

APPENDIX A

Documentation of Public Hearing – Link to DCF website

<https://www.mass.gov/event/social-services-block-grant-public-hearing-for-sfy25-2024-07-31t110000-0400-2024-07-31t120000-0400>

Overview

The Department of Children and Families (DCF) has prepared and submitted to the U.S. Department of Health and Human Services, Administration for Children and Families, the Social Services Block Grant (SSBG) Pre-Expenditure Report and Intended Use Plan for SFY25. DCF and the Executive Office of Health and Human Services will conduct a public hearing to obtain comment and feedback on these reports. The public hearing will be held on Wednesday, July 31, 2024, from 11 until 12 p.m. at 600 Washington Street, Boston, MA 02111, 7th Floor, Room 7004. Written comments will also be accepted until August 14, 2024.

Please submit written comments to:

Office of the Commissioner, Department of Children and Families, 6th Floor, Boston, MA, 02111

For more information, please contact Sally Connors at sally.j.connors@mass.gov.

Additional Resources for Social Services Block Grant Public Hearing for SFY25

[SFY2025 Social Services Block Grant Intended Use Plan](#)

[SFY2025 Social Services Block Grant Intended Use Plan Appendices](#)

[SFY2025 Social Services Block Grant Pre-Expenditure Report](#)

As stated in the narrative, no comments were received at this hearing.

Also stated in the narrative, a public hearing to obtain comments on the FY2026 Pre-Expenditure Report will be held in July 2025.

APPENDIX B

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

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

Instructions for Certification

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under

48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

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

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

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

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;

(b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

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

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

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is

providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, [[Page 33043]] should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

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

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

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

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

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



Signature
Deputy Commissioner for Administration and Finance

Title
MA Department of Children and Families

Organization

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103227, Part C Environmental Tobacco Smoke, also known as the Pro Children Act of 1994, requires that smoking not be permitted in any portion of any indoor routinely owned or leased or contracted for by an entity and used routinely or regularly for provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity by signing and submitting this application the applicant/grantee certifies that it will comply with the requirements of the Act.

The applicant/grantee further agrees that it will require the language of this certification be included in any subawards which contain provisions for the children's services and that all subgrantees shall certify accordingly.



Signature
Deputy Commissioner for Administration and Finance
Title
MA Department of Children and Families
Organization

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

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

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

8. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

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

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

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

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

Certification Regarding Drug-Free Workplace Requirements

Alternate I. (Grantees Other Than Individuals)

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

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about --
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --
- (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted -
- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).
- (B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

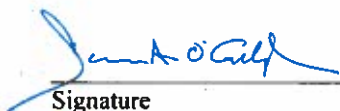
Place of Performance (Street address, city, county, state, zip code)

Check if there are workplaces on file that are not identified here.

Alternate II. (Grantees Who Are Individuals)

- (a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;
- (b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

[55 FR 21690, 21702, May 25, 1990]

A handwritten signature in blue ink, appearing to read "James O'Gall", is written over a horizontal line.

Signature

Deputy Commissioner for Administration and Finance

Title

MA Department of Children and Families

Organization

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

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

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


Signature

Deputy Commissioner for Administration and Finance

Title

MA Department of Children and Families

Organization

APPENDIX C

Proof of Audit – Link to the Commonwealth’s most recent single state audit report

