

# **EXECUTIVE SUMMARY**

# **Hurricane Sandy Supplemental Social Services Block Grant**

## ***Complete* Pre-Expenditure Report**

### **Executive Summary**

During the third week of October 2012, the eighteenth named storm of the 2012 Atlantic Hurricane season made its way through Cuba and the Bahamas towards the Mid-Atlantic coast. “Sandy” was a post-tropical cyclone when it made landfall near Atlantic City, New Jersey on October 29. In the days leading up to the storm, most local jurisdictions in Maryland activated their emergency operations plans. The initial incident period lasted nine days and there were numerous evacuations ordered, especially on the Eastern Shore. Local and state shelters were opened. Governor O’Malley declared a State of Emergency on October 26<sup>th</sup>. On October 28<sup>th</sup>, President Obama signed a Presidential Disaster Declaration for Maryland.

The storm presented different challenges at each end of the state. Towns such as Crisfield on the Eastern Shore were inundated by coastal flooding while citizens in Garrett County dealt with a blizzard that downed trees and made power restoration a challenge.

At the peak of the event, 410,209 homes were without power and 11 deaths were potentially attributed to the storm statewide.

The Maryland Department of Human Resources is the lead agency for Emergency Support Function #6 which is responsible for coordinating Mass Care and Sheltering, Emergency Assistance, Housing, Feeding and Human Services. The Office of the Secretary’s Office of Emergency Operations (OEO) led this effort by opening State shelters, Essential Services Centers (ESCs) and Disaster Recovery Centers (DRCs), and jointly administered with FEMA the Individual Assistance program under the State’s Administrative Plan. To date, Maryland has received 714 referrals for individual assistance, of which 336 cases (or 47%) have been approved.

On January 29, 2013, the Disaster Relief Appropriations Act, 2013, was signed to provide approximately \$500 million in supplemental Social Services Block Grant (SSBG) funds, to be awarded by the U.S. Department of Health and Human Services (HHS)—Administration for Children and Families (ACF) to assist with health care, mental health and social services as well as for the repair, renovation and construction of facilities as additional hurricane relief for victims affected by Hurricane Sandy. \$1,185,675 of these funds have been allocated to Maryland and will be administered by the Department of Human Resources’ Office of Emergency Operations.



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Administration for Children and Families  
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Washington, DC 20447

RE: *Complete* Pre-Expenditure Report for SSBG Hurricane Sandy Supplemental Funds

Dear Ms. Werner:

Enclosed are five copies of Maryland's Hurricane Sandy Supplemental Funds Social Services Block Grant (SSBG) ***Complete*** Pre-Expenditure Report. It specifies the intended use of the supplemental allotment of \$1,185,675 made available to Maryland according to the March 28, 2013 information memorandum and comments received from the Department of Health and Human Services – Administration for Children and Families.

Activities are reported under the Code of Federal Domestic Assistance (CFDA) number 93.095. This report is submitted in accordance with the information memorandum. Having received guidance from HHS on its ***Initial*** report, the State is submitting this ***Complete*** Pre-Expenditure Report to be filed separately as required by Section 2004 of the Social Security Act [42 U.S.C. 1397c]. As noted in the Information Memorandum, these reports are separate from those submitted for the regular SSBG funds awarded to Maryland.

If you have any questions regarding this report, please contact Pamela Spring, Director, Office of Emergency Operations by email at [pamela.spring@maryland.gov](mailto:pamela.spring@maryland.gov).

Sincerely,

Theodore Dallas  
Secretary

# State of Maryland



## Hurricane Sandy Supplemental Funds Social Services Block Grant

### *Complete* Pre-Expenditure Report

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## **Hurricane Sandy Supplemental Social Services Block Grant Complete Pre-Expenditure Report**

### I. BACKGROUND

#### State Relief Efforts During Hurricane Sandy

During Hurricane Sandy's landfall, strong winds and heavy rains caused wide-spread flooding and power outages throughout the State of Maryland, resulting in extensive flood and wind damage. Loss of potable water, sanitary services and impending flood damage forced the evacuation of an estimated 1,477 residents to 44 congregate emergency shelters, of which 4 were operated by the State and 40 by county and municipal governments. The last temporary congregate shelter, in Somerset County, closed October 31, 2012. Most of the displaced residents were able to return to their homes, but still required assessment, repair, and other disaster recovery services. However, there were many residents in the State who were unable to return to their homes, including the residents of a housing project in Crisfield, MD. The Maryland Department of Human Resources provided lodging vouchers for an estimated 66 displaced families, for a combined total of approximately 237 nights residence. The Crisfield Housing Authority continues to provide shelter for many of these families. Property Damage Assessments (PDAs) were conducted in four counties (Garrett, Somerset, Wicomico and Worcester), and one jurisdiction, Somerset County, received an Individual Assistance declaration.

It generally takes the affected family two to five years to regain their normal standard of living; the period is referred to as the "Long Term Recovery" period. Applicants are referred to Federal, State and local agencies for assistance. If disaster victims do not qualify for assistance through these agencies, the families are directed to community, non-profit and inter-faith disaster response organizations. DHR uses the Community Emergency Relief Tracking System (CERTS) to track referrals as a means of decreasing duplication of efforts and/or benefits.

During the emergency and relief phases following a disaster, resources are generally more abundant. As time goes on, resources and volunteer efforts tend to diminish but a customer's needs often continue and may even increase. Therefore, DHR plans to use the Social Services Block Grant Supplemental funds to assist families in these situations where there are "unmet" needs for qualifying services for hurricane victims. The request is categorized as an "unmet need" when the applicant has proved ineligible for or has exhausted Federal, State and local funds, and when a private disaster response organization is unable to fulfill the request. Assistance for Hurricane Sandy has been available in the form of personal insurance, IA/ ONA funds from FEMA, a Community Development Block Grant (CDBG) totaling \$8.6 million administered by the State of Maryland, housing vouchers from the Maryland Housing Assistance Program (MDHAP), and assistance from private response partners.

