forms provided to it by the Department of Health and Human Services.

Compliance with the requirements of Chapter 1161 and these regulations shall be determined, subject to appeal, by an on-site review of a municipality's General Assistance program by the Department as required by 22 MRSA §4323.

2. Administrative Costs

22 MRSA §4311 (1-B) requires the Department of Health and Human Services to reimburse each municipality for the administrative costs of its General Assistance program.

Although the term "administrative costs" has been used to describe the reimbursement amounts that municipalities may be eligible to receive in

addition to the 90% above the threshold, administrative costs are not reimbursable. A municipality may elect to use this additional reimbursement to defray their administrative costs.

In order for a municipality to receive this reimbursement, it must:

a. be found in compliance with all requirements of Chapter 1161 and the regulations promulgated pursuant thereto during the state's fiscal year for which it seeks to be reimbursed; and

b. elect to be reimbursed for:

i. 50% of all General Assistance granted up to .0003 of the most recent state valuation relative to the state fiscal year;

OR

ii. 10% of all net General Assistance costs relative to the state fiscal year;

AND

iii. submit reports to the Department of Health and Human Services monthly, quarterly, or semi-annually.

Municipalities which did not receive reimbursement at 90% during the state's previous fiscal year and do not expect to receive reimbursement at 90% for the current year may submit reports on a monthly, quarterly or semi-annual basis (§ 4311 (2B)).

The Department of Health and Human Services will provide the following information to each municipality in writing no later than April 1, of the current fiscal year:

a. current yearly threshold
b. next yearly threshold

Each municipality shall be required to notify the Department of Health and Human Services what method of reimbursement it shall elect no later than May 31st of the current fiscal year. If notification is not provided, the Department's reimbursement shall continue as previously established.

The Department of Health and Human Services will provide to each municipality all necessary forms in order that they be reimbursed within the requirements of 22 MRSA §4311.

Claims for payment for those municipalities receiving 90% reimbursement shall be processed on a monthly basis (§ 4311 (2A)).

Claims for reimbursement for those municipalities receiving reimbursement under 22 MRSA §4311 (1-B) shall be processed for payment monthly, quarterly or semi-annually. This shall correspond with the reporting schedule the municipality elects to incorporate into its policy.

Claims for payment shall be processed in the order of their receipt by the Department. If there are insufficient funds to fully process a claim, all available funds are to be used towards the payment. The unpaid portion of any such claim is to be processed as soon as additional funds are available. Any unpaid balance will be given priority for payment.

Claims for municipal reimbursement are to reflect payments actually paid during the time period as written on the form. Claims are not to reflect authorizations made during the applicable time period which are paid or will be paid at a later date. Municipalities which use the accrual method of bookkeeping may need to keep separate records so that, for General Assistance reimbursement, claims for the last month of the State's fiscal year reflect only those payments made through the last day of the month of the State's fiscal year.

When a municipality receives reimbursement from a client or municipality which is not part of the interim assistance (SSI) program, and the payment has already been claimed to the Department for reimbursement, the municipality must inform the Department. The Department is to receive its share of the reimbursement. The municipality is to report the reimbursement on the 099 (statistical report). After the calculations are made for municipal reimbursement, the Department's share of the client reimbursement shall be subtracted from the municipal reimbursement.

FOR EXAMPLE:

The town of Joplin is submitting a claim for municipal reimbursement for the month of March. They report expenditures of $7000.00 and are at the 90% reimbursement level. They also report that Mr. Jones has repaid the town the amount of $400.00. After checking its records, the town of Joplin realized it had paid for Mr. Jones assistance in September. The claim to the Department in September had been reimbursed at the 50% level. The Department was due its share of the client reimbursement at the 50% level, or $200.00. The town of Joplin reported the client reimbursement on the 099 (statistical report). After calculating the municipal claim for March of $7000 at the 90% level, which equaled $6300.00, the Department realized its $200.00 reimbursement from the $6300.00. The reimbursement issued to the town of Joplin for its March claim was $6100.00.