https://www.macomptroller.org/wp-content/uploads/single-audit-report_fy-2023.pdf

APPENDIX D

Application SF-424M

Program Name: Social Services Block Grant


Grantee Name: COMMONWEALTH OF MASSACHUSETTS DEPT OF CHILDREN & FAMILI

Report Name: Application SF-424M

Report Period: 10/01/2025 to 09/30/2026

Report Status: Submitted with Warnings

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Administration for Children and Families		Form Approved Control No: 4040-0020 Expires: 02/08/2026 Version 01.2	
APPLICATION FOR FEDERAL ASSISTANCE SF - 424 - MANDATORY			
* 1.a. Type of Submission: <input type="radio"/> Plan <input checked="" type="radio"/> Funding Request	* 1.b. Frequency: <input checked="" type="radio"/> Annual <input type="radio"/> Other * Other (Specify)	* 1.c. Consolidated Application/ Plan/Funding Request? Explanation:	* 1.d. Version: <input checked="" type="radio"/> Initial <input type="radio"/> Resubmission <input type="radio"/> Revision <input type="radio"/> Update
		2. Date Received: 3. Applicant Identifier: 4a. Federal Entity Identifier: 4b. Federal Award Identifier: T891P	State Use Only: 5. Date Received By State: 6. State Application Identifier:
7. APPLICANT INFORMATION			
* a. Legal Name: COMMONWEALTH OF MASSACHUSETTS DEPT OF CHILDREN & FAMILI			
* b. Employer/ Taxpayer Identification Number (EIN/TIN):	1046002284K5	* c. Organizational UEI:	KQE3EAKMNQQ7
* d. Address:			
* Street 1:	One Ashburton Place, 3rd Floor	Street 2:	
* City:	Boston	County:	MA
* State:	MA	Province:	
* Country:	United States	* Zip / Postal Code:	02108
e. Organizational Unit:			
Department Name:		Division Name:	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:	* First Name: Sally	Middle Name: J	* Last Name: Connors
Suffix:	Title: Federal Revenue Analyst	Organizational Affiliation:	
* Telephone Number: (617) 210-5953	Fax Number:	* Email: sally.j.connors@mass.gov	
* 8a. TYPE OF APPLICANT:			
A: State Government			
b. Additional Description:			
* 9. Name of Federal Agency:			
Administration for Children and Families, Office of Community Services			
		Catalog of Federal Domestic	CFDA Title:

		Assistance Number:		
10. CFDA Numbers and Titles 1		93.667		
11. Descriptive Title of Applicant's Project Social Services Block Grant				
12. Areas Affected by Funding: statewide				
13. CONGRESSIONAL DISTRICTS OF:				
* a. Applicant MA		b. Program/Project:		
Attach an additional list of Program/Project Congressional Districts if needed.				
14. FUNDING PERIOD:		15. ESTIMATED FUNDING:		
a. Start Date: 09/30/2026	b. End Date: 10/01/2025	* a. Federal (\$): \$0	b. Match (\$): \$0	
* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?				
a. This submission was made available to the State under the Executive Order 12372				
Process for Review on :				
b. Program is subject to E.O. 12372 but has not been selected by State for review.				
c. Program is not covered by E.O. 12372.				
* 17. Is The Applicant Delinquent On Any Federal Debt?				
<input type="radio"/> YES <input checked="" type="radio"/> NO				
Explanation:				
18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)				
**I Agree <input checked="" type="checkbox"/>				
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.				
18a. Typed or Printed Name and Title of Authorized Certifying Official David O'Callaghan		18c. Telephone (area code, number and extension)		
		18d. Email Address david.o'callaghan@state.ma.us		
18b. Signature of Authorized Certifying Official 		18e. Date Report Submitted (Month, Day, Year) 05/22/2025		
Attach supporting documents as specified in agency instructions.				

APPENDIX E

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted HHS-ADMINISTRATION FOR CHILDREN & FAMILIES				2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 24DDMASOSR			
3. Recipient Organization (Name and complete address including Zip code) Commonwealth Of Massachusetts Dept Of Children & Families 600 WASHINGTON ST., 6TH FLOOR, BOSTON, MA 02111-1211 USA							
4a. UEI KQE3EAKMNQQ7		4b. EIN 1046002284K5		5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) T891B		6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final	
7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual							
8. Project/Grant Period (Month, Day, Year) From: October 1, 2023 To: September 30, 2025						9. Reporting Period End Date (Month, Day, Year) September 30, 2024	
10. Transactions (Use lines a-c for single or combined multiple grant reporting) Federal Cash (To report multiple grants separately, also use FFR Attachment):						Cumulative	
a. Cash Receipts						\$32,659,042.00	
b. Cash Disbursements						\$32,659,042.00	
c. Cash on Hand (line a minus b)						\$0.00	
(Use lines d-o for single grant reporting)							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized						\$32,659,042.00	
e. Federal share of expenditures						\$32,659,042.00	
f. Federal share of unliquidated obligations						\$0.00	
g. Total Federal share (sum of lines e and f)						\$32,659,042.00	
h. Unobligated balance of Federal funds (line d minus g)						\$0.00	
Recipient Share:							
i. Total recipient share required						\$0.00	
j. Recipient share of expenditures						\$0.00	
k. Remaining recipient share to be provided (line i minus j)						\$0.00	
Program Income:							
l. Total Federal share of program income earned						\$0.00	
m. Program income expended in accordance with the deduction alternative						\$0.00	
n. Program income expended in accordance with the addition alternative						\$0.00	
o. Unexpended program income (line l minus line m and line n)						\$0.00	
11. Indirect Expense							
a. Type		b. Rate		c. Period From		Period To	
d. Base		e. Amount Charged		f. Federal Share			
g. Totals:		\$0.00		\$0.00		\$0.00	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:							
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)							
a. Typed or Printed Name and Title of Authorized Certifying Official Connors, Sally						c. Telephone (Area code, number, and extension)	
b. Signature of Authorized Certifying Official Connors, Sally						d. Email Address sally.j.connors@mass.gov	
e. Date Report Submitted (Month, Day, Year) December 23, 2024							