Under the State Emergency Operations Plan, the Department of Human Resources is the lead agency for ESF#6: Mass Care and Sheltering, Emergency Assistance, Housing, Feeding and Human Services. This includes coordinating the efforts to meet the basic needs of surviving victims following a disaster, to provide temporary shelter, basic medical care, food and clothing, and to assist with the reunification of families. In addition, the Department is responsible for the data

collection of all benefits and services provided by the State agencies and non-profit organizations, as well as case management for all victims of Hurricane Sandy in Maryland. DHR's Office of Emergency Operations (OEO) has therefore assisted in the initial response as well as the long-term recovery effort for Hurricane Sandy.

#### Appropriation of Funds by Congress

The Omnibus Budget Reconciliation Act of 1981 (P.L. 97-35) amended Title XX of the Social Security Act to establish the Social Services Block Grant (SSBG) program. In Maryland, SSBG funds are combined with other Federal, State and local funds to promote the social and economic self-sufficiency necessary to prevent family disintegration and reunify families previously separated; prevent inappropriate institutionalization; and provide quality care and secure permanent homes for citizens who cannot live with their biological families.

In January 2013, as a result of the devastation caused by Hurricane Sandy, Congress passed the Disaster Relief Appropriations Act, 2013, authorizing Supplemental SSBG Funds for the use of states affected by Hurricane Sandy. Funds from the supplemental appropriation were authorized for the following purposes:

1. Services directly related to Hurricane Sandy that fall within the goals of the SSBG program, as outlined by Title XX of the Social Security Act.
2. Additional services outlined in the Disaster Relief Appropriations Act, 2013:
  - a. Health and mental health services
  - b. Costs of renovating, rebuilding, and repairing health care facilities, child care facilities, or other social services facilities.
3. Services as expressed by members of Congress during the passage of the Act:
  - a. Educational transportation expenses, where necessary and under certain conditions, such as a result of temporary displacement.
  - b. Temporary child care facilities, assisting parents in access to childcare, rebuilding child care facilities, or providing mental health services to caregivers and young children in childcare settings.

On March 28, 2013 The U.S. Department of Health and Human Services (DHHS) announced through an Information Memorandum (hereafter, "Information Memorandum") that approximately \$500 million in funding would be made available to the states for additional hurricane relief. The funds were made available to the states from the Supplemental Social Services Block Grant (SSBG) Program, administered by DHHS' Administration for Children and Families (ACF). Maryland was deemed eligible for \$1,185,675 or .25% percent.

As the lead agency for ESF#6, DHR, through the Office of Emergency Operations, has been designated to administer the grant funds and direct them towards long-term recovery operations in areas heavily affected by Hurricane Sandy.

### Expenditure of Hurricane Sandy Supplemental SSBG Funds

According to the Information Memorandum, funds must be expended by September 30, 2015. States must request a waiver for funds to be expended after September 30, 2013. These Supplemental SSBG funds shall be tracked separately from regular SSBG allotments of funds used by the State. States may pay for services completed through September 30, 2015, until December 30, 2015.

The State of Maryland fiscal year is July 1- June 30. The State anticipates spending the funds during FY 2014 and FY 2015, that is, July 1, 2013, to June 30, 2015. Assessment and closeout will be performed during FY 2016 (July 1, 2015-December 30, 2015) or earlier. A final report will be submitted no later than December 30, 2015.

Some of the funds will be used to hire personnel for one fiscal year or perform services for which the residents have immediate need. Accordingly, the State anticipates that the bulk of the funds will be expended beginning September 2013 and continuing through December 2014. Some longer term services, such as housing services, may continue through September 2015.

This *complete* pre-expenditure report specifies the uses of the supplemental social services block grant funds allocated for use by the State of Maryland, and identifies how the funds will be allocated. This report will be made available for public comment on the Department of Human Resources website and will be submitted directly to the Local Departments of Social Services (LDSS) and Long-Term Recovery Committees in jurisdictions where PDA assessments were made for their reference.

### Allowable Services

Title XX of the Social Security Act identifies 28 service categories for which SSBG funds may be used. Hurricane Sandy SSBG Supplemental Funds may be used for services under these categories provided the services are directly related to the effects of Hurricane Sandy. Additionally, the Disaster Relief Appropriations Act, 2013 in authorizing the Supplemental SSBG, allowed for certain additional service categories for which the funds may be expended. Programs falling within these categories are detailed below under Line 29, "Other Services."

### *Federal Uniform Definition of SSBG Services*

#### **1. Adoption Services**

Adoption Services are those services or activities provided to assist in bringing about the adoption of a child. Component services and activities may include, but are not limited to, counseling the biological parent(s), recruitment of adoptive homes, and pre- and post-placement training and/or counseling.

#### **2. Case Management**

Case management services are services or activities for the arrangement, coordination, and monitoring of services to meet the needs of individuals and families. Component services and activities may include individual service plan development; counseling, monitoring, developing,



securing, and coordinating services; monitoring and evaluating client progress; and assuring that the clients' rights are protected.

### **3. Congregate Meals**

Congregate meals are those services or activities designed to prepare and serve one or more meals a day to individuals in a central dining area in order to prevent institutionalization, malnutrition, and feelings of isolation. Component services or activities may include the cost of personnel, equipment, and food; assessment of nutritional and dietary needs; nutritional education and counseling; socialization; and other services such as transportation and information and referral.

### **4. Counseling Services**

Counseling services are those services or activities that apply therapeutic processes to personal, family, situational, or occupational problems in order to bring about a positive resolution of the problem or improved individual or family functioning or circumstances. Problem areas may include family and marital relationships, parent-child problems, or drug abuse.