90 DAY DEADLINE

When a municipality elects to submit monthly, quarterly or semi-annual requests for reimbursement, they must also be aware of the 90-day requirement found at 22 MRSA §4311(3). The Department shall refuse to accept and pay claims for reimbursement that are not submitted to the Department within 90 days of the end of the period covered by the report. The only exception to this shall be when it is determined that good cause for not submitting the claims within 90 days exists.

The Department shall require all requests for good cause for submitting late claims be received no later than the last day of October for the previous fiscal year.

The Department shall notify a municipality that it has not submitted necessary reimbursement forms within time frames established by statute. Once notified, the municipality shall be allowed ten days from receipt to submit a good cause claim to the Department in order that it may release funds being withheld (§ 4311 (3)).

It shall be the responsibility of the Program Manager, General Assistance, Department of Health and Human Services, to approve/disapprove exception requests.

Any municipality aggrieved by the Department's decision may appeal that decision as provided at 22 MRSA §4323(4).

Valid reasons for not submitting claims in a timely manner must be provided. Examples of good cause include but are not limited to:

1. theft, destruction or other unavoidable loss of essential municipal records which cannot be reconstructed in time to meet the 90-day deadline; or

2. illness or other unavoidable absence of the municipal employee or official who is unable to submit the claim in time to meet the 90-day deadline.

SECTION XIV. TRAINING

The Department of Health and Human Services is charged with the responsibility of assisting municipalities in the administration of their General Assistance programs. The Department is willing to assist any municipality with on-site training to new administrators, provide opinions on issues brought to its attention, and provide General Assistance training subsequent to statutory or policy changes.

The Department will work in cooperation with the Maine Welfare Director's Association and any municipality in the development and delivery of training programs.

Responsibilities shared by the Department and the municipalities shall include, but not be limited to:

a. determine training needs;

b. determine qualification of trainers and elements of training;

c. conduct training seminar/workshops;

d. compile training materials including sample forms, manuals, reference bulletins;

e. provide updated information covering the General Assistance policy manual; and

f. provide yearly statistics regarding General Assistance.

SECTION XV. UNORGANIZED TERRITORIES

The Department of Health and Human Services is responsible for the administration of General Assistance in the unorganized territories.

In some parts of the State, the Department has entered into contractual agreements with neighboring municipalities to administer General Assistance. In this instance, the municipalities shall use its General Assistance Ordinance in administering General Assistance to the unorganized territories. These municipalities shall be reimbursed 100% for direct General Assistance costs.

In other parts of the State, the Department has entered into contractual agreements with individuals to administer the program for the Department.

Residents of the unorganized territory, pursuant to 22 MRSA §4312 shall be eligible for General Assistance in the same manner as provided in the statutes. The Commissioner shall establish standards of eligibility for the unorganized territory and shall have the same responsibilities with regard to the unorganized territory as apply to overseers in a municipality.

The Commissioner, through this policy, will accept as standards and practices for those persons in the unorganized territory, the same as those presented in the Maine Municipal Association model ordinance unless they are found to be unacceptable by the Department.

Chapter 16

General Assistance

Appendixes

GENERAL ASSISTANCE ORDINANCE
APPENDICES A-C
2011-2012

The Municipality of Readfield adopts the MMA Model Ordinance GA Appendices (A-C) for the period of Oct. 1, 2011—Oct. 1, 2012. These appendices are filed with the Department of Health and Human Services (DHHS) in compliance with Title 22 M.R.S.A. §4305(4).

