

# MAINE STATE LEGISLATURE

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January 3, 2023

Sen. Anne Carney, Chair  
Rep. Matthew Moonen, Chair  
Joint Standing Committee on the Judiciary  
c/o Legislative Information Office  
100 State House Station  
Augusta, ME 04333

Re: Department of Administrative and Financial Services' Report on Resolves 2023, ch. 76  
Resolve, to Establish a Plan for Adding a 3<sup>rd</sup> Option for Gender on State Forms

Senator Carney, Representative Moonen, and esteemed members of the Joint Standing Committee on the Judiciary, the Department of Administrative and Financial Services ("DAFS" or the "Department"), is pleased to submit this report and its findings for your consideration.

DAFS, which encompasses the State of Maine's Bureau of Human Resources, supports the objective of Resolves 2023, ch. 76 (131<sup>st</sup> Legislature/LD 942). The State of Maine is an Equal Opportunity Employer that strives to create and maintain an inclusive and diverse workforce. Advancing inclusion and belonging of transgender, non-binary, and gender non-conforming individuals will only improve the State as an employer of choice and the services we provide to Maine residents.

The primary purpose of this report is to further advise the Committee on the logistical and fiscal challenges of implementing a requirement to include an "X" gender marker on all state forms, applications, and other documents, and to propose a potential plan for full implementation. Even as we raise these challenges for the Committee's consideration, the DAFS supports the ultimate goal of improving the representation and inclusion of transgender, non-binary, and gender non-conforming individuals both as employees and as members of the public accessing the various services provided by the State of Maine.

## **Background**

The initial draft of LD 942 would have required that all forms, applications, and other documents printed or made available online by a state agency that include a place for a person's gender to be identified must include by November 1, 2024, a space to designate "X" for gender in lieu of "male" or "female." In DAFS' testimony on LD 942, we called to the Committee's attention that this is easier said than done in many instances, particularly regarding online forms that feed into large computer systems. LD 942 was then amended to a Resolve directing DAFS to compile a list of all printed and electronic forms, applications and other documents used by those entities that require a person to designate that person's gender and estimate the time and cost required to include within those forms, applications and other documents an option to designate "X" for gender. The Resolve

further directs DAFS to include any recommendations for expediting the process by which all state forms, applications, and other documents that require a gender designation be revised.

Through the Bureau of Human Resources, DAFS coordinated with all executive branch and quasi-independent agencies and subdivisions, boards and commissions, the Executive Director of the Legislative Council, and State Court Administrator to compile a list of all printed and electronic forms, applications and other documents that require a person to designate that person's gender. Accompanying this report as Attachment A is the compiled list of all forms, applications, and other documents that request a person's gender.

DAFS requested information from a total of 405 executive branch and quasi-governmental agencies and subdivisions, and boards and commissions. The Department also requested information from the Judicial Court Administrator, Executive Director of the Legislative Council, the Maine Community College System, Maine University System, and Maine Maritime Academy. The Department received responses from 340 respondents. Fifty-one (51) of the non-responses are from quasi-governmental agencies, boards and commissions; 12 non-responses are from executive branch agencies. Additionally, the Maine University System and Maine Maritime Academy were non-responsive.

DAFS does not believe that the 51 non-responsive boards, commissions, and quasi-government agencies would result in a significant change to the recommendations of this report. Approximately 200 boards, commissions, and quasi-government agencies submitted responses to the Department and the vast majority indicated they do not publish forms. Of the few that noted forms that requested gender, none stated a cost associated with including an "X" marker.

Similarly, the non-responsive executive branch agencies are also not anticipated to significantly impact the recommendations and analysis of this report. The majority of these agencies are Independent and are unlikely to require gender information (*i.e.*, Commission for Community Service, Maine Arts Commission, and the Maine Historic Preservation Commission).

### **Estimated Costs**

The primary purpose of this study and report is to provide a cost estimate for adding an "X" gender marker to all State of Maine forms, applications, and other documents when the form requests a person's gender. DAFS utilized two approaches: first, MaineIT prepared an estimate based on the digital forms and applications on the State's system, and second, the Bureau of Human Resources created an inventory based on information provided by the Departments.

Employing the first approach, MaineIT divided the State's computer applications and systems into four (4) categories: those requiring small, medium, large, and extra-large changes.

MaineIT Modeling of Costs Table 1.1			
Small Changes	Medium Changes	Large Changes	Extra Large Changes
Estimated number of paper forms unknown	Estimated number of systems: <b>240</b>	Estimated number of systems: <b>50</b>	Estimated number of Systems: <b>10</b>
Estimated cost per form change: <b>&lt;\$300</b>	Estimated cost per system: <b>\$2,000</b>	Estimated cost per system: <b>\$21,000</b>	Estimated cost per system: <b>\$600,000</b>

Based on the above estimates, MaineIT calculated it would cost approximately \$7.5 million to implement an “X” gender marker across all State computer applications and systems.

Using the second approach, the itemized costs compiled in Attachment A total \$851,942.20—the majority of that amount, totaling \$791,190, is attributable to the Department of Health and Human Services. However, it is essential to note that several agencies, including sub-divisions of DHHS and noted in the table below, were unable to estimate the cost of implementing the extra-large system changes required to comply.

Examples of Indeterminate Cost Estimates Table 1.2	
Departments	Agencies
DHHS	Office of Health Insurance Marketplace
DHHS	Center for Disease Control
DMR	Bureau of Marine Patrol
DOE	Maine School Safety Center
DOL	Bureau of Labor Standards
DOL	Bureau of Unemployment Compensation

The MaineIT modeling appears reasonable when compared to the self-estimated costs contained in Attachment A. For instance, the Office of Family Independence, which would require an extra-large application change, estimated a cost of \$690,000. Similarly, MaineIT estimated large application changes would average around \$21,000. Self-estimated costs came in at \$25,000 for the Maine Judicial Branch, \$40,000 for the Office of Aging and Disability, and \$18,000 Maine PERS.

### **Exceptions for Consideration**

The Department is compelled to bring to the Committee’s attention three circumstances under which exemptions to the proposed requirement may have merit. The recommended exceptions would likely reduce costs.

#### **1. Federal Law**

Multiple Departments are required by federal law, or through federal grants, to use certain forms and/or collect certain data. The State of Maine generally has little to no input in the creation or use of these forms. A non-exhaustive list of examples include:

<b>Examples of Federal Forms Used by State Departments</b> <b>Table 2.1</b>			
<b>Form Name</b>	<b>Federal Agency</b>	<b>State Agency</b>	<b>Description</b>
1500 Claim Form	Centers for Medicare & Medicaid Services	MaineCare	Health Insurance Claim Form, Requests Sex, Male / Female only options
Unemployment Benefits Qualify Control Questionnaire	U.S. Department Labor	Department of Labor Bureau of Unemployment Compensation	Requests Sex, Male / Female only options
Title I, Part D (Performance Reports, Supplemental Data Pages, Subpart 1 & 2)	U.S. Department of Education	Department of Education	Data reported for the National Evaluation and Technical Assistance Center for the Education of Children and Youth who are Neglected, Delinquent, or At Risk. Male / Female only options
OSHA Respirator Medical Evaluation Questionnaire	U.S. Department of Labor	Department of Corrections	Requests Sex, Male / Female only options
Recreational Boating Accident	U.S. Coast Guard	Inland Fisheries and Wildlife Warden Service	Requests Gender, Male / Female only options

The initial draft of LD 942 made no exception for federally required forms or collecting federally mandated data, which could force state agencies to choose between compliance with federal and state law, with federal non-compliance potentially compromising federal resources. It should, however, be noted that while there are several instances of the federal government requiring the collection of data on male/female genders only, they may not prohibit additional data collection. For example, the State of Maine is required to file the EEO-4 biennially, which reports the demographic makeup of State of Maine employees to the U.S. Equal Employment Opportunity Commission. This report only requires the collection of male/female gender data but permits other gender data to be reported in the comments section of this report.

The Department recommends exempting: 1) federally authored forms, applications, and other documents that are used by the State of Maine from adding an “X” gender marker, as well as, 2) any forms, applications, and other documents, that would conflict with federal data collection mandates by adding an “X” gender marker. If the addition of an “X” gender marker would not conflict with federal requirements (*i.e.*, would be permissible under federal requirements), the State should require an “X” gender option on forms, applications, and other documents that request gender information. In many instances, including an “X” gender marker would be an important

datapoint to collect, in order to analyze health, employment, housing, and other data specific to transgender, non-binary, and gender non-conforming individuals. That data would be useful in making future policy decisions that impact those communities.