### **5. Day Care Services – Adults**

Day Care Services for adults are those services or activities provided to adults who require care and supervision in a protective setting for a portion of a 24 hour day. Component services or activities may include opportunity for social interaction, companionship and self-education; health support or assistance in obtaining health services; counseling; recreation and general leisure time activities; meals; personal care services; plan development; and transportation.

### **6. Day Care Services – Children**

Day care services for children (including infants, pre-schoolers, and school age children) are services or activities provided in a setting that meets applicable standards of state and local law, in a center or in a home, for a portion of a 24-hour day. Component services or activities may include a comprehensive and coordinated set of appropriate developmental activities for children, recreation, meals, and snacks, transportation, health support services, social service counseling for parents; plan development; and licensing and monitoring of child care homes and facilities.

### **7. Education and Training Services**

Education and training services are those services provided to improve knowledge or daily living skills to enhance cultural opportunities. Services may include instruction or training in, but are not limited to, consumer education, health education, community protection and safety education, literacy education, English as a second language, and General Educational Development (G.E.D.). Component services or activities may include screening, assessment and testing; individual or group instruction; tutoring; provision of books, supplies or instructional material; counseling; transportation; and referral to community resources.

### **8. Employment Services**

Employment services are those services or activities provided to assist individuals in securing employment or acquiring learning skills that promote opportunity for employment. Component services or activities may include employment screening, assessment, or testing; structured job

skills and job seeking skills; specialized therapy (occupational, speech, physical); special training and tutoring, including literacy training and pre-vocational training; provision of books, supplies and instructional material; counseling; transportation; and referral to community resources.

### **9. Family Planning Services**

Family planning services are those educational, comprehensive medical or social services or activities which enable individuals, including minors, to determine freely the number and spacing of their children and to select the means by which this may be achieved. These services and activities include a broad range of acceptable and effective methods and services to limit or enhance fertility, including contraceptive methods (including natural family planning and abstinence), and the management of infertility (including referral to adoption). Specific component services and activities may include pre-conception counseling, education, and general reproductive health care, including diagnosis and treatment of infections which threaten reproductive capability. Family planning services do not include pregnancy care (including obstetric or prenatal care).

### **10. Foster Care Services for Adults**

Foster care services for adults are those services or activities that assess the need and arrange for the substitute care and alternate living situation of adults in a setting suitable to the individual's needs. Individuals may need such services because of social, physical or mental disabilities, or as a consequence of abuse or neglect. Care may be provided in a community-based setting, or such services may arrange for institutionalization when necessary.

Component services or activities include assessment of the individual's needs; case planning and case management to assure that the individual receives proper care in the placement; counseling to help with personal problems and adjusting to new situations; assistance in obtaining other necessary supportive services; determining, through periodic reviews, the continued appropriateness of and need for placement; and recruitment and licensing of foster care homes and facilities.

### **11. Foster Care Services for Children**

Foster care services for children are those services or activities associated with the provision of an alternative family life experience for abused, neglected or dependent children, between birth and the age of majority, on the basis of a court commitment or voluntary placement agreement signed by the parent or guardian. Services may be provided to children in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, pre-adoptive homes, or supervised independent living situations. Component services or activities may include assessment of the child's needs; case planning and case management to assure that the child receives proper care in the placement; medical care as an integral but subordinate part of the service; counseling of the child, the child's parents, and the foster parents; referral and assistance in obtaining other necessary supportive services; periodical reviews to determine the continued appropriateness and need for placement; and recruitment and licensing of foster homes and child care institutions.

### **12. Health Related and Home Health Services**

Health related and home health services are those in-home or out-of-home services or activities

designed to assist individuals and families to attain and maintain a favorable condition of health. Component services and activities may include providing an analysis or assessment of an individual's health problems and the development of a treatment plan; assisting individuals to identify and understand their health needs; assisting individuals to locate, provide or secure, and utilize appropriate medical treatment, preventive medical care, and health maintenance services, including in-home health services and emergency medical services; and providing follow-up services as needed.

### **13. Home Based Services**

Home-based services are those in-home services or activities provided to individuals or families to assist with household or personal care activities that improve or maintain adequate family well-being. These services may be provided for reasons of illness, incapacity, frailty, absence of a caretaker relative, or to prevent abuse or neglect of a child or adult. Major components include homemaker services, chore services, home maintenance services, and household management services. Component services or activities may include protective supervision of adults and/or children to help prevent abuse, temporary non-medical personal care, house-cleaning, essential shopping, simple household repairs, yard maintenance, teaching of homemaking skills, training in self-help and self-care skills, assistance with meal planning and preparation, sanitation, budgeting, and general household management.

### **14. Home Delivered Meals**

Home-delivered meals are those services or activities designed to prepare and deliver one or more meals a day to an individual's residence in order to prevent institutionalization, malnutrition, and feelings of isolation. Component services or activities may include the cost of personnel, equipment, and food; assessment of nutritional and dietary needs; nutritional education and counseling; socialization services; and information and referral.

### **15. Housing Services**

Housing services are those services or activities designed to assist individuals or families in locating, obtaining, or retaining suitable housing. Component services or activities may include tenant counseling; helping individuals and families to identify and correct substandard housing conditions on behalf of individuals and families who are unable to protect their own interests; and assisting individuals and families to understand leases, secure utilities, make moving arrangements and minor renovations.

### **16. Independent and Transitional Living Services**

Independent and transitional living services are those services and activities designed to help older youth in foster care or homeless youth make the transition to independent living, or to help adults make the transition from an institution, or from homelessness, to independent living. Component services or activities may include educational and employment assistance, training in daily living skills, and housing assistance. Specific component services and activities may include supervised practice living and post-foster care services.

### **17. Information and Referral**

Information and Referral services are services and activities designed to provide information about services provided by public and private service providers and a brief assessment of client

needs (but not diagnosis and evaluation) to facilitate appropriate referral to these community resources.