Signed the 11 (day) of Oct (month) 2011 (year) by the municipal officers:

(Print Name)	(Signature)
Peter P. Davis	
Lawrence Dunn	
Andrew Tolman	
Kathryn Mills Woodsum	
P. Grey Durgin	

MMA
09/11

MAINE MUNICIPAL ASSOCIATION

Legal Services
60 Community Drive
Augusta, Maine 04330-9486
(207) 623-8428
Fax (207) 623-1287

WILLIAM W. LIVENGOOD
REBECCA WARREN SEEL
RICHARD P. FLEWELLING
MICHAEL L. STULTZ
SUSANNE F. PILGRIM
AMANDA A. MEADER

JOSEPH J. WATHEN
(1957-1997)

To: Municipal Officials/Welfare Directors/General Assistance Administrators

From: Amanda A. Meader, Staff Attorney

Re: 2011-2012 General Assistance Ordinance Appendices A, B and C

Date: September 26, 2011

Enclosed please find the following items:

- MMA's new (October 1, 2011–October 1, 2012) **"General Assistance Ordinance Appendices"** (A, B and C).

- **"GA Maximums Summary Sheet"** which consolidates GA maximums into one document. Municipalities do have to insert individual locality maximums from Appendix A and C in the summary sheet where indicated in order to complete the information. The "summary" does not have to be adopted, as it is not an Appendix but a tool for municipal officials administering GA.

- **"GA maximums adoption form"** which was developed so that municipalities may easily send DHHS proof of GA maximums adoption. Once the selectpersons or council adopts the new maximums, the enclosed form should be signed and submitted to DHHS in the self-addressed envelope provided with this packet *(see "Filing of GA Ordinance and/or Appendices" below for further information).*

Appendices A, B & C

The enclosed Appendices A, B and C have been revised for your municipality's General Assistance Ordinance. These new Appendices, **once adopted**, should replace the existing Appendices dated October 1, 2010–October 1, 2011. Even if you have already adopted MMA's model General Assistance Ordinance, **the municipal officers must approve/adopt the new Appendices A-C yearly.** The various maximum levels of General Assistance set forth in Appendices A-C are established as a matter of state law based on certain federal values that are made effective on the first day of October each year.

Appendix A

Appendix A is a listing of the overall maximum levels of assistance pertaining to all municipalities in Maine. These new overall maximum levels of assistance have been calculated on the basis of the 2011-2012 HUD Fair Market Rent (FMR) values that will become effective on October 1, 2011. These maximum levels of assistance are established by Maine General Assistance law *(22 MRSA (4305(3-B))* and **cannot** be altered by action of the municipal officers.

Because HUD may have reorganized certain localities, municipalities should first check to see in which locality they have been placed.

The following abbreviations may assist in your review of the maximums:

Abbreviations:
Department of Housing and Urban Development (HUD)
Fair Market Rent (FMR)
HUD Metro FMR (HMFA)
Metropolitan Statistical Area (MSA)

Appendix B

Appendix B is a listing of the maximum levels of assistance for food. These maximum levels are the same as the USDA 2011-2012 Thrifty Food Plan, which are presumed to be reasonable by regulation of the Department of Health and Human Services (DHHS). If the municipal officers wish to amend these maximum levels of food assistance, a local survey must be developed and provided to DHHS to justify the proposed alterations.

Appendix C

Appendix C is a listing of the maximum levels of assistance for housing (both heated and unheated). These maximum levels were developed by MMA using 2011-2012 HUD Fair Market Rent values that include utility costs. Because the FMR numbers include utility and heating costs, the applicable average utility and heating allowances, as developed by the Maine State Housing Authority (MSHA), are subtracted from the FMR to obtain a pure "housing" cost.

What should your municipality do if the housing maximums contained in this packet are unreasonably low (or high) given the rental rates in your area? The preferred option is to conduct a local rental survey. Municipalities exploring this option should contact DHHS for guidance on conducting such a survey.

Another option is to forego adopting housing maximums (the law does not actually require housing maximums—the other two maximums, i.e., Appendix A and B, are required). If you are a municipality that has to perform "emergency analysis" each and every time an applicant requests housing assistance and you are not planning to perform a market survey (although you probably should), then perhaps working without housing maximums is an option.