## 2. Nationally Recognized Professional Standards

Like the above section involving federal law that requires the collection gender/sex information, several agencies use forms, applications, and other documents that are based on nationally recognized standards or multi-state cooperation. These forms, which are not controlled by the State of Maine agencies, request gender information for “male/female” only. A non-exhaustive list of examples includes:

Examples of Forms using Nationally Recognized Standards used by Agencies Table 2.2			
Form Name	National Organization	State Agency	Description
Application for Individual Producer	National Association of Insurance Commissioners	Bureau of Insurance	Licensing Application for Insurance Agents
Uniform Reporting System for Health Care Claims Data Sets	Substance Abuse and Mental Health Services Administration	Maine Health Data Organization	State mental health agencies (SMHAs) use the Uniform Reporting Systems (URS) to compile and report annual data as part of SAMHSA’s Community Mental Health Services Block Grant.
IAIABC Standard 3.0	International Association of Industrial Accident Boards and Commissions	Workers Compensation Board	National standards for workers compensation claim forms/data.
Alcohol Use Disorders Identification Test	AUDIT	Dorothea Dix Psychiatric Center	National health organization developed test used for alcohol screening.

Under the initially proposed LD, there was no exception for an agency utilizing a form, application, or other documents, that was either authored by or relied on professional guidance from a national professional organization. The Department recommends exempting forms, applications, and other documents, that are authored by or based on guidance from a nationally recognized professional organization.

The rationale for this exemption is that national organizations create a consistent reporting of data to better show national trends, which allow the State of Maine to better identify areas of concern and to implement policies to address those areas.

### 3. Data Regarding Sex Assigned at Birth

Multiple forms, applications, and other documents request information specific to a person's sex assigned at birth. The Department of Corrections has multiple forms for intake and healthcare information that distinguishes between a person's sex assigned at birth and gender identity. The purpose of this distinction is to allow medical professionals to assess health risks of residents and to appropriately assign housing within the facilities. The Department of Corrections already has various forms that include gender markers other than male and female. (*e.g. transgender, non-binary, etc.*)

The Department recommends that a distinction be recognized between requesting a person's sex assigned at birth and requesting a person's gender. If sex assigned at birth is requested for a legitimate purpose such as evaluating medical risks associated with a person's sex assigned at birth, requests for sex assigned at birth should be exempt from adding an "X" option. The State could require that forms, applications, and other documents that request sex assigned at birth also request gender identity and provide an "X" gender option.

#### State Vendors

The State of Maine contracts with many private vendors to perform various functions for the State. Many of these vendors utilize their own forms and databases to complete those functions. A non-exhaustive list of examples is below:

<b>Examples of Forms Used by State Hired Vendors</b>			
<b>Table 3.1</b>			
<b>Form Name</b>	<b>Vendor</b>	<b>State Agency</b>	<b>Description</b>
Northeast Delta Dental Claims Form	Delta Dental	Office of Employee Health	This form is used by the vendor to enroll employees in the State's Dental Insurance.
HR Management Systems	PRISM	Bureau of Human Resources	This system covers all employment functions by BHR. Importantly, this system is being updated and will include an X Gender Marker.
Paylocity Onboarding	Paylocity	Maine Veterans' Home	The Maine Veterans' Home has hired a vendor to manage their HR systems. There is no option for an X Gender Marker.
InterQual (Multiple Forms)	Optum	MaineCare	Provider of orthotic devices for MaineCare clients.

The State of Maine's Office of Procurement can include contract language with private vendors requiring an "X" option for forms, applications, and other documents that request gender. DAFS strongly recommends the requirement be applied to new and renewing contracts to avoid the potential for having to renegotiate existing contracts at additional expense.

It should be noted that there is a limited pool of vendors for some services, and in some instances the State may have limited leverage, especially if the requirement would require the vendor to alter systems used to serve multiple states. The vendor could also build the associated costs of the require changes into their contract price.

### **Proposed Implementation Timeline**

The Department recommends that all forms, applications, and other documents, that are not otherwise excluded from this requirement, be updated on an incremental/rolling basis. A proposed timeline and breakdown by categories is included below.

<b>Implementation Timeline</b> <b>Table 4.1</b>			
<b>Category</b>	<b>Completion Date</b>	<b>Estimated Hours</b>	<b>Comments</b>
Changes to Paper Forms	Immediately, but no later than December 31, 2024.	Unknown	
State Systems changes for which costs to include an “X” gender marker are absorbable within existing agency resources.	December 31, 2025.	4,800	This is based on the Small and Medium Changes listed in Table 1.1. This category represents updating approximately 80% of all State issued forms, applications, and other documents to include an “X” gender marker.
State Systems changes for which costs to include an “X” gender marker are <u>not</u> absorbable within existing agency resources and will require additional funds be appropriated.	June 30, 2027, contingent upon funding.	10,000	This is based on the Large Changes listed in Table 1.1. It is anticipated that additional funds will need to be appropriated to the agencies required to make changes within this category. This timeline provides the opportunity for agencies to submit requests for additional funding to be included in a biennial budget proposal. As of the completion of updating these systems, 96.7% of all state systems would be updated to include an ”X” gender marker.
Major State Systems upgrades/replacement required to include an “X” Gender Marker.	On a rolling basis, as systems are upgraded/replaced.	60,000	This is based on the Extra Large Changes listed in Table 1.1.



This timeframe is anticipated to give agencies sufficient time to assess which forms they are required to update based on any exclusions permitted by subsequent legislation the Committee has been authorized to report out by Resolves 2023, ch. 76. The agencies can then evaluate their total costs and begin implementing the required changes. It can be anticipated that many agencies could complete their changes prior to the applicable statutory deadlines—indeed many reported reviewing their forms and already making changes either to remove unnecessary questions about gender or include an “X” Gender Marker in response to this inquiry—however, the larger, more complex systems, would require additional appropriations and time.

Name	Accronym
Boards Commissions and Quasi Government Agencies	BCQ
Department of Administrative and Financial Services	DAFS
Department of Agriculture, Conservation, and Forestry	DACF
Department of Defense, Veterans, and Emergency Management	DVEM
Department of Education	DOE
Department of Environmental Protection	DEP
Department of Health and Human Services	DHHS
Department of Marine Resources	DMR
Department of Professional and Financial Regulation	PFR
Department of Transportation	DOT
Maine Judicial Branch	MJB
Office of the Attorney General	OAG
Secretary of State	SOS
Department of Public Safety	DPS
Independent Agency	IA
Office of the Governor	GO
Department of Inland Fisheries and Wildlife	IFW
Department of Labor	DOL
Legislative Council	LC
Department of Economic and Community Development	DECD
Maine Community College System	MCCS

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
BCQ	Abandoned and Discontinued Roads Commission	No Forms	\$ -		
BCQ	Advisory Committee for School Psychologists	No Forms			
BCQ	Advisory Committee on Education Savings	No Forms	\$ -		
BCQ	Advisory Committee on Fair Competition with Private Enterprise	No Forms	\$ -		
BCQ	Advisory Council on Tax-Deferred Arrangements	No Forms	\$ -		
BCQ	Agricultural Water Management Board	No Forms			
BCQ	Allagash Wilderness Waterway Advisory Council	No Forms			
BCQ	Animal Welfare Advisory Committee	No Forms	\$ -		
BCQ	Aquaculture Advisory Council	No Forms			
BCQ	Aviation Advisory Board	No Forms			
BCQ	Blaine House Commission	No Forms			
BCQ	Board of Agriculture	No Forms			
BCQ	Board of Arbitration and Conciliation	No Forms			
BCQ	Board of Emergency Municipal Finance	No Forms	\$ -		
BCQ	Board of Environmental Protection	No Forms	\$ -		
BCQ	Board of Occupational Safety and Health	No Forms			
BCQ	Board of Pesticides Control	No Forms	\$ -		
BCQ	Board of Trustees, Maine Maritime Academy	No Forms			
BCQ	Board of Trustees, Mining Excise Tax Trust Fund	No Forms	\$ -		
BCQ	Board of Visitors for Long Creek Youth Development Center	No Forms	\$ -		
BCQ	Board of Visitors, Maine State Prison	No Forms			
BCQ	Capital Planning Commission	No Forms	\$ -		
BCQ	Capitol Planning Commission	No Forms			
BCQ	Civil Service Appeals Board	No Forms			
BCQ	Clean-Up and Response Fund	No Forms			
BCQ	Combat Sports Authority of Maine	Competitors License	\$ -	No	
BCQ	Combat Sports Authority of Maine	All-other License	\$ -	No	
BCQ	Commercial Fishing Safety Council	No Forms			
BCQ	Commission on Municipal Deorganization	No Forms	\$ -		