Standard Form 425
OMB Approval Number: 4040-0014
Expiration Date: 02/28/2025

Paperwork Burden Statement
According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 4040-0014. Public reporting burden for this collection of information is estimated to average 1 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: US Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave, SW, Suite 336-E, Washington DC 20201. Attention: PRA Reports Clearance Officer

FEDERAL FINANCIAL REPORT

(Additional Page)

Federal Agency & Organization : HHS-ADMINISTRATION FOR CHILDREN & FAMILIES

Federal Grant ID : 24DDMASOSR

Recipient Organization : Commonwealth Of Massachusetts Dept Of Children & Families
600 WASHINGTON ST., 6TH FLOOR, ___, BOSTON, MA 02111-1211 USA

UEI : KQE3EAKMNQQ7

UEI Status when Certified : ACTIVE (as of 12/23/2024)

EIN : 1046002284K5

Reporting Period End Date : September 30, 2024

Status : Awarding Agency Approval

Remarks :

Federal Agency Review

Reviewer Name : Chen, Angel

Phone # : +1 (646) 905-8120

Email : angel.chen@acf.hhs.gov

Review Date : December 27, 2024

Review Comments :

APPENDIX F

ACF-196R : Part 1: Expenditure Data

Program Name: Temporary Assistance for Needy Families

Grantee Name: MASSACHUSETTS


Report Name: ACF-196R : Part 1: Expenditure Data

Funding/Grant Period: 2401MATANF

Report Period: 07/01/2024 to 09/30/2024

Report Status: Submission Accepted by CO

Department of Health and Human Services Administration for Children and Families Temporary Assistance for Needy Families (TANF) ACF - 196R Financial Report Part 1: Expenditure Data					
State MASSACHUSETTS	Grant Year 2024	Fiscal Year 2024	Report Quarter Ending 09/30/2024	Next Quarter Ending 03/31/2025	Report is Submitted as: <input type="radio"/> New <input type="radio"/> Revised <input checked="" type="radio"/> Final
	(A) Federal Funds State Family Assistance Grant	(B) State Funds	(C) State Funds	(D) Federal Funds Contingency Funds Award Reconciliation FS at FMAP Rate of .5	
1. Awarded	\$457,855,191.00				\$52,189,079.18
2. Transferred to CCDF Discretionary	\$91,570,224.00				
3. Transferred to SSBG	\$45,785,519.00				
4. Adjusted Award	\$320,499,448.00				
5. Carryover	\$0.00				
Expenditure Categories	Federal TANF Expenditures	State MOE Expenditures in TANF	MOE Expenditures Separate State Programs	Expenditures with Contingency Funds	
6. Basic Assistance	\$3,159,842.67	\$349,677,283.00	\$338,171.00	\$0.00	
6.a. Basic Assistance (excluding Relative Foster Care Maintenance Payments and Adoption and Guardianship Subsidies)	\$3,159,842.67	\$349,677,283.00	\$338,171.00	\$0.00	
6.b. Relative Foster Care Maintenance Payments and Adoption and Guardianship Subsidies	\$0.00	\$0.00	\$0.00	\$0.00	
7. Assistance Authorized Solely Under Prior Law	\$0.00			\$0.00	
7.a. Foster Care Payments	\$0.00			\$0.00	
7.b. Juvenile Justice Payments	\$0.00			\$0.00	
7.c. Emergency Assistance Authorized Solely Under Prior Law	\$0.00			\$0.00	
8. Non-Assistance Authorized Solely Under Prior Law	\$0.00			\$0.00	
8.a. Child Welfare or Foster Care Services	\$0.00			\$0.00	
8.b. Juvenile Justice Services	\$0.00			\$0.00	
8.c. Emergency Services Authorized Solely Under Prior Law	\$0.00			\$0.00	
9. Work, Education, and Training Activities	\$139,557,684.51			\$0.00	
9.a. Subsidized Employment	\$0.00	\$0.00	\$0.00	\$0.00	
9.b. Education and Training	\$139,557,684.51	\$6,174,411.00	\$0.00	\$0.00	
9.c. Additional Work Activities	\$0.00	\$10,135,380.00	\$0.00	\$0.00	
10. Work Supports	\$0.00	\$12,666,088.00	\$0.00	\$0.00	
11. Early Care and Education	\$177,781,920.82	\$44,973,368.00	\$0.00	\$52,189,079.18	
11.a. Child Care (Assistance and Non-Assistance)	\$177,781,920.82	\$44,973,368.00	\$0.00	\$52,189,079.18	