Emergency analysis should be an exception, not the rule. If it has become the rule in your municipality, then the adoption of artificially low housing maximums is of no service to you (or your clients) and you might be better off with no housing maximums. Municipalities choosing to forego housing maximums must still adhere to the overall maximum and work an applicant's

budget accordingly. Such municipalities might choose to utilize the actual FMR provided by the federal government as a guide.

The Adoption Process

The **municipal officers (i.e., selectpersons/council) adopt the local General Assistance Ordinance and yearly Appendices**, even in town meeting communities. The law requires that the municipal officers adopt the ordinance and/or Appendices ***after notice and hearing***. Seven days posted notice is recommended, unless local law (or practice) provides otherwise.

At the hearing, the municipal officers should:

1) Allow all interested members of the public an opportunity to comment on the proposed ordinance;
2) End public discussion, close the hearing; and
3) Move and vote to adopt the ordinance either in its posted form or as amended in light of public discussion.

Filing of GA Ordinance and/or Appendices

Please remember that General Assistance law requires each municipality to send DHHS a copy of its ordinance once adopted. *(For a copy of the GA model ordinance, please call MMA's Publication Department, or visit our web site www.memun.org*). In addition, any changes or amendments, such as new Appendices, must also be submitted to DHHS. DHHS has made it easier by enclosing a self-addressed envelope for your use. DHHS will accept the enclosed "adoption sheet" as proof that a municipality has adopted the current GA maximums.

Finally, all general assistance forms and notices that the municipality intends to use must also be submitted to DHHS. If it is your intention to use MMA forms, and you have not already done so, simply state that intention to the Department when you submit your ordinance for DHHS filing. Remember, if you intend to use locally developed forms or notices, those forms should be submitted with your adopted ordinance. DHHS's GA Unit address is:

The Department of Health and Human Services
General Assistance Unit
#11 State House Station (Whitten Road)
Augusta, Maine 04333

By way of a reminder, municipalities that have not already seen or used MMA's "interactive" GA forms on MMA's web site are strongly encouraged to visit our site. GA forms (including MMA's model GA ordinance) and other materials are all available online at www.memun.org.

Appendix A
Effective: 10/01/11-10/01/12

GA Overall Maximums

Metropolitan Areas

Persons in Household

COUNTY	1	2	3	4	5*
Bangor HMFA: Bangor, Brewer, Eddington, Glenburn, Hampden, Hermon, Holden, Kenduskeag, Milford, Old Town, Orono, Orrington, Penobscot Indian Island Reservation, Veazie	611	712	909	1155	1304
Penobscot County HMFA: Alton, Argyle UT, Bradford, Bradley, Burlington, Carmel, Carroll plantation, Charleston, Chester, Clifton, Corinna, Corinth, Dexter, Dixmont, Drew plantation, East Central Penobscot UT, East Millinocket, Edinburg, Enfield, Etna, Exeter, Garland, Greenbush, Howland, Hudson, Kingman UT, Lagrange, Lakeville, Lee, Levant, Lincoln, Lowell town, Mattawamkeag, Maxfield, Medway, Millinocket, Mount Chase, Newburgh Newport, North Penobscot UT, Passadumkeag, Patten, Plymouth, Prentiss UT, Seboeis plantation, Springfield, Stacyville, Stetson, Twombly UT, Webster plantation, Whitney UT, Winn, Woodville	623	625	751	939	1151
Lewiston/Auburn MSA: Auburn, Durham, Greene, Leeds, Lewiston, Lisbon, Livermore, Livermore Falls, Mechanic Falls, Minot, Poland, Sabattus, Turner, Wales	523	655	800	1013	1122
Portland HMFA: Cape Elizabeth, Casco, Cumberland, Falmouth, Freeport, Frye Island, Gorham, Gray, North Yarmouth, Portland, Raymond, Scarborough, South Portland, Standish, Westbrook, Windham, Yarmouth; Buxton, Hollis, Limington, Old Orchard Beach	812	964	1249	1573	1686
York/Kittery/S.Berwick HMFA: Berwick, Eliot, Kittery, South Berwick, York	1013	1020	1222	1781	1940
Cumberland County HMFA: Baldwin, Bridgton, Harpswell, Harrison, Naples, New Gloucester, Pownal, Sebago	674	794	1024	1223	1567
Brunswick	676	808	1043	1322	1585