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
BCQ	Consensus Economic Forecasting Commission	No Forms			
BCQ	Criminal Law Advisory Commission	No Forms			
BCQ	Cultural Affairs Council	No Forms			
BCQ	Deadly Force Review Panel	No Forms			
BCQ	Developmental Disabilities Council	Council Member Application	\$ -	No	
BCQ	Developmental Services Oversight and Advisory Board	No Forms			
BCQ	Downeast Correctional Facility Board of Visitors	No Forms			
BCQ	E-911 Council	No Forms			
BCQ	Electric Ratepayer Advisory Council	No Forms			
BCQ	Guaranteed Access Reinsurance Association	No Forms			
BCQ	Higher Education Interpersonal Violence Advisory Commission	No Forms			
BCQ	Indian Township Passamaquoddy Housing Authority	No Forms			
BCQ	Inland Fisheries and Wildlife Advisory Council	No Forms			
BCQ	Kim Wallace Adaptive Equipment Loan Program Fund Board	No Forms			
BCQ	Land Use Planning Commission	No Forms			
BCQ	Lobster Advisory Council	No Forms			
BCQ	Lobster Zone Council (1 through 7)	No Forms			
BCQ	Logging Dispute Resolution Board	No Forms			
BCQ	Maine Advisory Committee on Family Development Accounts	No Forms			
BCQ	Maine Agriculture in the Classroom Council	No Forms			
BCQ	Maine Commission on Domestic and Sexual Abuse	No Forms			
BCQ	Maine Connectivity Authority	No Forms			
BCQ	Maine Drinking Water Commission	No Forms			

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
BCQ	Maine Health Data Organization	Uniform Reporting System for Health Care Claims Data Sets	N/A	Yes	Based on National Standards
BCQ	Maine Health Data Organization	Uniform Reporting System for Hospital Inpatient Data Sets and Hospital Outpatient Data Sets	N/A	Yes	Based on National Standards
BCQ	Maine Historical Records Advisory Board	No Forms			
BCQ	Maine Hospice Council and Center for End of Life Care	A Portable Medical Order	\$ -	No	
BCQ	Maine Library Advisory Commission	No Forms			
BCQ	Maine Lobster Marketing Collaborative	No Forms			
BCQ	Maine Maritime Academy Commission	No Forms			
BCQ	Maine Milk Commission	No Forms			
BCQ	Maine Municipal Bond bank	No Forms			
BCQ	Maine Outdoor Heritage Fund Board	No Forms			
BCQ	Maine Pilotage Commission	No Forms			
BCQ	Maine Recovery Council	No Forms			
BCQ	Maine School Charter Commission	No Forms			
BCQ	Maine Self-Insurance Guarantee Association	No Forms			
BCQ	Maine State Archives Advisory Board	No Forms			
BCQ	Maine Telehealth and Telemonitoring Advisory Group	No Forms			
BCQ	Maine Temporary Assistance for Needy Families Advisory Council	No Forms			
BCQ	Maine Vaccine Boards	No Forms			
BCQ	Maine Venture Fund	No Forms			
BCQ	Maine-Canadian Legislative Advisory Commission	No Forms			
BCQ	Marine Resources Advisory Council	No Forms			
BCQ	Motor Vehicle Franchise Board	No Forms			

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
BCQ	Mountain View Correctional Facility - Board of Visitors	No Forms			
BCQ	New England and Eastern Canda Legislative Commission	No Forms			
BCQ	New England Interstate Water Pollution Control Commission	No Forms			
BCQ	New England Legislative Commission	No Forms			
BCQ	Northeastern Forest Fire Protection Commission	No Forms			
BCQ	Nutrient Management Review Board	No Forms			
BCQ	Panel of Mediators	No Forms			
BCQ	Permanent Commission on the Status of Racial, Indigenous, and Tribal Populations	No Forms			
BCQ	Permanent Commission on the Status of Women	No Forms			
BCQ	PFAS Fund Advisory Committee	No Forms			
BCQ	Probate and Trust Law Advisory Commission	No Forms			
BCQ	Public Transit Advisory Council	No Forms			
BCQ	Pull Events Commission	No Forms			
BCQ	Retired County and Municipal Law Enforcement Officers and Municipal Firefighters Health Insurance Board	No Forms			
BCQ	Right to Know Advisory Committee	No Forms			
BCQ	Riverflow Advisory Board	No Forms			
BCQ	Saco River Corridor Commission	No Forms			
BCQ	Scallop Advisory Council	No Forms			
BCQ	Sea Urchin Zone Council	No Forms			
BCQ	Seaweed Fisheries Advisory Council	No Forms			
BCQ	Sexual Assault Forensic Examiner Advisory Board	No Forms			
BCQ	Small Business and Entrepreneurship Commission	No Forms			
BCQ	St. Croix International Waterway Commission	No Forms			
BCQ	State Board of Education	No Forms			
BCQ	State Compensation Commission	No Forms			

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
BCQ	State Education and Employment Outcomes Task Force	No Forms			
BCQ	State Emergency Response Commission	No Forms			
BCQ	State Employee Health Commission	No Forms			
BCQ	Statewide Coordinating Council for Public Health	No Forms			
BCQ	Statewide Homeless Council	No Forms			
BCQ	Technical Code Board	No Forms			
BCQ	Trauma Advisory Committee	No Forms			
BCQ	Uniform Commission on State Laws	No Forms			
BCQ	University of Maine System, Board of Trustees	No Forms			
BCQ	Water Well Commission	No Forms			
BCQ	Wild Blueberry Advisory Committee	No Forms			
DACF	Agricultural Bargaining Board	No Forms			
DACF	Arborist Program	Application for Apprentice Permit	\$	-	No
DACF	Arborist Program	Application for Arborist License	\$	-	No
DACF	Arborist Program	Application for Examination	\$	-	No
DACF	Integrated Pest Management Council	No Forms			
DACF	Maine Forest Service	No Forms			
DACF	Plant Health Programs	Application for Apprentice Permit	\$	-	No
DACF	Plant Health Programs	Application for Arborist License	\$	-	No
DACF	Plant Health Programs	Application for Examination	\$	-	No
DACF	State Conservation District Advisory Council	No Forms			
DACF	State Harness Racing Commission	License Application	\$	-	No
DACF	Water Resources Planning Committee	No Forms			

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DAFS	Bureau of Alcoholic Beverages & Lottery Operations	No Forms			
DAFs	Bureau of Human Resources	Flexible Spending Account	Unknown	No	Vendor Form
DAFS	Bureau of Human Resources	Employee's Report on Injury, Exposure, or Medical Condition	Nominal	No	
DAFS	Bureau of Human Resources	Instructions for Completing Employee's Report of Injury, Exposure or Medical Condition	Nominal	No	
DAFS	Bureau of Human Resources	Employee's Report on Injury, Exposure, or Medical Condition	Nominal	No	
DAFS	Bureau of Human Resources	Employee's Report on Injury, Exposure, or Medical Condition	Nominal	No	
DAFS	Bureau of Human Resources	Equal Opportunity Self-Identification Form	N/A	Yes	Federal Reporting Requirement
DAFS	Bureau of Human Resources	New Hire	\$ -	No	
DAFS	Bureau of Human Resources	HR Management Systems	\$ -	No	New HR System in Development. No anticipated additional cost to include "X"
DAFS	Central Services	No Forms			
DAFS	General Services	No Forms	\$ -		
DAFS	Maine Revenue Service	Municipal Valuation Return	\$ -	No	



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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DAFS	Maine Revenue Service	Unemployment Contributions Report (UC-1)	\$ -	No	
DAFS	Office of Cannabis Policy	No Forms			
DAFS	Office of Employee Health	Flexible Spending Account Enrollment Form	Unknown	No	Vendor Form
DAFS	Office of Employee Health	Northeast Delta Dental Claims Form	Unknown	No	Vendor Form
DAFS	Office of Employee Health	Medicare Prescription Drug Claim Form	Unknown	No	Vendor Form
DAFS	Office of Employee Health	State of Maine: Group Benefit Plans Enrollment/Change Form	\$ -	No	
DAFS	Office of Employee Health	State of Maine Medicare Advantage Enrollment	\$ -	No	
DAFS	Office of Employee Health	Employee's Report of Injury, Exposure, or Medical Condition	\$ -	No	
DAFS	Office of Employee Health	Health Insurance Subsidy Program For Law Enforcement Officers & Firefighters Employee Election Application	\$ -	No	

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DAFS	Office of Employee Health	Health Insurance Subsidy Program For Law Enforcement Officers & Firefighters Employee Withdrawal Form	\$ -	No	
DAFS	Office of Information Technology	No Forms			
DAFS	Procurement	No Forms			
DAFS	Property Tax Board	No Forms			
DAFS	State Claims Commission	No Forms			
DAFS	State Controller Office	No Forms			
DAFS	Central Fleet	No Forms			
DECD		No Forms			
DEP	Task Force on Invasive Species	No Forms			
DEP		No Forms			
DHHS	Center for Disease Control	Health Insurance Claim Form	N/A	Yes	Federal Required Form
DHHS	Center for Disease Control	Baseline and Annual Data Collection Form	N/A	Yes	Federal Reporting Requirements
DHHS	Center for Disease Control	Flow Cytometry Referral	Unknown	No	Vendor Form
DHHS	Center for Disease Control	EMMC Sweat Test Referral Form	Unknown	No	Vendor Form
DHHS	Center for Disease Control	MMC Sweat Test Referral Form	Unknown	No	Vendor Form
DHHS	Center for Disease Control	Disease Investigation Case Report Forms (~80 forms)	N/A	Yes	Federal Reporting Requirements
DHHS	Center for Disease Control	Human Arbovirus Speciman Submission Form	\$ -	No	Gender is Fill In Blank