### **18. Legal Services**

Legal services are those services or activities provided by a lawyer or other person(s) under the supervision of a lawyer to assist individuals in seeking or obtaining legal help in civil matters such as housing, divorce, child support, guardianship, paternity, and legal separation. Component services or activities may include receiving and preparing cases for trial, provision of legal advice, representation at hearings, and counseling.

### **19. Pregnancy and Parenting Services for Young Parents**

Pregnancy and parenting services are those services or activities for married or unmarried adolescent parents and their families designed to assist young parents in coping with the social, emotional, and economic problems related to pregnancy and in planning for the future. Component services or activities may include securing necessary health care and living arrangements; obtaining legal services; and providing counseling, child care education, and training in and development of parenting skills.

### **20. Prevention and Intervention Services**

Prevention and Intervention services are those services or activities designed to provide early identification and/or timely intervention to support families and prevent or ameliorate the consequences of, abuse, neglect, or family violence, or to assist in making arrangement for alternate placements or living arrangements where necessary. Such services may also be provided to prevent the removal of a child or adult from the home. Component services and activities may include investigation; assessment and/or evaluation of the extent of the problem; counseling, including mental health counseling or therapy as needed; developmental and parenting skills training; respite care; and other services including supervision, case management, and transportation.

### **21. Protective Services for Adults**

Protective services for adults are those services or activities designed to prevent or remedy abuse, neglect or exploitation of adults who are unable to protect their own interests. Examples of situations that may require protective services are injury due to maltreatment or family violence; lack of adequate food, clothing or shelter; lack of essential medical treatment or rehabilitation services; and lack of necessary financial or other resources. Component services or activities may include investigation; immediate intervention; emergency medical services; emergency shelter; developing case plans; initiation of legal action (if needed); counseling for the individual and the family; assessment/evaluation of family circumstances; arranging alternative or improved living arrangements; preparing for foster placement, if needed; and case management and referral to service providers.

### **22. Protective Services for Children**

Protective services for children are those services or activities designed to prevent or remedy abuse, neglect, or exploitation of children who may be harmed through physical or mental injury, sexual abuse or exploitation, and negligent treatment or maltreatment, including failure to be provided with adequate food, clothing, shelter, or medical care. Component services or activities

may include immediate investigation and intervention; emergency medical services; emergency shelter; developing case plans; initiation of legal action (if needed); counseling for the child and the family; assessment/evaluation of family circumstances; arranging alternative living arrangement; preparing for foster placement, if needed; and case management and referral to service providers.

### **23. Recreational Services**

Recreational services are those services or activities designed to provide, or assist individuals to take advantage of individual or group activities directed towards promoting physical, cultural, and/or social development.

### **24. Residential Treatment Services**

Residential treatment services provide short-term residential care and comprehensive treatment and services for children or adults whose problems are so severe or are such that they cannot be cared for at home or in foster care and need the specialized services provided by specialized facilities. Component services and activities may include diagnosis and psychological evaluation; alcohol and drug detoxification services; individual, family, and group therapy and counseling; remedial education and GED preparation; vocational or pre-vocational training; training in activities of daily living; supervised recreational and social activities; case management; transportation; and referral to and utilization of other services.

### **25. Special Services for Persons with Developmental or Physical Disabilities, or Persons with Visual or Auditory Impairments**

These services are services or activities to maximize the potential of persons with disabilities, help alleviate the effects of physical, mental or emotional disabilities, and to enable these persons to live in the least restrictive environment possible. Component services or activities may include personal or family counseling, respite care; family support; recreation; transportation; aid to assist with independent functioning in the community; and training in mobility, communication skills, the use of special aids and appliances, and self sufficiency skills. Residential and medical services may be included only as an integral, but subordinate, part of the services.

### **26. Special Services for Youth Involved in or at Risk of Involvement with Criminal Activity**

Special services for youth involved in or at risk of involvement with criminal activity are those services or activities for youth who are, or who may become involved with the juvenile justice system and their families. Component services or activities are designed to enhance family functioning and/or modify the youth's behavior with the goal of developing socially appropriate behavior and may include counseling, intervention therapy, and residential and medical services if included as an integral but subordinate part of the service.

### **27. Substance Abuse Services**

Substance abuse services are those services or activities that are primarily designed to deter, reduce, or eliminate substance abuse or chemical dependence. Except for initial detoxification services, medical and residential services may be included but only as an integral but subordinate part of the service. Component substance abuse services or activities may include a comprehensive range of personal and family counseling methods, methadone treatment for

opiate users, or detoxification treatment for alcohol abusers. Services may be provided in alternative living arrangements like institutional settings and community-based halfway houses.

## **28. Transportation Services**

Transportation services are those services or activities that provide or arrange for the travel of individuals in order to access services or obtain medical care or employment. Component services or activities may include special travel arrangements such as special modes of transportation and personnel to accompany or assist individuals or families to utilize transportation.

## **29. Other Services**

Other services are services that do not fall within the definition of the preceding 28 services. The definition used by the State for each of these services appears elsewhere in this report.

### *Federal Definitions of Supplemental SSBG Services*

DHSS-ACF has determined that a waiver must be submitted for any activities not allowable under Title XX but allowable under provisions the Disaster Relief Appropriations Act, 2013. These services are described below:

#### **A. Health and Mental Health Services**

The Information Memorandum specifically identifies mental health services to caregivers and young children in child care settings as an example of an expanded allowable service.

#### **B. Building Services**

Building Services are those services allowing for the renovating, rebuilding, and repairing of health care facilities, child care facilities, or other social services facilities.

#### **C. Administrative Costs**

According to Transmittal No. 02-2008, provided by HHS-ACF for guidance on determining allowable administrative costs, States, using their own guidelines or guidelines based on TANF and Head Start definitions, may allocate no more than 9% of the award for administrative costs.