Prepared by MMA
9/2011

COUNTY	1	2	3	4	5*
Sagadahoc HMFA: Arrowsic, Bath, Bowdoin, Bowdoinham, Georgetown, Perkins UT, Phippsburg, Richmond, Topsham, West Bath, Woolwich	803	804	965	1217	1671
York County HMFA: Acton, Alfred, Arundel, Cornish, Dayton, Kennebunk, Kennebunkport, Lebanon, Limerick, Lyman, Newfield, North Berwick, Ogunquit, Parsonsfield, Shapleigh, Waterboro, Wells	734	764	970	1161	1268
Biddeford, Saco, Sanford	742	827	1042	1322	1563

***Note: Add $75 for each additional person.**

Non-Metropolitan Areas

Persons in Household

COUNTY	1	2	3	4	5*
Aroostook County	475	586	701	915	1013
Franklin County	589	635	773	924	1199
Hancock County	643	742	913	1215	1250
Kennebec County	510	611	760	1037	1107
Knox County	582	770	879	1190	1373
Lincoln County	703	756	912	1101	1242
Oxford County	491	653	753	1002	1256
Piscataquis County	611	697	861	1093	1170
Somerset County	489	608	702	1016	1078
Waldo County	686	735	887	1088	1157
Washington County	589	636	759	940	1025

*** Please Note: Add $75 for each additional person.**

Food Maximums

Please Note: The maximum amounts allowed for food are established in accordance with the U.S.D.A. Thrifty Food Plan. Through October 1, 2012, those amounts are:

Number in Household	Weekly Maximum	Monthly Maximum
1	46.51	200
2	85.35	367
3	122.33	526
4	155.35	668
5	184.42	793
6	221.40	952
7	244.65	1,052
8	279.53	1,202

Note: For each additional person add $150 per month.

Appendix C
Effective: 10/01/11-10/01/12

GA Housing Maximums
(Heated & Unheated Rents)

NOTE: NOT ALL MUNICIPALITIES SHOULD ADOPT THESE SUGGESTED HOUSING MAXIMUMS! Municipalities should ONLY **consider** adopting the following numbers, if these figures are consistent with local rent values. If not, a market survey should be conducted and the figures should be altered accordingly. The results of any such survey must be presented to DHHS prior to adoption. **Or**, no housing maximums should be adopted and eligibility should be analyzed in terms of the Overall Maximum—Appendix A. *(See Instruction Memo for further guidance.)*

Non-Metropolitan FMR Areas

Aroostook County	**Unheated**		**Heated**	
Bedrooms	Weekly	Monthly	Weekly	Monthly
0	66	285	84	362
1	80	343	103	445
2	90	385	122	526
3	120	517	161	693
4	120	517	173	745

Franklin County	**Unheated**		**Heated**	
Bedrooms	Weekly	Monthly	Weekly	Monthly
0	95	408	108	465
1	97	418	115	493
2	114	491	139	596
3	134	578	165	708
4	172	741	216	930

Hancock County	**Unheated**		**Heated**	
Bedrooms	Weekly	Monthly	Weekly	Monthly
0	105	451	119	512
1	117	503	135	582
2	130	557	155	668
3	191	820	223	959
4	191	820	223	959

Kennebec County	**Unheated**		**Heated**	
Bedrooms	Weekly	Monthly	Weekly	Monthly
0	79	339	92	394
1	93	399	110	471
2	113	484	136	584
3	159	685	189	811
4	159	685	197	848