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Center for Disease Control	HETL Requisition Form	\$ -	No	
DHHS	Center for Disease Control	Adult Case Report Form (ACRF)	N/A	Yes	Federal Required Form
DHHS	Center for Disease Control	NBS Investigation Page for STD and HIV/AIDS Programs	N/A	Yes	Federal Required Form
DHHS	Center for Disease Control	Spirit MIS	N/A	Yes	Federal Required Form
DHHS	Center for Disease Control	Bloodspot Filter Paper	\$ -	No	
DHHS	Center for Disease Control	RBS Participant Survey	\$ -	No	
DHHS	Center for Disease Control	Synar Retail Tobacco Compliance Check Inspection Agent Application	\$ -	No	
DHHS	Center for Disease Control	Synar Retail Tobacco Compliance Check Inspection Supervisor Application	\$ -	No	
DHHS	Center for Disease Control	Synar Retail Tobacco Compliance Check Inspection Youth/Young Adult Application	\$ -	No	
DHHS	Center for Disease Control	SureAdhere	\$ -	No	
DHHS	Center for Disease Control	CareFacts	\$ -	No	

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Center for Disease Control	CradleMe Request Form	\$ -	No	
DHHS	Center for Disease Control	Sidekicks Post-Training Online Form	\$ -	No	
DHHS	Center for Disease Control	Maine CDC HIV/STD Test Form-Part 1	\$ -	No	
DHHS	Center for Disease Control	Maine CDC Tuberculosis Program LTBI Treatment Referral	\$ -	No	
DHHS	Center for Disease Control	Form A-Ryan White Part B Application for Services	\$ -	No	
DHHS	Center for Disease Control	Form B - Ryan White Part B Recertification/Reapplication for Services, Ryan White Part B Recertification	\$ -	No	
DHHS	Center for Disease Control	LeadCare II Blood Lead Analysis Reporting Fax Form	\$ -	No	
DHHS	Center for Disease Control	Event Investigation Case Report Forms (~5 forms)	\$ -	No	
DHHS	Center for Disease Control	Laboratory Blood Analysis Request	Unknown	No	Vendor Form
DHHS	Center for Disease Control	Drug Facilitated Crime Laboratory Analysis Request	Unknown	No	Vendor Form

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Center for Disease Control	Laboratory Postmortem Blood Analysis Request	Unknown	No	Vendor Form
DHHS	Center for Disease Control	Laboratory Urine Drug Analysis Request	Unknown	No	Vendor Form
DHHS	Center for Disease Control	HETL ORTHOPOX Specimen Submission Form	Unknown	No	Vendor Form
DHHS	Center for Disease Control	HETL SARS-CoV-2 Specimen Submission Form	Unknown	No	Vendor Form
DHHS	Center for Disease Control	Respirator Medical Evaluation Questionnaire	Unknown	No	Vendor Form
DHHS	Center for Disease Control	Adult Vaccine Consent	N/A		Both sex at birth and current gender are used.
DHHS	Center for Disease Control	Pediatric Vaccine Consent	N/A		
DHHS	Center for Disease Control	Tuberculin Skin Test (TST) Consent	N/A		
DHHS	Center for Disease Control	COVID Vaccine Consent	N/A		"Non-Binary / X" is an option
DHHS	Center for Disease Control	Comprehensive Risk Assessment Tool: Slow Weight Gain	N/A	No	National Medical Standards
DHHS	Center for Disease Control	Case Summary Form	N/A		
DHHS	Center for Disease Control	Online Maine Birth Defects Program Report Form	\$ 50,000	No	

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Center for Disease Control	Student Intervention Reintegration Program (SIRP) Referral Portal	\$ 5,000	No	
DHHS	Center for Disease Control	Maine QuitLink tobacco treatment services intake	\$ 5,000	No	National Standards
DHHS	Center for Disease Control	Gatekeeper Post-Training Survey 6 Month Followup	\$ 5,000	No	
DHHS	Center for Disease Control	DETLIC Online Registration 2023	\$ 5,000	No	National Standards
DHHS	Center for Disease Control	Young Adult Survey	\$ 5,000	No	National Standards
DHHS	Center for Disease Control	Consent to Conduct Background Investigation	\$ 5,000	No	
DHHS	Center for Disease Control	Crisis and Counseling Assessment Sheet	\$ 5,000	No	National Standards
DHHS	Center for Disease Control	Prediabetes Risk Test (US CDC Developed tool)	\$ 300	Yes	
DHHS	Center for Disease Control	Prime For Live Universal (PFL-U) Satisfaction Survey	\$ 100	No	
DHHS	Center for Disease Control	Student Intervention Reintegration Program (SIRP) Pre-Questionnaire	\$ 100	No	
DHHS	Center for Disease Control	Student Intervention Reintegration Program (SIRP) Post-Questionnaire	\$ 100	No	

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Center for Disease Control	TiPS Exam Form	Unknown	No	From Vendor- "This is not an internal form, so we likely can't adapt it."
DHHS	Center for Disease Control	Advanced Gatekeeper Post-Training Survey	\$ 100	No	
DHHS	Center for Disease Control	Train the Trainer Post-Training Survey	\$ 100	No	
DHHS	Center for Disease Control	Protocol Development Post-Training Survey	\$ 100	No	
DHHS	Center for Disease Control	Suicide Prevention Curriculum Post-Training Survey	\$ 100	No	
DHHS	Center for Disease Control	Suicide Assessment for Clinicians Post-Training Survey	\$ 100	No	
DHHS	Center for Disease Control	Suicide Assessment for School Clinicians Post-Training Survey	\$ 100	No	
DHHS	Center for Disease Control	Collaborative Safety Planning Post-Training Survey	\$ 100	No	
DHHS	Center for Disease Control	Non-Suicidal Self-Injury (NSSI) Post-Training Survey	\$ 100	No	
DHHS	Center for Disease Control	Gatekeeper Post-Training Survey	\$ 100	No	
DHHS	Center for Disease Control	UNITY conference permission form	\$ 100	No	
DHHS	Center for Disease Control	WPHW 2023 youth gathering permission form	\$ 100	No	

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Center for Disease Control	Sidekicks Survey	\$ 100	No	
DHHS	Center for Disease Control	DETL Youth Substance Use & Well Being Survey	\$ 100	No	
DHHS	Center for Disease Control	Brewer School Based Health Center Medical History Form	\$ 100	No	
DHHS	Center for Disease Control	PCHC Patient Information Form	\$ 100	No	Asks for gender assigned at birth, then asks for gender identity and lists options including "other"
DHHS	Center for Disease Control	Blue Devil Email Waiver	\$ 100	No	
DHHS	Center for Disease Control	Blue Devil Health Center Consent for Expanded Health Services	\$ 100	No	
DHHS	Center for Disease Control	Bucksport Regional Health Center enrollment form	\$ 100	No	
DHHS	Center for Disease Control	Bucksport Regional Health Center enrollment form	\$ 100	No	
DHHS	Center for Disease Control	Greater Portland Health SBHC Enrollment Information	\$ 100	No	
DHHS	Center for Disease Control	Hometown Health Center Enrollment Form	\$ 100	No	



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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Center for Disease Control	Hometown Health Center Enrollment Form (Dental)	\$ 100	No	
DHHS	Center for Disease Control	LincolnHealth Registration form	\$ 100	No	
DHHS	Center for Disease Control	Maranacook Emergency Medical Form	\$ 100	No	
DHHS	Center for Disease Control	Oxford Hills SBHC Application	\$ 100	No	
DHHS	Center for Disease Control	Eagles Health Clinic Enrollment Form	\$ 100	No	
DHHS	Center for Disease Control	Brewer SBHC Enrollment Form	\$ 100	No	
DHHS	Center for Disease Control	Cony SBHC Enrollment Form	\$ 100	No	
DHHS	Center for Disease Control	Audiology Reporting	\$ -	No	
DHHS	Center for Disease Control	Nebulogic data system	\$ -	No	
DHHS	Center for Disease Control	Intentions of Marriage Application	\$ -	No	
DHHS	Center for Disease Control	Gender Marker Change Application	\$ -	No	
DHHS	Center for Disease Control	Gender Marker Change Application for a Minor	\$ -	No	
DHHS	Center for Disease Control	Gender Marker Change HCP Declaration	\$ -	No	