## **II. Maryland Hurricane Sandy SSBG Supplemental Programs**

The Hurricane Sandy Social Services Block Grant Supplemental Funds will be used to provide funding for a variety of programs intended to serve jurisdictions in Maryland affected by Hurricane Sandy, specifically jurisdictions where PDA assessments were done by FEMA and the State. Programs to deliver funds are the Maryland Social Services Recovery Program, programs identified as needs by the Somerset County Local Long Term Recovery Committee, and to support the Maryland Disaster Housing Assistance Program. These programs are related to the following SSBG Reporting Categories:

Maryland Program

Federal Reporting Category

Maryland Social Services  
Recovery Program

#2: Case Management  
#7: Education & Training Services  
#12: Health Related Services  
#13: Home based Services  
#14: Home Delivered Meals  
#15 Housing Services  
#25: Special Services Disabled  
#28: Transportation  
#29: Other Services

Somerset Long-Term  
Recovery Committee

#3: Congregate Meals  
#4: Counseling Services  
#7: Education & Training Services  
#22: Recreation Services  
#28: Transportation

Maryland Disaster Housing  
Assistance Program

#15: Housing Services

*The Maryland Social Services Recovery Program (MSSRP)*

The MSSRP was last utilized following Hurricane Katrina to assist evacuees present in Maryland. The MSSRP is a casework driven program that will meet social services needs directly related to Hurricane Sandy recovery not yet covered by other programs or services, that either fall within Title XX of the Social Security Act as amended [42 U.S.C. § 1397 et seq.] or within the additional service categories authorized by the Disaster Relief Appropriations Act, 2013.

To administer the MSSRP, caseworkers will assess individual and family needs for services, and assist them in preparing the necessary applications to receive services. (Line 2 – Case Management) Applications for services will be referred by the caseworkers to Maryland Department of Human Resources, Office of Emergency Operations staff to verify applicants are eligible to receive services. Maryland Department of Human Resources, Office of Emergency Operations staff would then approve the specific service, and request the Maryland Department of Human Resources, Office of Budget & Finance staff to issue checks for those services.

Additional responsibilities of the MSSRP Casework staff would be to work with Long-Term Recovery and/ or Local Departments of Social Services in affected jurisdictions to identify community members needing recovery services provided for by grant funds, and to make referrals as appropriate to pre-existing social service programs. They would also be trained in the State of Maryland CERTS database: the software program which would be used to track cases and funds dispersed. Services the MSSRP would be authorized to provide, and which would be covered by the Hurricane Sandy Supplemental SSBG would be:

1. Funds for individuals and families to correct substandard housing conditions, when funds cannot be received for those individuals by any other source (including but not limited to: the CDBG Grant, home insurance, loans, the IA process, or through the groups affiliated with the Local Long-Term Recovery Committee.) (Line 15)
2. Assisting individuals in locating more appropriate housing, if after all potential funding sources are exhausted, substandard housing cannot be rectified. (Line 15)
3. Funding transitional housing services for residents while their homes are being repaired, where that service is not covered by any other source (including but not limited to: the CDBG Grant, home insurance, loans, the IA process, or through the groups affiliated with the Local Long-Term Recovery Committee.) (Line 15)
4. Funding transitional housing services for residents while more appropriate housing can be located when substandard housing cannot be fixed, where that service is not covered by any other source (including but not limited to: the CDBG Grant, home insurance, loans, the IA process, or through the groups affiliated with the Local Long-Term Recovery Committee.) (Line 15)
5. Home-delivered food, to help guard against malnutrition, while homes are being repaired (particularly when kitchens are unusable, when there are mobility challenges, or when staying in transitional housing without adequate food preparation space). (Line 14)
6. Vocational Training and Education programs for residents whose jobs are no longer available due to repercussions from Hurricane Sandy (Line 7)
7. Equipment lost during Hurricane Sandy to people with functional needs that would promote mobility and independence (for example, golf carts that were damaged on Smith Island, and are the only mode of transportation for many residents.) (Line 25)
8. Travel expenses for residents who need to access medical care, especially when they have been displaced from the pre-storm geographical area. (Line 28)
9. Tools and equipment lost in the storm that are essential for maintaining economic self support, when tools and equipment help to prevent residents from being reliant on social services (for example, crab pots and deep freezers) (Line 29)
10. Hourly services for health service providers to create better treatment plans for individuals whose medical needs were exacerbated as a result of the hurricane, particularly those with mobility challenges. (Line 12)
11. Hourly services for health service providers to assist clients in utilizing funds provided by FEMA to replace medical equipment, where clients have been unable to do so on their own. (Line 12)
12. Hourly personnel to provide simple household repairs, yard maintenance, and chore services for elderly or mobility challenged people when their normal services were disrupted by storm impact. (Line 13)

Somerset County Long-Term Recovery Committee

The Somerset County Long-Term Recovery Committee have identified the needs listed below and the following programs be funded by the SSBG Grant. They are:

1. A Full-Time Mental Health Professional with expertise in disaster recovery, employed for one year. This professional would be available to receive individual



- referrals from the Somerset County Long-Term Recovery Committee, and to run programs and trainings on behalf of long term recovery mental health. (Line 4)
2. Training services to promote community wellness in subject matters identified by the grant funded Mental Health Professional (Line 7)
  3. A summer camp run by Camp Noah (Lutheran Social Services) for disaster impacted youth. Activities would be centered on improving mental health and wellbeing. Some activities would be geared toward drawing in families and strengthening community resilience. (Line 23)
  4. Community dining opportunities geared toward those receiving housing services which displace them from their residence, primarily in Somerset County. The purpose would be to foster positive community interaction and provide nutrition. (Line 3)
  5. Regular transportation services to and from Smith Island, for residents accessing mental health services, medical services, and disaster relief services. Service providers also need predictable ferry service to the island and back, so they can reach residents who do not have transportation to the mainland. (Line 28)

The State recognizes that the health and mental health services proposed through these programs are not normally allowable under SSBG guidelines. Many residents of affected counties have suffered from the stress of displacement, the damage to their homes, and the difficulty of accessing services, and in some cases, the exacerbation of medical conditions during the disaster. In accordance with the Department of Human Resources' mission to aggressively pursue opportunities to assist people in economic need, provide prevention services, and protect vulnerable children and adults, the State is requesting a waiver from HHS-ACF in order to provide these services to residents affected by Hurricane Sandy.