11.b. Pre-Kindergarten/Head Start	\$0.00	\$0.00	\$0.00	\$0.00
12. Financial Education and Asset Development	\$0.00	\$0.00	\$0.00	\$0.00
13. Refundable Earned Income Tax Credits	\$0.00	\$280,915,462.00	\$0.00	\$0.00
14. Non-EITC Refundable State Tax Credits	\$0.00	\$0.00	\$0.00	\$0.00
15. Non-Recurrent Short Term Benefits	\$0.00	\$65,397,743.00	\$0.00	\$0.00
16. Supportive Services	\$0.00	\$22,890,751.00	\$0.00	\$0.00
17. Services for Children and Youth	\$0.00	\$0.00	\$0.00	\$0.00
18. Prevention of Out-of-Wedlock Pregnancies	\$0.00	\$11,210,783.00	\$0.00	\$0.00
19. Fatherhood and Two-Parent Family Formation and Maintenance Programs	\$0.00	\$0.00	\$0.00	\$0.00
20. Child Welfare Services	\$0.00	\$14,662,476.00	\$0.00	\$0.00
20.a. Family Support/Family Preservation /Reunification Services	\$0.00	\$14,662,476.00	\$0.00	\$0.00
20.b. Adoption Services	\$0.00	\$0.00	\$0.00	\$0.00
20.c. Additional Child Welfare Services	\$0.00	\$0.00	\$0.00	\$0.00
21. Home Visiting Programs	\$0.00	\$0.00	\$0.00	\$0.00
22. Program Management	\$0.00	\$56,737,058.00	\$0.00	\$0.00
22.a. Administrative Costs	\$0.00	\$56,737,058.00	\$0.00	\$0.00
22.b. Assessment/Service Provision	\$0.00	\$0.00	\$0.00	\$0.00
22.c. Systems	\$0.00	\$0.00	\$0.00	\$0.00
23. Other	\$0.00	\$0.00	\$0.00	\$0.00
24. Total Expenditures	\$320,499,448.00	\$875,440,803.00	\$338,171.00	\$52,189,079.18
25. Transitional Services for Employed	\$0.00	\$0.00	\$0.00	\$0.00
26. Job Access	\$0.00	\$0.00	\$0.00	\$0.00
27. Federal Unliquidated Obligations	\$0.00			\$0.00
28. Unobligated Balance	\$0.00			\$0.00
29. State Replacement Funds		\$0.00		
Quarterly Estimate	Estimate of TANF Funds Requested			
30. Estimate of TANF Funds Requested for the Following Quarter	\$120,000,000.00			
THIS IS TO CERTIFY THAT THE INFORMATION REPORTED ON ALL PARTS OF THIS FORM IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.				
Signature, Approving State Official 	State Official Name Easton Hill	State Official Title Director of Federal Revenue	State Official Agency MASSACHUSETTS	
Signature Date: 11/13/2024		Date Submitted: 11/13/2024		
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APPENDIX G