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Center for Disease Control	ImmPact Immunization Record Request	\$ -	No	
DHHS	Center for Disease Control	Maine CDC Breast and Cervical Health Program (MBCHP) Enrollment Questions	\$ -	No	
DHHS	Center for Disease Control	MAINE ASTHMA SELF-MANAGEMENT EDUCATION PROGRAM FORM B: CLIENT DATA AT ENROLLMENT	\$ -	No	
DHHS	Center for Disease Control	MPBHP Consultation Request form	\$ -	No	
DHHS	Center for Disease Control	Maine Responds Volunteer Registration Form	\$ -	No	
DHHS	Division of Licensing and Certification	Maine Sentinel Event Notification and Near Miss Reporting Form	\$ -	No	
DHHS	Division of Licensing and Certification	Maine Background Check Center Voluntary Consent for Disclosure of Personal Description	\$ -	No	
DHHS	Division of Licensing and Certification	Behavioral Health Mental Health and Substance Use renewal, change and initial application	\$ -	No	Data is collected because some programs are gender specific

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Division of Licensing and Certification	CRMA Student Information form	\$ -	No	
DHHS	Division of Licensing and Certification	PSS Student Information form	\$ -	No	
DHHS	Dorothea Dix Psychiatric Center	Medical History and Physical Template	\$ -	No	
DHHS	Dorothea Dix Psychiatric Center	Patient labels	\$ -	No	
DHHS	Dorothea Dix Psychiatric Center	Informal Involuntary Admission	\$ -	No	
DHHS	Dorothea Dix Psychiatric Center	Adult Immunization Record	\$ -	No	
DHHS	Dorothea Dix Psychiatric Center	Abstracts Received	\$ -	No	
DHHS	Dorothea Dix Psychiatric Center	Inpatient Psychiatric Evaluation Template	\$ -	No	
DHHS	Dorothea Dix Psychiatric Center	AIMS Assessment	\$ -	No	
DHHS	Dorothea Dix Psychiatric Center	Alcohol Use Disorders Identification Test	\$ -	No	
DHHS	Dorothea Dix Psychiatric Center	Nursing Assessment	\$ -	No	
DHHS	Dorothea Dix Psychiatric Center	Elopement packet	\$ -	No	
DHHS	Dorothea Dix Psychiatric Center	Form 214 - Patient lost or damaged property replacement	\$ -	No	
DHHS	Dorothea Dix Psychiatric Center	Form 215 - Report of Patient's Property	\$ -	No	
DHHS	Newborn Hearing Screening Advisory Board	No Forms			

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Office of Aging and Disability Services	Evergreen APS Report Perpetrator Info	\$ 5,000	No	
DHHS	Office of Aging and Disability Services	Evergreen APS Personal Profile Personal Info	\$ 5,000	No	
DHHS	Office of Aging and Disability Services	Evergreen DS Personal Profile	\$ 5,000	No	
DHHS	Office of Aging and Disability Services	Enterprise Information System (EIS)	\$ 5,000	No	
DHHS	Office of Aging and Disability Services	Preadmission Screening and Resident Review (PASRR)	\$ 5,000	No	
DHHS	Office of Aging and Disability Services	Wellsky	\$ 5,000	No	
DHHS	Office of Aging and Disability Services	MECare System Med Assessment	\$ 5,000	No	
DHHS	Office of Aging and Disability Services	Supports Intensity Scale (SIS) Assessment	\$ 5,000	No	
DHHS	Office of Aging and Disability Services	APS Online Reporting Form	\$ -	No	
DHHS	Office of Aging and Disability Services	Crisis Sharepoint	\$ -	No	
DHHS	Office of Aging and Disability Services	Senior Community Service Employment Program (SCSEP) Participant Form	\$ -	No	
DHHS	Office of Aging and Disability Services	State Health Insurance Program (SHIP) Beneficiary Contact Form	\$ -	No	

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Office of Aging and Disability Services	AAA Intake Form	\$ -	No	
DHHS	Office of Aging and Disability Services	AAA Home Delivered Meals Form	\$ -	No	
DHHS	Office of Aging and Disability Services	AAA Congregate Meal Assessment Form	\$ -	No	National Standard
DHHS	Office of Aging and Disability Services	AAA Community Center Participant Information Form	\$ -	No	National Standard
DHHS	Office of Aging and Disability Services	Independent Housing with Services Program Agreement Appendix D: Demographic Summary Report	\$ -	No	
DHHS	Office of Aging and Disability Services	Independent Housing with Services Program Agreement Appendix E: Unduplicated Consumer Count Report	\$ -	No	
DHHS	Office of Aging and Disability Services	Affordable Assisted Living Program Agreement Appendix D: Unduplicated Consumer Count Report	\$ -	No	
DHHS	Office of Aging and Disability Services	Respite for ME	\$ -	No	
DHHS	Office of Aging and Disability Services	Respite for ME Re-enrollment Eligibility and Application	\$ -	No	

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Office of Aging and Disability Services	Meals On Wheels Expand Assessment	\$ -	No	
DHHS	Office of Aging and Disability Services	Medicare Client Contact Form	\$ -	No	
DHHS	Office of Aging and Disability Services	Partners in Caring Respite Form	\$ -	No	
DHHS	Office of Aging and Disability Services	Friendly Caller Program New Client Intake Form	\$ -	No	
DHHS	Office of Aging and Disability Services	Money Minders New Client Intake Form	\$ -	No	
DHHS	Office of Aging and Disability Services	Person Centered Plan Form	\$ -	No	
DHHS	Office of Aging and Disability Services	Other Related Conditions Care Plan	\$ -	No	
DHHS	Office of Aging and Disability Services	Brain Injury Waiver Application	\$ -	No	
DHHS	Office of Aging and Disability Services	Other Related Conditions Waiver Application	\$ -	No	
DHHS	Office of Aging and Disability Services	Vendor Call Form	\$ -	No	Vendor Form
DHHS	Office of Aging and Disability Services	Intake Referral Form	\$ -	No	
DHHS	Office of Aging and Disability Services	Intake Application	\$ -	No	
DHHS	Office of Behavioral Health	EIS Registration Form	Minimal	No	
DHHS	Office of Behavioral Health	BRAP Application	Minimal	No	

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Office of Behavioral Health	PNMI Application	Minimal	No	
DHHS	Office of Child and Family Services	Child Care Subsidy Program Application	\$ 7,000	No	
DHHS	Office of Child and Family Services	Salary Supplement Program Profile Application	\$ 2,000	No	
DHHS	Office of Child and Family Services	Children's Client Access Form	\$ 2,000	No	
DHHS	Office of Child and Family Services	Criminal History Request Form	\$ 2,000	No	
DHHS	Office of Child and Family Services	Help Me Grow Referral Form	\$ 2,000	No	
DHHS	Office of Child and Family Services	ASQ:SE:2	\$ 2,000	No	
DHHS	Office of Child and Family Services	ASQ-3	\$ 2,000	No	
DHHS	Office of Child and Family Services	EIS Demographic Information	\$ 2,000	No	
DHHS	Office of Child and Family Services	Parent Guardian Liability Form	\$ 1,000	No	
DHHS	Office of Child and Family Services	Interstate Compact on the Placement of Children Request	\$ 500	No	
DHHS	Office of Child and Family Services	MACWIS Access Form	\$ -	No	
DHHS	Office of Child and Family Services	Katahdin Access Form	\$ -	No	
DHHS	Office of Family Independence	Automated Client Eligibility System	\$ 75,000	No	

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Office of Family Independence	SNAP, TANF, or MaineCare Application	\$ 50,000	No	
DHHS	Office of Family Independence	My Maine Connection	\$ 50,000	No	
DHHS	Office of Family Independence	LE - CME005 Eligibility Review Notice	\$ 20,000	No	
DHHS	Office of Family Independence	LE - LTC018 Long Term Care Review	\$ 20,000	No	
DHHS	Office of Family Independence	LE-CMF003 Food Stamp Loss and Replacement Form	\$ 20,000	No	
DHHS	Office of Family Independence	LE-CMG002 Free Form Letter to Client	\$ 20,000	No	
DHHS	Office of Family Independence	LE -CMG002A User Defined Letter	\$ 20,000	No	
DHHS	Office of Family Independence	LE - CMV018	\$ 20,000	No	
DHHS	Office of Family Independence	LE - ASP021 Job Contact Log	\$ 20,000	No	
DHHS	Office of Family Independence	MaineCare Application	\$ 15,000	Yes	
DHHS	Office of Family Independence	Long Term Application	\$ 15,000	Yes	
DHHS	Office of Family Independence	Private Health Insurance Premium Benefit	\$ 15,000	No	
DHHS	Office of Family Independence	Electronically Stolen Benefits Application	\$ 15,000	Yes	
DHHS	Office of Family Independence	Authorization to Release Information	\$ 15,000	Yes	