Appendix C

Effective: 10/01/11-10/01/12

Non-Metropolitan FMR Areas

Knox County	**Unheated**		**Heated**	
Bedrooms	Weekly	Monthly	Weekly	Monthly
0	94	405	107	460
1	126	541	143	614
2	137	590	161	691
3	191	821	220	948
4	209	899	252	1083

Lincoln County	**Unheated**		**Heated**	
Bedrooms	Weekly	Monthly	Weekly	Monthly
0	119	513	132	568
1	123	528	140	601
2	144	619	167	720
3	172	741	202	868
4	172	741	202	869

Oxford County	**Unheated**		**Heated**	
Bedrooms	Weekly	Monthly	Weekly	Monthly
0	75	321	88	378
1	101	434	118	509
2	110	472	134	577
3	151	648	181	778
4	184	792	227	978

Piscataquis County	**Unheated**		**Heated**	
Bedrooms	Weekly	Monthly	Weekly	Monthly
0	96	413	111	479
1	103	441	125	539
2	123	527	154	663
3	157	675	196	844
4	157	675	205	881

Somerset County	**Unheated**		**Heated**	
Bedrooms	Weekly	Monthly	Weekly	Monthly
0	74	319	87	376
1	91	393	109	468
2	103	443	127	548
3	154	661	184	791
4	154	661	191	821

Non-Metropolitan FMR Areas

Waldo County	**Unheated**		**Heated**	
Bedrooms	Weekly	Monthly	Weekly	Monthly
0	116	497	128	552
1	119	510	136	583
2	139	597	162	698
3	170	729	199	856
4	170	729	207	892

Washington County	**Unheated**		**Heated**	
Bedrooms	Weekly	Monthly	Weekly	Monthly
0	93	402	108	463
1	95	410	113	488
2	108	465	134	575
3	134	575	166	713
4	134	575	176	756

Metropolitan FMR Areas

Bangor HMFA	**Unheated**		**Heated**	
Bedrooms	Weekly	Monthly	Weekly	Monthly
0	96	413	111	476
1	106	455	127	548
2	132	569	162	698
3	170	730	207	891
4	176	756	230	988

Penobscot County HMFA	**Unheated**		**Heated**	
Bedrooms	Weekly	Monthly	Weekly	Monthly
0	99	424	114	491
1	99	424	114	491
2	100	429	131	565
3	125	538	164	707
4	145	622	201	865

Lewiston/Auburn MSA	**Unheated**		**Heated**	
Bedrooms	Weekly	Monthly	Weekly	Monthly
0	83	357	96	412
1	103	445	120	518
2	123	528	146	629
3	157	673	186	800
4	160	687	203	871

Metropolitan FMR Areas

Portland HMFA	**Unheated**		**Heated**	
Bedrooms	Weekly	Monthly	Weekly	Monthly
0	142	611	154	666
1	166	715	183	788
2	214	922	238	1023
3	271	1165	300	1292
4	274	1180	318	1367

York/Kittery/S. Berwick HMFA	**Unheated**		**Heated**	
Bedrooms	Weekly	Monthly	Weekly	Monthly
0	170	729	182	784
1	170	729	182	784
2	191	823	215	924
3	289	1241	318	1368
4	300	1289	343	1473

Cumberland County HMFA	**Unheated**		**Heated**	
Bedrooms	Weekly	Monthly	Weekly	Monthly
0	111	479	124	534
1	131	563	148	636
2	167	720	191	821
3	198	850	227	977
4	250	1073	293	1260

Sagadahoc County HMFA	**Unheated**		**Heated**	
Bedrooms	Weekly	Monthly	Weekly	Monthly
0	140	603	153	658
1	140	603	153	658
2	155	667	179	768
3	186	798	215	925
4	271	1167	314	1351

York County HMFA	**Unheated**		**Heated**	
Bedrooms	Weekly	Monthly	Weekly	Monthly
0	126	541	139	596
1	126	541	141	608
2	156	672	180	773
3	185	795	214	922
4	188	807	231	992

GA MAXIMUMS SUMMARY SHEET
(Oct. 1, 2011-Oct. 1, 2012)

APPENDIX A
OVERALL MAXIMUMS

County	Persons in Household					
	1	2	3	4	5	6

NOTE: For each additional person add $75 per month.