Category	Program	Model	Activity Code	Index Number
Adoption	Adoption Management	Adoption Management and Support Varied services provided to individual children, sibling groups and individual adults and couples who are in the adoption process. These services include, but are not limited to, adoption assessments, home studies, education, consultation, adoption recruitment, public information, support groups, trainings, and workshops. Also, includes post adoption services.	AMSS	1
		Product Based Adoption: Single Service The completion of a single specific task: Assessment of an identified child; adoptive home study of foster parent(s) where the child resides; adoptive home study for a relative of an identified child; MAPP training/home study of identified parent(s); adoptive home study of DCF employee.	AMSS	1
		Product Based Adoption: Family Resource The transfer of an approved adoptive placement resource from an adoption contract agency to an area office responsible for the adoptive placement of an identified child.	AMSS	1
		Product Based Adoption: Case Management Casework responsibility for assigned children with a Service Plan goal of Adoption, including the follow steps: case assignment and acceptance; adoption assessment of child; adoption home study; family development; placement; legalization; case closure.	AMSS	1

Category	Program	Model	Activity Code	Index Number
Family Networks	Area Lead Agencies Lead a system of aligned and integrated strategies dedicated to fostering and protecting permanent families and lifelong connections for children. Includes designing and managing an integrated service system so that it supports more fully the clinical practice of the Department and its providers.	Management Operations	FNLA	2
		Flex Services Specialized funds to be used to further the purposes of family networks- managed by Area Lead Agency	FNLA	2

Category	Program	Model	Activity Code	Index Number
Comprehensive Foster Care	<p>Intensive Foster Care Programs that provide therapeutic services and supports in a family-based placement setting to children/youth for whom a traditional foster care environment will not be sufficiently supportive. Youth may be transitioning from a residential/group home level of care and require the intensity of services available through this program; or discharging from a hospital setting. This service is only provided by licensed foster care agencies in accordance with the licensing requirements of DEEC and DCF.</p>	<p>Intensive Foster Care One model provided in a foster home that has been licensed and credentialled by the provider agency as exhibiting an expertise compatible with IFC One. The model assumes a capacity to support sibling and teen parent placements and assumes an agreement to the terms of Purchasing a Home.</p>	CIFC	11
		<p>Sibling sibling daily rate is for any sibling who does not need the IFC One service but is placed in an IFC One home specifically to stay with a brother /sister who does require that level of service. This rate includes both a payment of a regular Departmental rate to the foster home and a payment to the contractor in recognition that these placements, while not requiring the full level of support from the contractor, do require a level of support consistent with a Departmental Foster Care home.</p>	CIFC	11
		<p>Teen Parent Prior to a Teen Parent placement, DCF will clarify with the parties involved the responsibilities of the teen parent, the foster parent and the contractor with regard to the baby/child. Not all children of teen parents in these circumstances will be in DCF care or custody. It is not necessary for both the teen and the child to require IFC One in order to place them together in an IFC One home. As such, payment for both the teen parent and the child at the IFC One rate will be made only when both are in the care of DCF and both require this level of service.</p>	CIFC	11
		<p>Transitions to Adulthood an IFC model with family resources recruited and trained specifically on life skills needed by young adults to transition to adulthood.</p>	CIFC	11
		<p>Emergency Shelter Homes short-term (no more than 45 days) IFC model with family resources recruited and trained specifically for short-term/emergency placements and transitions.</p>	CIFC	11
		<p>Purchase of Home IFC One home becomes an approved adoptive home or guardian or a provider's recruitment efforts might identify a potential foster home that will not or does not want to meet the standards to provide IFC One but would be able to serve as a Departmental home.</p>	CIFC	11
		<p>Multiple Acute Level A specializes in serving children and youth with significant cognitive and/or physical impairments and mental health issues.</p>	CIFC	11

Category	Program	Model	Activity Code	Index Number
		<p>Multiple Acute Level B specializes in serving children and youth with significant cognitive and/or physical impairments and mental health issues; provides a significantly enhanced support package to the child or youth and has adaptive transportation available.</p> <p>Child Home-Based Rehabilitation serves youth who are unable to live at home due to a history of fire setting and/or sexually reactive behaviors rooted in trauma.</p>	CIFC	11
			CIFC	11