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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Office of Family Independence	Authorized Representative	\$ 15,000	Yes	
DHHS	Office of Family Independence	MaineCare Disability Determination	\$ 15,000	Yes	
DHHS	Office of Family Independence	Long Term Care Personal Support Services Agreement	\$ 15,000	Yes	
DHHS	Office of Family Independence	SNAP Loss and Replacement	\$ 15,000	Yes	
DHHS	Office of Family Independence	Medical and Behavioral Health Verification Form	\$ 15,000	No	
DHHS	Office of Family Independence	ABAWD Volunteer Form	\$ 15,000	No	
DHHS	Office of Family Independence	Community College Verification Form	\$ 15,000	No	
DHHS	Office of Family Independence	SNAP Group Home Screening Form and Fact Sheet	\$ 15,000	Yes	
DHHS	Office of Family Independence	SNAP Changes to Existing Group Homes	\$ 15,000	Yes	
DHHS	Office of Family Independence	Transitional Child Care Application	\$ 15,000	Yes	
DHHS	Office of Family Independence	Transitional Transportations Application	\$ 15,000	Yes	
DHHS	Office of Family Independence	Emergency Assistance Application	\$ 15,000	Yes	
DHHS	Office of Family Independence	ASPIRE/TANF Family Contract	\$ 15,000	Yes	

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Office of Family Independence	Higher Opportunity for Pathways to Employment (HOPE) Application	\$ 15,000	Yes	
DHHS	Office of Family Independence	DSER Non-Welfare Child Support Application	\$ 15,000	Yes	
DHHS	Office of Family Independence	Revocation of Authorization	\$ 15,000	Yes	
DHHS	Office of Family Independence	Activation/Change Request for Direct Deposit/EFT	\$ 15,000	No	
DHHS	Office of Family Independence	Request to Stop Direct Deposit/EFT	\$ 15,000	No	
DHHS	Office of Family Independence	W-9 and Vendor Authorization	\$ 15,000	Yes	
DHHS	Office of Family Independence	Vendor Deactivation	\$ 15,000	No	
DHHS	Office of Health Insurance Market Place	Application for Health Coverage & Help Paying Costs: Individuals	Cannot Determine	No	Estimating this cost isn't straightforward. Accommodating this request will require adjustments to downstream integration with insurance carriers.
DHHS	Office of Health Insurance Market Place	Application for Health Coverage & Help Paying Costs: Families	Cannot Determine	No	Estimating this cost isn't straightforward. Accommodating this request will require adjustments to downstream integration with insurance carriers.

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Office of Health Insurance Market Place	Single Streamlined Application for Health Coverage	Cannot Determine	No	Estimating this cost isn't straightforward. Accommodating this request will require adjustments to downstream integration with insurance carriers.
DHHS	Office of MaineCare Services	Provider Enrollment - Rendering Provider enrollment	N/A	Yes	
DHHS	Office of MaineCare Services	1500 Claim form	N/A	Yes	
DHHS	Office of MaineCare Services	UB-04 Claim form	N/A	Yes	
DHHS	Office of MaineCare Services	Dental Claim form	N/A	Yes	
DHHS	Office of MaineCare Services	2023 CHIP Survey Instrument	Unknown		
DHHS	Office of MaineCare Services	Minimum Data Set 3.0 (NFs)	N/A	Yes	
DHHS	Office of MaineCare Services	Minimum Data Set - Residential Care Assessment	Unknown		
DHHS	Office of MaineCare Services	CMS-485 Home Health Certification and Plan of Care	N/A	Yes	
DHHS	Office of MaineCare Services	MED Kids Assessment Form	Unknown		
DHHS	Office of MaineCare Services	Child & Adolescent Needs and Strengths (CANS)	Unknown		

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Office of MaineCare Services	Substance Use Treatment Admission (TEDS)	N/A	Yes	
DHHS	Office of MaineCare Services	Substance Use Treatment Discharge (TEDS)	N/A	Yes	
DHHS	Office of MaineCare Services	Substance Use Treatment Admission (TEDS)	N/A	Yes	
DHHS	Office of MaineCare Services	Katie Beckett MED	N/A	Yes	
DHHS	Office of MaineCare Services	Section 28 Referral Form	N/A	Yes	
DHHS	Office of MaineCare Services	Section 65 HCT Referral Form	N/A	Yes	
DHHS	Office of MaineCare Services	Individualized Education Plan	N/A	Yes	
DHHS	Office of MaineCare Services	Atrezzo Submission Form	N/A	Yes	
DHHS	Office of MaineCare Services	Atrezzo Provider Platform – Add Temporary Consumer	N/A	Yes	
DHHS	Office of MaineCare Services	TSAS MDS-RCA	N/A	Yes	
DHHS	Office of MaineCare Services	TSAS Sentinel Events	N/A	Yes	
DHHS	Office of MaineCare Services	8371 Professional CMS 1500	N/A	Yes	
DHHS	Office of MaineCare Services	9371 Institutional UB04	N/A	Yes	

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Office of MaineCare Services	837D Dental	N/A	Yes	
DHHS	Office of MaineCare Services	270 Eligibility Report	N/A	Yes	
DHHS	Office of MaineCare Services	271 Eligibility Return	N/A	Yes	
DHHS	Office of MaineCare Services	Vaccine Roster Billing Template	N/A	Yes	
DHHS	Office of MaineCare Services	InterQual, Speech Generating Device (SGD), <b>Requested Service: Digitized speech device</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, SGD, <b>Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access.</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, SGD, <b>Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device</b>	Unknown	No	Vendor Form

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Office of MaineCare Services	InterQual, Bone Growth Stimulators, <b>Osteogenesis Stimulator, Electrical, Noninvasive, Not Spinal Applications</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Bone Growth Stimulators, <b>Osteogenesis Stimulator, Electrical, Noninvasive, Spinal Applications</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Bone Growth Stimulators, <b>Osteogenesis Stimulator, Low Intensity Ultrasound, Noninvasive</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual , Noninvasive Airway Assistive Devices, <b>Auto-titrating Positive Airway Pressure (APAP) Device</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Noninvasive Airway Assistive Devices, <b>Continuous positive Airway Pressure (CPAP) Device</b>	Unknown	No	Vendor Form

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Office of MaineCare Services	InterQual, Noninvasive Airway Assistive Devices, <b>Continuous positive Airway Pressure (CPAP) Device</b> (Ages 1 to 18)	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Noninvasive Airway Assistive Devices, <b>Respiratory Assist Device, Bi-Level Pressure Capability, w/Backup Rate Feature, Used w/Noninvasive Interface</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Noninvasive Airway Assistive Devices, Respiratory Assist Device, Bi-Level Pressure Capability, w/o Backup Rate Feature, Used w/Noninvasive Interface	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Insulin Pump, Ambulatory, <b>External Ambulatory Infusion Pump, Insulin</b>	Unknown	No	Vendor Form

## Resolve, to Establish a Plan for Adding a 3rd Option for Gender on State Forms

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Office of MaineCare Services	InterQual, Cardioverter Defibrillator, Wearable (WCD)	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Negative Pressure Wound Therapy Pump	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Orthoses or Shoes for Persons w/ Diabetes, <b>For diabetics only, multiple density custom molded inserts.</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Orthoses or Shoes for Persons w/ Diabetes, <b>For diabetics only, multiple density direct-formed inserts, prefabricated</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Orthoses or Shoes for Persons w/ Diabetes, <b>For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe</b>	Unknown	No	Vendor Form



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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Office of MaineCare Services	InterQual, Orthoses, Cranial Remodeling, <b>Cranial Remodeling Orthotic, Pediatric, Rigid, w/Soft Interface Material, Custom Fabricated, w/Fitting, Adjustments</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Orthoses, Cranial Remodeling, <b>Cranial Cervical Orthosis, Congenital Torticollis Type, With Or Without Soft Interface Material, Adjustable Range Of Motion Joint, Custom Fabricated</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Orthoses, Lower Extremity, Knee-Ankle-Foot (KAFO) and Ankle-Foot (AFO), Custom Fabricated Ankle-Foot Orthosis (AFO) for weakness and stability	Unknown	No	Vendor Form

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Office of MaineCare Services	InterQual, Orthoses, Lower Extremity, Knee-Ankle-Foot (KAFO) and Ankle-Foot (AFO), <b>Prefabricated Ankle-Foot Orthosis (AFO) for weakness and stability</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Orthoses, Lower Extremity, Knee, <b>Knee orthosis, adjustable knee joints (uni or polycentric), positional orthosis, rigid support, prefabricated</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Orthoses, Lower Extremity, Knee, <b>Knee Orthosis, Derotation, Medial-Lateral, Anterior Cruciate Ligament, Custom Fabricated</b>	Unknown	No	Vendor Form