(The applicable figures from Appendix A, *once adopted,* should be inserted here.)

APPENDIX B
FOOD MAXIMUMS

Number in Household	Weekly Maximum	Monthly Maximum
1	46.51	200
2	85.35	367
3	122.33	526
4	155.35	668
5	184.42	793
6	221.40	952
7	244.65	1,052
8	279.53	1,202

NOTE: For each additional person add $150 per month.

APPENDIX C
HOUSING MAXIMUMS

	Unheated		Heated	
Number of Bedrooms	Weekly	Monthly	Weekly	Monthly
0				
1				
2				
3				
4				

(The applicable figures from Appendix C, *once adopted,* should be inserted here.)

FOR MUNICIPAL USE ONLY

UTILITIES (Appendix D)

ELECTRIC

NOTE: For an electrically heated dwelling also see "Heating Fuel" maximums below. But remember, an applicant is ***not automatically*** entitled to the "maximums" established—applicants must demonstrate need.

1) Electricity Maximums for Households *Without* *Electric Hot Water*: The maximum amounts allowed for utilities, for lights, cooking and other electric uses ***excluding*** electric hot water and heat:

Number in Household	Weekly	Monthly
1	$14.00	$60.00
2	$15.70	$67.50
3	$17.45	$75.00
4	$19.20	$82.50
5	$21.00	$90.00
6	$22.70	$97.50

NOTE: For each additional person add $7.50 per month.

2) Electricity Maximums for Households *With* *Electrically Heated Hot Water*: The maximum amounts allowed for utilities, hot water, for lights, cooking and other electric uses ***excluding*** heat:

Number in Household	Weekly	Monthly
1	$16.30	$70.00
2	$18.60	$80.00
3	$21.00	$90.00
4	$23.30	$100.00
5	$25.60	$110.00
6	$27.90	$120.00

NOTE: For each additional person add $10.00 per month.

NOTE: For electrically heated households, the maximum amount allowed for electrical utilities per month shall be the sum of the appropriate maximum amount under this subsection and the appropriate maximum for heating fuel as provided below.

HEATING FUEL (Appendix E)

Month	Gallons	Month	Gallons
September	50	January	225
October	100	February	225
November	200	March	125
December	200	April	125
		May	50

FOR MUNICIPAL USE ONLY

NOTE: When the dwelling unit is heated electrically, the maximum amount allowed for heating purposes will be calculated by multiplying the number of gallons of fuel allowed for that month by the current price per gallon. When fuels such as wood, coal and/or natural gas are used for heating purposes, they will be budgeted at actual rates, if they are reasonable. No eligible applicant shall be considered to need more than 7 tons of coal per year, 8 cords of wood per year, 126,000 cubic feet of natural gas per year, or 1000 gallons of propane.

PERSONAL CARE & HOUSEHOLD SUPPLIES (Appendix F)

Number in Household	Weekly Amount	Monthly Amount
1-2	$10.50	$45.00
3-4	$11.60	$50.00
5-6	$12.80	$55.00
7-8	$14.00	$60.00
NOTE: For each additional person add $1.25 per week or $5.00 per month.		

SUPPLEMENT FOR HOUSEHOLDS WITH CHILDREN UNDER 5

When an applicant can verify expenditures for the following items, a special supplement will be budgeted as necessary for households with children under 5 years of age for items such as cloth or disposable diapers, laundry powder, oil, shampoo, and ointment up to the following amounts:

Number of Children	Weekly Amount	Monthly Amount
1	$12.80	$55.00
2	$17.40	$75.00
3	$23.30	$100.00
4	$27.90	$120.00