Category	Program	Model	Activity Code	Index Number
Foster Care Temporary substitute care placement for child(ren)/adolescents in the care or custody of DCF in a safe and nurturing community based family setting, approved/licensed and managed by DCF or provided through a purchase of service agreement with a DEEC licensed foster care agency and monitored by DCF.	Department Foster Care Temporary substitute care placement for child(ren)/adolescent(s) in the care or custody of DCF in a safe and nurturing community based family setting, approved/licensed and managed by DCF.	Tier I Unrestricted Temporary placement of children/adolescents who need a basic quality level of daily care in a family setting in an unrestricted DCF foster home, approved/licensed to provide Tier I foster care.	FOS0	11
		Tier I Kinship Temporary placement of children/adolescents who need a basic quality level of daily care in a family setting with a member of the family's kinship network who has been approved/licensed to provide Tier I foster care restricted for specific children who are kin.	FOS0	11
		Tier I Pre-Adoptive Placement of child(ren)/adolescent(s) with the goal of adoption needing a basic quality level of care in a permanent family setting approved by DCF as a Tier I pre-adoptive family.	FOS0	11
		Tier I Independent Living Payment made to an older adolescent who is in the Department's care, but who lives on their own in a structured setting.	FOS0	11

Category	Program	Model	Activity Code	Index Number
Family Networks - Network Services Integrated Service system for children and families serviced by the Massachusetts child welfare system.	Support and Stabilization Support and stabilization services encompass services currently known as family-based services; the service providers will 'unbundle' from their placement programs; and portable diagnostic and assessment services. These services are intended to be flexible, rooted in the community, and have the capacity to be shaped in a manner that will address the specific needs of each family.	Comprehensive Comprehensive program models are those that use teams whose staffing, interventions, and funding are blended in a manner that allows for varying levels of intensity, duration, and capacity for building strengths and managing risk with complex families.	FNSS	13
		Parent Support Designed to provide assistance and support to parents and caretakers in building skills relative to safety, supervision, and nurturing.	FNSS	13
		Youth Support Designed to provide assistance and support to youth in order to improve relationships with families, schools and other community systems.	FNSS	13
		Family Stabilization Designed to provide assistance and support to families in keeping their children safely at home and in the community.	FNSS	13
		Placement Diversion Designed to provide assistance and support to families whose children are at imminent risk of out-of-home placement in foster care, residential, or inpatient hospitals.	FNSS	13
		Reunification Designed to provide assistance and support to families whose children are returning from out-of-home placement settings.	FNSS	13
		Assessment Encompass evaluations, clinical assessments, and diagnostic services.	FNSS	13
		Support and Stabilization - Other Services which do not readily fall into previous model definitions. These	FNSS	13

Category	Program	Model	Activity Code	Index Number
Family Resource Center	Family Resource Center	Family Resource Center - Full	FRCF	17
	Community-based, culturally competent program that provides evidence-based parent education groups, information and referral, mentoring, educational support and other opportunities for children and families; provide services specific to Children Requiring Assistance who are having serious problems at home and at school, including runaways, truants, and sexually exploited children, as required by Chapter 240 of the Acts of 2012.	One location; provides all required Basic and Network Services; completion of no more than 1,000 assessments per year		
	Family Resource Center	Family Resource Center - Micro	FROM	17
		(also known as a "Satellite" FRC) one location; provides all required Basic and Network Services at a reduced staffing and caseload level; based on completion of no more than 200 assessments per year.		