#### Maryland Disaster Housing Assistance Program (MDHAP)

The Maryland Department of Housing and Community Development (DHCD) administers the Maryland Housing Assistance Program (MDHAP) (HCD 4-1901 *et seq*). MDHAP provides transitional housing services for residents displaced by a disaster. Following Hurricane Sandy displaced, eligible residents received a 'MDHAP Voucher' which paid for between 1 to 6 months rent while homes were repaired or new homes were located. After Maryland received the Federal IA declaration, anyone able to receive rental assistance from FEMA transitioned to the IA funded rental assistance program as the previously issued MDHAP Vouchers expired. These vouchers were not funded by Federal PA or other grant sources (Line 15).

#### The Community Development Block Grant (CDBG)

The Community Development Block Grant Program (CDBG) is a grant of \$8,640,000 for five separate activities to assist victims of Hurricane Sandy in Maryland. The use of these funds is concentrated almost entirely in Somerset County, which was hit the hardest and the only county to receive an IA declaration. Activities covered under the grant are a Housing Recovery Program, Property Purchases, Economic Recovery, Project Administration Costs, and State Administrative Costs.

There is some disagreement over how the funds should be allocated, and the Somerset County Long-Term Recovery Committee (SCLTRC) has submitted comments to improve the \$8.6 Million Action Plan developed by the Community Development Block Grant Program (CDBG). They have pointed out eight areas for improvement.

1. Do not exclude residents from the Housing Assistance Program: the State of Maryland is proposing that 100% of available housing funds be used for low and moderate-income families, a threshold which would exclude many families in need of assistance residing in Somerset County.
2. Include temporary housing assistance for persons that the Long-Term Recovery Committee (LTRC) displaces during recovery work. This encourages the use of funds to assist residents who are not only displaced by the hurricane but also residents who are displaced due to the work of SCLTRC.
3. Reserve funds for economic development. The SCLTRC recognizes that the eligibility criteria for the housing assistance offered may make it difficult to spend all the CDBG funds on housing projects and proposes to shift those funds to economic revitalization activities in the county.
4. Expand the businesses that may qualify for economic revitalization funds.
5. Clarify whether the list of NAICC codes restricts assistance funds to only those industries in the NAICC database.
6. Cut administrative costs so that they do not exceed the 5% cap, reserving more funds for resident assistance.
7. Consider allocating economic revitalization funds to promote tourism in the county.
8. Remove the Smith Island buyout option, which was opposed by the Board of County Commissioners and almost all the residents of Smith Island. The Board as well as the residents of Smith Island believe that the 12% of the funds that were allocated for the buyout should be spent elsewhere on other urgent needs in Somerset County.

## PRE-EXPENDITURE REPORT

STATE: Maryland	FISCAL YEAR: 2013	Report Period:
Contact Person: Pamela Spring		Phone Number: 410-767-7797
Title: Director		E-Mail address: Pamela.spring@maryland.gov
Agency: DHR-		Submission Date: May 28, 2013

### PART A. EXPENDITURES AND PROVISION METHOD SOCIAL SERVICES BLOCK GRANT (SSBG)

	Service Supported with SSBG Funds	Total Expenditures	SSBG Funds		All other Federal, State and Local funds	Provision Method	
			SSBG Allocation	Funds Transferred into SSBG*		Public	Private
1	Adoption Services						
2	Case Management	140,000					
3	Congregate meals	15,000					
4	Counseling services	70,000					
5	Day Care-Adult						
6	Day Care-Children						
7	Education and Training Services	30,000					
8	Employment Services						
9	Family Planning Services						
10	Foster Care Services-Adults						
11	Foster Care Services-Children						
12	Health Related Services	25,000					
13	Home Based Services	12,000					
14	Home Delivered Services	4,000					
15	Housing Services	457,675					
16	Independent/Transitional Living Services						
17	Information & Referral						
18	Legal Services						
19	Pregnancy & Parenting						
20	Prevention and Intervention						
21	Protective Services-Adults						
22	Protective Services-Children						
23	Recreation Services	150,000					
24	Residential Services						
25	Special Services-Disabled	25,000					
26	Special Services-Youth at Risk						
27	Substance Abuse Services						

28	Transportation	58,000					
29	Other Services	100,000					
TOTAL EXPENDITURES FOR SERVICES							
30	Administrative Costs	99,000					
	TOTAL	1,185,675					

# APPENDIX

## **Hurricane Sandy Supplemental Social Services Block Grant DHR Internal Procedures**

### A. History

On January 29, 2013 the U.S. Congress passed the Disaster Relief Appropriations Act, 2013 awarding \$500 Million in hurricane relief funds for those affected by Hurricane Sandy. The funds are awarded through the Supplemental Social Services Block Grant (SSBG) program administered by the US Department of Health and Human Services' (HHS) Administration for Children and Families (ACF). The funds are allowed to be used for the standard purposes of SSBGs, as well as to provide health and mental health services, as well as for the repair, renovation and construction of certain facilities. Of these funds, Maryland was awarded \$1,185,675 which has been delegated to our Department and is being administered by the Office of Emergency Operations. Eligibility for the amount of Supplemental SSBG funds to be awarded to each of the impacted states was determined by the number of IA requests received by FEMA as of March 18, 2013.