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Office of MaineCare Services	InterQual, Orthoses, Lower Extremity, Knee, <b>Knee Orthosis, Double Upright, Thigh, Calf, w/Adj Flex, Ext Jnt (uni or polycentric), Med-Lat, Rotation, w/wo Varus/Valgus Adj, Custom Fabricated</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Orthoses, Lower Extremity, Knee, <b>Knee Orthosis, Double Upright, Thigh, Calf, w/Adj Flex, Ext Jnt (uni or polycentric), Med-Lat, Rotation, w/wo Varus/Valgus Adj, Prefab</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Orthoses, Lower Extremity, Knee, <b>Knee Orthosis, Single Upright, Thigh, Calf, w/Adj Flex, Ext Jnt (uni or polycentric), Med-Lat, Rotation, w/wo Varus/Valgus Adj, Custom Fabricated</b>	Unknown	No	Vendor Form

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Office of MaineCare Services	InterQual, Orthoses, Lower Extremity, Knee, <b>Knee Orthosis, Single Upright, Thigh, Calf, w/Adj Flex, Ext Jnt (uni or polycentric), Med-Lat, Rotation, w/wo Varus/Valgus Adj, Prefab</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Orthoses, Lower Extremity, <b>Knee, Knee Orthosis, Modification Of Supracondylar Prosthetic Socket, CustomFabricated (Sk)</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Orthoses, Lower Extremity, Knee, <b>Knee Orthosis, Without Knee Joint, Rigid, Custom-Fabricated</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Orthoses, Upper Extremity, <b>Dynamic elbow orthotic device, custom fabricated</b>	Unknown	No	Vendor Form

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Office of MaineCare Services	InterQual, Orthoses, Upper Extremity, <b>Dynamic elbow-wrist-hand orthotic device, custom fabricated</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Orthoses, Upper Extremity, <b>Dynamic elbow-wrist-hand-finger orthotic device, custom fabricated</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Orthoses, Upper Extremity, <b>Dynamic finger orthotic device, custom fabricated</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Orthoses, Upper Extremity, <b>Dynamic hand-finger orthotic device, custom fabricated</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Orthoses, Upper Extremity, <b>Dynamic shoulder orthotic device, custom fabricated</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Orthoses, Upper Extremity, <b>Dynamic shoulder-elbow orthotic device, custom fabricated</b>	Unknown	No	Vendor Form

## Resolve, to Establish a Plan for Adding a 3rd Option for Gender on State Forms

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Office of MaineCare Services	InterQual, Orthoses, Upper Extremity, <b>Dynamic shoulder-elbow-wrist-hand orthotic device, custom fabricated</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Orthoses, Upper Extremity, <b>Dynamic wrist-hand orthotic device, custom fabricated</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Orthoses, Upper Extremity, <b>Dynamic wrist-hand-finger orthotic device, custom fabricated</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Orthoses, Upper Extremity, <b>Prefabricated elbow dynamic orthotic device</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Orthoses, Upper Extremity, <b>Prefabricated elbow static orthotic device</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Orthoses, Upper Extremity, <b>Prefabricated elbow-wrist-hand dynamic orthotic device</b>	Unknown	No	Vendor Form

## Resolve, to Establish a Plan for Adding a 3rd Option for Gender on State Forms

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Office of MaineCare Services	InterQual, Orthoses, Upper Extremity, <b>Prefabricated elbow-wrist-hand static orthotic device</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Orthoses, Upper Extremity, <b>Prefabricated elbow-wrist-hand-finger dynamic orthotic device</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Orthoses, Upper Extremity, <b>Prefabricated elbow-wrist-hand-finger static orthotic device</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Orthoses, Upper Extremity, <b>Prefabricated finger dynamic orthotic device</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Orthoses, Upper Extremity, <b>Prefabricated finger static orthotic device</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Orthoses, Upper Extremity, <b>Prefabricated hand-finger dynamic orthotic device</b>	Unknown	No	Vendor Form

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Office of MaineCare Services	InterQual, Orthoses, Upper Extremity, <b>Prefabricated wrist-hand-finger static orthotic device</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Orthoses, Upper Extremity, <b>Static elbow orthotic device, custom fabricated</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Orthoses, Upper Extremity, <b>Static elbow-wrist-hand orthotic device, custom fabricated</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Orthoses, Upper Extremity, <b>Static elbow-wrist-hand-finger orthotic device, custom fabricated</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Orthoses, Upper Extremity, <b>Static hand-finger orthotic device, custom fabricated</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Orthoses, Upper Extremity, <b>Static shoulder orthotic device, custom fabricated</b>	Unknown	No	Vendor Form



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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Office of MaineCare Services	InterQual, Orthoses, Upper Extremity, <b>Static shoulder orthotic device, custom fabricated</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Orthoses, Upper Extremity, <b>Static shoulder-elbow orthotic device, custom fabricated</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Orthoses, Upper Extremity, <b>Static shoulder-elbow-wrist-hand orthotic device, custom fabricated</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Orthoses, Upper Extremity, <b>Static wrist-hand orthotic device, custom fabricated</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Orthoses, Upper Extremity, <b>Static wrist-hand-finger orthotic device, custom fabricated</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Home Oxygen Therapy, <b>Portable Oxygen System</b>	Unknown	No	Vendor Form

## Resolve, to Establish a Plan for Adding a 3rd Option for Gender on State Forms

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Office of MaineCare Services	InterQual, Home Oxygen Therapy, <b>Stationary Oxygen System</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Pneumatic Compression Devices, <b>Pneumatic Compressor, Nonsegmental Home Model</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Pneumatic Compression Devices, <b>Pneumatic Compressor, Segmental Home Model w/Calibrated Gradient</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Pneumatic Compression Devices, <b>Pneumatic Compressor, Segmental Home Model w/o Calibrated Gradient</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Prosthetics, Lower Extremity, <b>Above Knee Prosthesis, definitive</b>	Unknown	No	Vendor Form

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Office of MaineCare Services	InterQual, Prosthetics, Lower Extremity, <b>Above knee prosthesis, prefabricated preparatory</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Prosthetics, Lower Extremity, <b>Above Knee Prosthesis, Preparatory</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Prosthetics, Lower Extremity, <b>Above Knee Prosthesis, above knee initial rigid dressing</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Prosthetics, Lower Extremity, <b>Above Knee Prosthesis, below knee initial rigid dressing</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Prosthetics, Lower Extremity, <b>Below Knee Prosthesis, definitive</b>	Unknown	No	Vendor Form

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Office of MaineCare Services	InterQual, Prosthetics, Lower Extremity, <b>Below Knee Prosthesis, Prefabricated Preparatory</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Prosthetics, Lower Extremity, <b>Below Knee Prosthesis, Preparatory</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Prosthetics, Lower Extremity, <b>Hip disarticulation/hemipelvectomy prosthesis, definitive</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Prosthetics, Lower Extremity, <b>Hip disarticulation/hemipelvectomy prosthesis, preparatory</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Prosthetics, Lower Extremity, <b>Immediate Postoperative Above Knee Prosthesis (IPOP)</b>	Unknown	No	Vendor Form

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Office of MaineCare Services	InterQual, Prosthetics, Lower Extremity, <b>Immediate Postoperative Below Knee Prosthesis (IPOP)</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Prosthetics, Lower Extremity, <b>Symes or foot prosthesis, definitive</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Prosthetics, Myoelectric, Upper Extremity	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Seat Lift Mechanism- Electric, any type	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Standing Frames, <b>Combination sit-to-stand frame/table system, any size including pediatric, w/seat lift feature, w/wo wheels</b>	Unknown	No	Vendor Form

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Office of MaineCare Services	InterQual, Standing Frames, <b>Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, w/wo wheels</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Standing Frames, <b>Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, w/wo wheels</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Support Surfaces, <b>Air fluidized bed</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Support Surfaces, <b>Power Pressure-Reducing Air Mattress</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Breast Reconstruction, <b>Breast Reconstruction with Autologous Tissue Reconstruction or Fat</b>	Unknown	No	Vendor Form

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Office of MaineCare Services	InterQual, Breast Reconstruction, <b>Breast Reconstruction with Implant or Tissue Expander</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Reduction Mammoplasty, Female	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Reduction Mammoplasty, Male	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Bariatric or metabolic Surgery, <b>Adjustable Gastric Band, Laparoscopic</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Bariatric or metabolic Surgery, <b>Adjustable Gastric Band, Laparoscopic (Repair, Removal, Revision)</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Bariatric or metabolic Surgery, <b>Roux-en-Y Gastric Bypass (RYGB)</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Bariatric or metabolic Surgery, <b>Sleeve Gastrectomy</b>	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Panniculectomy, Abdominal	Unknown	No	Vendor Form