Category	Program	Model	Activity Code	Index Number
Congregate Care Network	Emergency Residence	Emergency Residence - Enhanced	CCER	24
	Emergency Residence	Emergency Residence with Programmatic Add-On	CCER	
	Emergency Residence	Emergency Residence with Programmatic Add-On - Enhanced	CCER	
	Emergency Residence	A residential service that provides clients with moderate behavioral health needs a therapeutic milieu providing individualized treatment, rehabilitation, training in life skills, and supportive services to promote transition from the emergency setting to a treatment setting, to permanency in a family-based environment or, as developmentally appropriate, to community living with permanency. Some programs are "Enhanced" and/or have programmatic add-ons.		
	Emergency Residence	Intensive Emergency Residence	CCER	24
	Emergency Residence	Intensive Emergency Residence - Enhanced	CCER	
	Emergency Residence	Intensive Emergency Residence with Programmatic Add-On	CCER	
	Emergency Residence	Intensive Emergency Residence with Programmatic Add-On - Enhanced		
	Emergency Residence	A residential service, available for immediate 24/7 access, for clients with severe behavioral health needs requiring placement in a therapeutic milieu providing individualized treatment, rehabilitation, training in life skills, and supportive services to promote transition from the emergency setting to a treatment setting, to permanency in a family-based environment or, as developmentally appropriate, to community living with permanency. Some programs are "Enhanced" and/or have programmatic add-ons.		
	Emergency Residence	Medically Complex and Behavioral Residence	CCMR	24
	Emergency Residence	Medically Complex and Behavioral Residence with Programmatic Add-On	CCMR	
	Emergency Residence	Medically Complex and Behavioral Residence Enhanced	CCMR	
	Emergency Residence	Medically Complex and Behavioral Residence Enhanced with Programmatic Add-On		
	Emergency Residence	A residential service for clients with complex medical needs that require out-of-home nursing services to meet their health-care needs and require individualized treatment to meet their behavioral health needs. Some programs are "Enhanced" and/or have programmatic add-ons.		
	Emergency Residence	Medically Complex Residence	CCMR	24
	Emergency Residence	Medically Complex Residence with Programmatic Add-On	CCMR	
	Emergency Residence	Medically Complex Residence Enhanced	CCMR	
	Emergency Residence	Medically Complex Residence Enhanced with Programmatic Add-On		
	Emergency Residence	A residential service for clients with complex medical needs that require out-of-home nursing services to meet their health-care needs. Some programs are "Enhanced" and/or have programmatic add-ons.		
	Emergency Residence	Community Treatment Residence	CCTR	24
	Emergency Residence	Community Treatment Residence with Programmatic Add-On	CCTR	
	Emergency Residence	Community Treatment Residence Enhanced	CCTR	
	Emergency Residence	Community Treatment Residence Enhanced with Programmatic Add-On		
	Emergency Residence	A residential service that provides clients with moderate behavioral health needs a therapeutic milieu for receiving individualized treatment, rehabilitation, training in life skills, and supportive services to promote permanency in a family-based environment or, as developmentally appropriate, to community living with permanency. Some programs are "Enhanced" and/or have programmatic add-ons.		
	Emergency Residence	Intensive Treatment Residence	CCTR	24
	Emergency Residence	Intensive Treatment Residence with Programmatic Add-On	CCTR	
	Emergency Residence	Intensive Treatment Residence Enhanced	CCTR	
	Emergency Residence	Intensive Treatment Residence Enhanced with Programmatic Add-On		
	Emergency Residence	A residential service that provides clients with severe behavioral health needs a therapeutic milieu that includes expertise about severe behavioral health conditions, individualized treatment, rehabilitation, training in life skills and self-regulation, and supportive services to promote permanency in a family-based environment or, as developmentally appropriate, to community living with permanency. Some programs are "Enhanced" and/or have programmatic add-ons.		
	Emergency Residence	Specialty Treatment Residence	CCTR	24
	Emergency Residence	Specialty Treatment Residence with Programmatic Add-On	CCTR	
	Emergency Residence	Specialty Treatment Residence Enhanced	CCTR	
	Emergency Residence	Specialty Treatment Residence Enhanced with Programmatic Add-On		
	Emergency Residence	A residential service that provides clients who would benefit from specialized treatment (e.g., individuals with intellectual disabilities, transgender individuals) with a therapeutic milieu that includes expertise about the specialty population, individualized treatment, rehabilitation, training in life skills, and supportive services to promote permanency in a family-based environment or, as developmentally appropriate, to community living with permanency.		
	Emergency Residence	Specialty Treatment Residence CSEC	CCTR	24
	Emergency Residence	Specialty Treatment Residence CSEC with Programmatic Add-On	CCTR	
	Emergency Residence	Specialty Treatment Residence for Commercially Sexually Exploited Children (CSEC): A residential service designed to meet the particular behavioral-health needs of clients who have been sexually exploited. Services are delivered within a therapeutic milieu that includes expertise about the CSEC population, individualized treatment, rehabilitation, training in life skills, and supportive services to promote permanency in a family-based environment or, as developmentally appropriate, to community living with permanency. Some programs have programmatic add-ons.		
	Youth and Young Adult Program	Young Adult Supported Living	CCYY	16
	Youth and Young Adult Program	Young Adult Supported Living with Programmatic Add-On	CCYY	
	Youth and Young Adult Program	Services, with no live-in staff, oriented to young adults living independently in scattered apartments that provide opportunities for linkages to community-based services, support with life skills, vocational and career planning, and supportive services to promote community living with permanency. Some programs have programmatic add-ons.		