### B. Program Description

It is the intent of this office to provide additional financial assistance to individuals and families in Maryland who continue to have human and social services needs as a result of damage inflicted by Hurricane Sandy and are unable to meet these needs through other means. In doing so, the Office of Emergency Operations (OEO) will work with Office of Budget & Finance (B&F) to ensure adherence of all applicable state statutes, regulations, and policies.

### C. Definitions

1. Applicant: an individual or family who has applied for SSBG assistance.
2. Eligibility Determination: the process of deciding whether an applicant qualifies for award assistance.
3. Fiscal Officer: the appointed State employee who is responsible for the financial activity of disbursing checks for approved awards.
4. Grant Coordinating Officer (GCO): Department of Human Resources employee assigned overall day-to-day management responsibility for implementing the block grant. These duties include, but are not limited to:
  1. Provide general guidance, technical assistance, and necessary training to all staff having responsibility under the program.
  2. Determine the award guidelines for items.
  3. Publicize the availability of grant funds to potential applicants.

4. Determine and ensure adequate staffing of the program.
5. Necessary Expense: the cost associated with acquiring an item(s), service, or other activity to meet the human and social service needs of an applicant.
6. Other Means: Having eligibility under a State agency program (such as TANF) or finding assistance, including monetary or in-kind donations, from other governmental programs, insurance, or charitable organization.

#### D. Timeframes

Grant monies will be award to the State by September 30, 2013. States must obligate and expend funds by September 30, 2015. If the State provides a valid reason that a portion of funds should be released after September 30, 2013, that portion of funds must be expended in the year of obligation and the succeeding two years. At this time the State is not requesting that funds be released after September 30, 2013. The State shall monitor expenditure of funds in accordance with HHS-ACF reporting requirements. A final report to HHS-ACF must be submitted by December 30, 2015.

#### E. Program Guidelines for Disbursing Funds

The State shall work with our Voluntary Organization Active in Disasters (VOAD) partners, Long-Term Recovery Committees in affected jurisdictions, and local municipal governments to identify individuals with unmet needs. All program funds are awarded in accordance with, at a minimum, the following criteria:

1. The applicant shall be a member of a household impacted by Hurricane Sandy.
2. The applicant shall reside in a county where Property Damage Assessments (PDAs) were performed, or have resided in one at the time of the incident period (October 28, 2012 through November 4, 2012). These were Garrett, Somerset, Wicomico, and Worcester counties.
3. The applicant shall provide evidence that other resources were unable to cover expenditures (e.g. federal, State, and local resources, insurance).

The Grant Coordinating Officer may, when needed, adjust specific or general provisions of the grant if the need should arise. In doing so, the Grant Coordinating Officer shall comply with the definitions of allowable services under Title XX of the Social Security Act and the Disaster Relief Appropriations Act, 2013, and with the program principles as set forth by the State in this pre-expenditure report.

Grant administrators shall keep track of populations served (e.g. minors, senior citizens, low and middle income families) to report to HHS-ACF in the final report.

#### F. Procedures

The Office of Emergency Operations, in cooperation with the Maryland Emergency Management Agency, State community relations personnel, and partnering non-

governmental entities, initiated a multimedia campaign notifying Maryland residents affected by Hurricane Sandy to contact the OEO Emergency Command Center (ECC) hotline with any continuing urgent needs. The hotline is checked daily for voice mails and incoming calls are monitored.

The State will attempt to make contact with individuals who were impacted by Hurricane Sandy but no longer live in the affected counties, using information provided by Local Departments of Social Services (LDSS) and the Long-Term Recovery Committees of affected counties.

1. As calls are received or returned, OEO staff will conduct an intake survey to assess the need of the applicant. Intake forms must include:
  - a. A FEMA ID number.
  - b. The applicant's case number as identified in the State's Community Emergency Relief Tracking System (CERTS)
  - c. A description of services or materials requested
  - d. Justification for the request
2. These intake forms are then assigned to a case manager who has the first level of approval:
  - a. Verifies the applicant FEMA ID and CERTS case number
  - b. Requests documentation, and verifies that there is no duplication of funds, e.g. through insurance, federal, State and local programs
  - c. Assesses the need
  - d. Assigns dollar value to the assistance based in set guidelines
  - e. Generates a SSBG grant request and invoice authorization form
  - f. Verifies any outstanding invoices to vendor
  - g. Supplies vendor information (including EIN)
  - h. Notates applicable Budget PCA code
3. Forms are then submitted for second level approval to the OEO supervisor/administrator and lastly to OEO Director/ Deputy Secretary for final approval
4. Final authorized forms are given to Budget and Finance for payment processing and mailing (except in the event of emergency, where checks are returned to the case manager for hand delivery.)
  - a. Documentation of all payments mailed by Budget & Finance must be supplied to the assigned case manager in the form of a certified mail receipt and copy of the related check
  - b. The caseworker must supply documentation of all payments hand-delivered to the assigned finance representative in the form of a store receipt, when applicable, and a signature of receipt by the receiving party or applicant.
5. Hurricane Sandy SSBG Supplemental Funds shall receive their own PCA code and their expenditure shall be tracked and reconciled in the State accounting system. Evidence of expenditures (receipts, purchase orders, etc.) shall be submitted to Accounts Payable for tracking. In addition, the Office of Emergency Operations will keep internal records for audit purposes.



## G. Recoupment/Recovery of Funds

As deemed appropriate by the GCO under grant guidelines, the State will undertake all reasonable efforts to recover funds when (1) fraudulently obtained or (2) documentation of expenditures cannot be identified for audit purposes.