Category	Program	Model	Activity Code	Index Number
	Youth and Young Adult Program	Young Parent Living Program	CCYY	16
	Youth and Young Adult Program	Young Parent Living Program with Programmatic Add-On	CCYY	
		A residential service to support young parents in training to care for themselves and their children, in developing positive support systems that include family members, extended kin, and friends, and in connecting with community-based supports. Some programs have programmatic add-ons.		
	Youth and Young Adult Program	Young Parent Assessment	CCYY	16
		An add-on rate to support additional costs associated with a one-time assessment of young parents upon intake to a young parent residence.		
	Youth and Young Adult Program	Youth and Young Adult Group Residence	CCYY	16
	Youth and Young Adult Program	Youth and Young Adult Group Residence with Programmatic Add-On	CCYY	
		A residential service that provides older adolescents or young adults with a supportive environment where there are opportunities for individualized treatment, training in life skills development, vocational and career planning, linkages with community services, and supportive services to promote community living with permanency. Some programs have programmatic add-ons.		
	Youth and Young Adult Program	Youth and Young Adult Supported Living Community	CCYY	16
	Youth and Young Adult Program	Youth and Young Adult Supported Living Community with Programmatic Add-On	CCYY	
		Residential services offered to older adolescents or young adults living in multi-occupancy units (e.g., apartments, townhomes) that provide opportunities for linkages to community-based services, support with life skills development, vocational and career planning, and supportive services to promote community living with permanency. Some programs have programmatic add-ons.		
	Residential School	Residential School - Enhanced	CCRS	24
	Residential School	Residential placement services with an on-site school approved by the Department of Elementary and Secondary Education. Also includes services to help students and family transition to home and community. Some programs are "enhanced".	CCRS	
	Child Specific Add On	Case Mgr. Social Worker, Clinician	CCAD	24
		Additional services provided by a case manager, social worker, and/or clinician usually to support 1:1 services for a specified period of time over and above the staffing provided through the contract.		
	Child Specific Add On	Certified Nursing Assistant	CCAD	24
		Additional services provided by a CNA staff person, usually to support 1:1 services for a specified period of time over and above the staffing provided through the contract.		
	Child Specific Add On	Clinician w/Independent Lic	CCAD	24
		Additional services provided by a clinician with independent licensure, usually to support 1:1 services for a specified period of time over and above the staffing provided through the contract.		
	Child Specific Add On	Direct Care	CCAD	24
		Additional staffing hours provided by a DC staff person, usually to support 1:1 services for a specified period of time over and above the staffing provided through the contract.		
	Child Specific Add On	Direct Care III	CCAD	24
		Additional staffing hours provided by a DCIII staff person, usually to support 1:1 services for a specified period of time over and above the staffing provided through the contract.		
	Child Specific Add On	Intensive Treatment Residence Emergency Intake	CCAD	24
		An add-on service to support additional costs associated with achieving an emergency placement, within 24 to 48 hours of referral, into an Intensive Treatment Residence.		
	Child Specific Add On	LPN	CCAD	24
		Additional nursing services provided by an LPN, usually to support 1:1 services for a specified period of time over and above the staffing provided through the contract.		
	Child Specific Add On	Occupational Therapist	CCAD	24
		Additional services provided by an Occupational Therapist, usually to support 1:1 services for a specified period of time over and above the staffing provided through the contract.		
	Child Specific Add On	Psychologist/Psychiatrist	CCAD	24
		Additional services from a psychologist or psychiatrist, usually to support 1:1 services for a specified period of time over and above the staffing provided through the contract.		
	Child Specific Add On	Registered Nurse	CCAD	24
		Additional nursing services provided by a Registered Nurse, usually to support 1:1 services for a specified period of time over and above the staffing provided through the contract.		
	Child Specific Add On	Social / Caseworker	CCAD	24
		Additional services from a social/case worker, usually to support 1:1 services for a specified period of time over and above the staffing provided through the contract.		