1. A demand letter can be sent no sooner than 60 days after receipt of the gift card. All demand letters are sent via certified mail and must indicate, "Address service requested".
2. A second demand letter no sooner than 30 days after the first demand letter. This letter will advise the applicant that their case will be referred to Maryland's Central Collections Unit to begin collections.
3. Any funds recovered will be forwarded or directed to the fiscal officer for crediting to the appropriate disaster account.

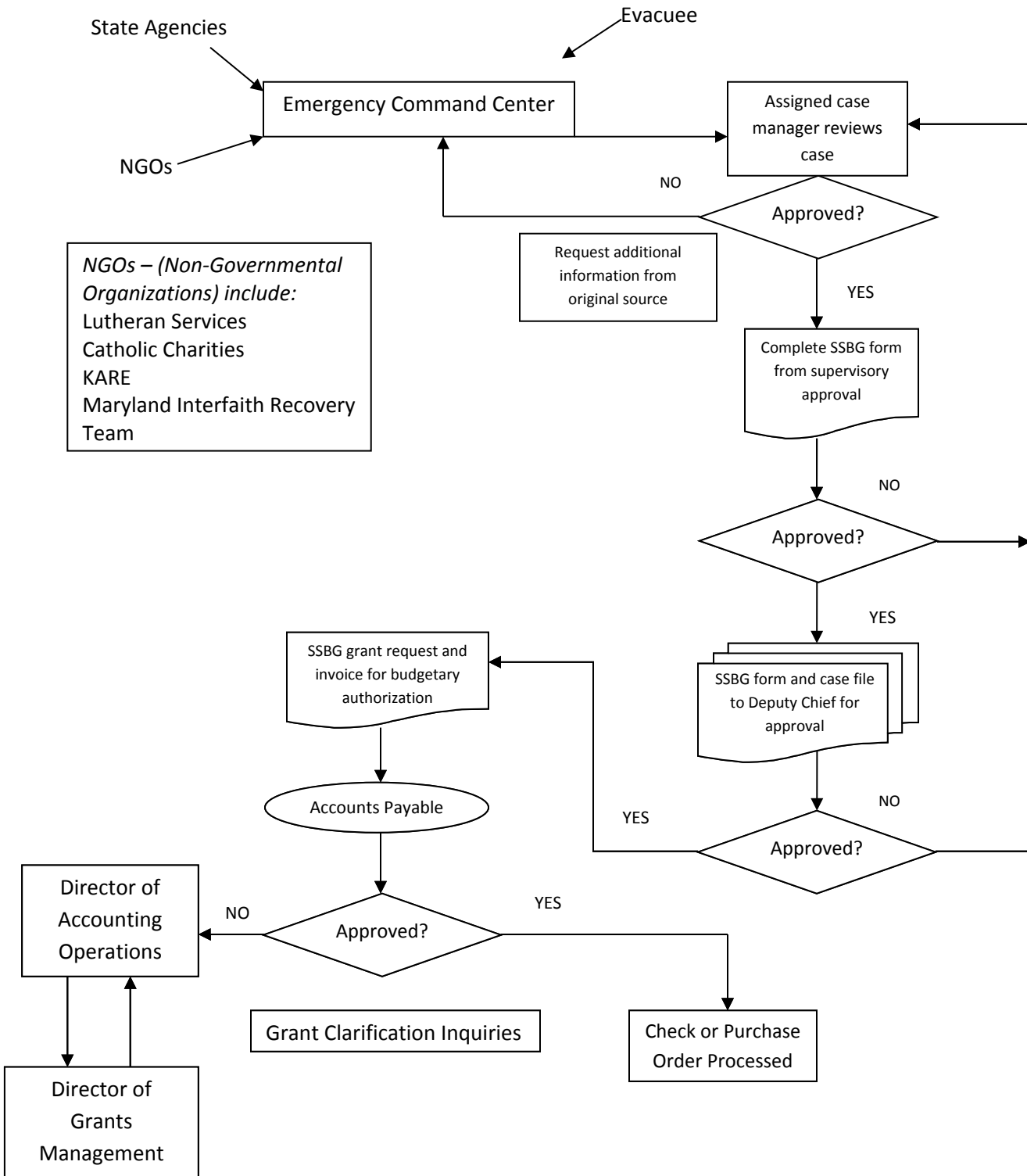
## H. Confidentiality

DHR OEO is the official administrator of this SSBG supplemental grant and its supporting case records. All applicant information is confidential information, and OEO will safeguard the privacy of the applicants and the confidentiality of information in accordance with 44 CFR, 206.120(d) (3) and the Privacy Act of 1974.

Applicant files kept in paper form will be filed in appropriate file folders for each applicant and stored in metal file cabinets. Access to applicant files will be limited to OEO staff on a need to know basis. Assigned case managers and OEO staff will ensure that applicant files are removed and returned to file cabinets in a timely manner and secured.

Additionally, no information will be disclosed on an applicant or their records except in response to a release signed by the applicant that specifies the purpose for the release and includes an authorizing signature for such release.

### Process Flow Chart



**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 any 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, and 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 require that the language of this certification to be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

State of Maryland – Department of Human Resources

Organization



Secretary

June 26,2013

Authorized Signature

Title

Date

**U.S Department of Health and Human Services  
Certification Regarding  
Drug-Free Workplace Requirements  
Grantees Other Than Individuals**

By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.

This certification is required by regulations implementing the Drug-Free Workplace Act of 1988, 45CFR Part 76, Subpart F. The regulations, published in the January 31, 1998 Federal Register, require certification by grantees that they will maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when HHS determines to award the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government-wide suspension or debarment.

The grantee certifies that it will provide a drug free environment by:

- (a) Publishing a statement notifying the employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled dangerous substance is prohibited by the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
- (b) Establishing a 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 of any criminal drug statute conviction for a violation occurring in the workplace no later than 5 days after such conviction;
- (e) Notifying the agency within 10 days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction;
- (f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (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; 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 maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

GPO 942-949