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Office of MaineCare Services	InterQual, Arthroplasty, Temporomandibular Joint (TMJ)	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Discectomy, Temporomandibular Joint (TMJ)	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Arthroscopy, Temporomandibular Joint (TMJ)	Unknown	No	Vendor Form
DHHS	Office of MaineCare Services	InterQual, Reconstruction, Temporomandibular Joint (TMJ)	Unknown	No	Vendor Form
DHHS	Riverview Psychiatric Center	ALL Meditech (EHR) entries - Header RPC and OPS	\$ 150	No	Vendor Form
DHHS	Riverview Psychiatric Center	PASF (Referral Form )	\$ 5	No	
DHHS	Riverview Psychiatric Center	Self Referral Assessment AD 298	\$ 5	No	
DHHS	Riverview Psychiatric Center	Admission Orders AD 506	\$ 5	No	
DHHS	Riverview Psychiatric Center	Elopement Packet LG 176	\$ 5	No	
DHHS	Riverview Psychiatric Center	Initial / Annual Nursing Assessment NU 003	\$ 5	No	
DHHS	Riverview Psychiatric Center	Neurological Flow Sheet PC 004	\$ 5	No	



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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DHHS	Riverview Psychiatric Center	Dietician Nutritional Assessment DT 005	\$ 5	No	
DHHS	Riverview Psychiatric Center	Intial / Annual Psychiatric Evaluations RPC OPS	\$ 5	No	
DMR	Bureau of Marine Patrol	Universal summons	Unknown	No	All Summons books would need to be discarded and repurchased for the new forms. Total cost unclear
DMR	Bureau of Marine Patrol	Spillman Name Form	\$ -	No	
DMR	Bureau of Marine Patrol	Spillman Name Form	\$ -	No	
DMR	Bureau of Marine Patrol	Marine Patrol warning cards	\$ -	No	
DMR		LEEDS account creation	\$ -	No	
DMR		Licensing paper applications	\$ -	No	
DOC		Adult Probation Reporting Instructions for each Court (approx. 16)	\$ 411	No	
DOC		03.40 - Attachment C - +A8:A34 OSHA Respirator Medical Evaluation Questionnaire	\$ 102	Yes	
DOC		06.02 - Attachment D.1 - Notice of Change of Information (Date of Offense Prior to 1/1/13)	\$ 58	No	

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DOC		06.02 - Attachment D.2 - Notice of Change of Information (Date of Offense On or After 1/1/13)	\$ 58	No	
DOC		07.02 - Attachment A - LCYDC-MVYDC - DHHS Interagency-Agreement-Protocol Report	\$ 58	No	
DOC		09.03 (JCC) - Attachment A & 09.10 (JCC) - Attachment K - Detention Information Worksheet	\$ 58	No	
DOC		26.01 (AF) & 19.15 (JF) - Attachment A - Volunteer Application	\$ 58	No	
DOC		Juvenile Community Corrections Social History Guide	\$ 58	No	
DOC		06.02 - Attachment C.1 - Initial Registration (Date of Offense prior to 1/1/13)	\$ 47	No	
DOC		06.02 - Attachment C.2 - Initial Registration (Date of Offense On or After 1/1/13)	\$ 47	No	

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DOC		06.06 (JF) - Attachment A - \$ Juvenile Initial Placement Form	47	No	
DOC		13.04 (JF) - Attachment E - \$ Admission Physical Health Assessment Form	47	No	Need to know the person's sex assigned at birth as this could determine the health conditions the person is prone to and therefore the health care needed.
DOC		13.04 (JF) - Attachment F - \$ Medical Transfer Form	47	No	
DOC		13.06 (JF) - Attachment A - \$ Mental Health Assessment - Appraisal	47	No	
DOC		18.04 (AF) - Attachment D - \$ - Admission Physical Health Assessment Form	47	No	Need to know the person's sex assigned at birth as this could determine the health conditions the person is prone to and therefore the health care needed.
DOC		18.04 (AF) - Attachment E - \$ - Medical Transfer Form - Transferring - Receiving	47	No	
DOC		19.02.3 - Attachment A - \$ Referral to Special Education	47	No	

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DOC		23.8 (AF) & 18.8 (JF) Attachment A - Sexual Orientation, Gender Identity, and Gender Expression (SOGIE) Questionnaire	\$ 47	No	
DOC		06.11.3 - Attachment B - Investigation Check List	\$ 36	No	
DOC		11.02 (AF), 22.02 (JF), 08.06 (ACC), 08.01 (JCC) - Attachment F - Identity Verification Information	\$ 36	Yes	
DOC		19.15 (JF) - Attachment D - Request for Volunteer	\$ 36	No	Asks for preferred pronoun, sex assigned at birth and gender identity
DOC		Adult Community Corrections (ACC) Intake Form	\$ 36	No	
DOC		DNA Card	\$ 36	No	
DOC		18.08 (JF) - Attachment B - Transgender, Intersex, or Gender Nonbinary Juvenile Resident Multidisciplinary Team Meeting Review Form	\$ 25	No	Asks for preferred pronoun, sex assigned at birth and gender identity

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DOC		23.08 (AF) - Attachment B - Transgender, Intersex, or Gender Nonbinary Adult Resident Multidisciplinary Team Meeting Review form	\$ 25	No	1. Asks for preferred pronoun, sex assigned at birth and gender identity. 2. Need to know sex assigned at birth as well as gender identity in order to make appropriate housing assignments, etc. for incarcerated persons.
DOE	Communications Division	ESEA Demographics	\$ 63	No	
DOE	Communications Division	Attending Students	\$ 63	No	
DOE	Communications Division	Graduation	\$ 63	No	
DOE	Communications Division	Completers	\$ 63	No	
DOE	Communications Division	Oct 1 Student Report	\$ 63	No	
DOE	Communications Division	Resident District Report	\$ 63	No	
DOE	Communications Division	SPED Child Count	\$ 63	No	
DOE	Communications Division	EFT-21 Safety and Training	\$ 63	No	
DOE	Education in Unorganized Territory Division	Application for Enrollment	\$ -	No	
DOE	Education in Unorganized Territory Division	Student Information System (Power School	\$ -	No	
DOE	Maine Commission for Community Service	Board Profile	\$ -	No	
DOE	Maine Commission for Community Service	Peer Reviewer Application	\$ -	No	
DOE	Maine Commission for Community Service	AmeriCorps Member Exit Survey	\$ -	No	

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DOE	Maine School Safety Center	Comprehensive School Threat Assessment Guidelines	Unknown		
DOE	Office of Federal Programs	Participant Information	N/A	Yes	This form is required by the federal government
DOE	Office of Federal Programs	Title I, Part D (Performance Reports, Supplemental Data Pages, Subpart 1 & 2)	N/A	Yes	Data required by Federal Government
DOE	Office of Higher Education and Educator Support Services	MEIS Profile (Certification)	\$ -		
DOE	Office of School and Student Supports	Vaccination Consent Schools Form	Unknown		
DOE	Office of School and Student Supports	Migrant Education Survey - Certificate of Eligibility	N/A	Yes	This form is required by the federal government
DOE	Office of Special Services and Inclusive Education	General Supervision Parent Survey	\$ -	No	
DOE	Office of Special Services and Inclusive Education	School Climate Survey Suite- PBIS	\$ -	Yes	Mandatory for as part of federal grant
DOE	Office of Special Services and Inclusive Education	Employee Payroll Information	\$ -	No	
DOE	Office of Special Services and Inclusive Education	Employee Benefits Change or Termination	\$ -	No	
DOE	Office of Special Services and Inclusive Education	Employee Emergency Information	\$ -	No	
DOE	Office of Special Services and Inclusive Education	Referral Form	\$ -	No	
DOE	Office of Special Services and Inclusive Education	Referral For Special Education and Related Services	\$ -	No	

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DOE	Office of Workforce Development and Innovative Pathways	Intake Form FY 24	Unknown		
DOE	Office of Workforce Development and Innovative Pathways	U.S. Presidential Scholars in Career and Technical Education Program	N/A	Yes	This form is required by the federal government
DOL	Apprenticeship Office	Apprentice 671 Form	N/A	Yes	The form is typically collected digitally through a federal data base called RAPIDS. We will need to request that the Federal Gov't add an additional choice to their form. State's may request additions or deletions to the form to meet State needs. The adjustment does not cost us any money, but may take a while for the action to take place.
DOL	Bureau of Employment Services	Federal Bonding Request	N/A	Yes	
DOL	Bureau of Employment Services	Competitive Skills Scholarship Program Application	Minimal	No	
DOL	Bureau of Employment Services	Rapid Response Needs Survey	Minimal	No	
DOL	Bureau of Employment Services	Maine JobLink Account Creation	\$ 6,000	No	
DOL	Bureau of Labor Standards	OSHA 301 - Injury and Illness Incident Report	N/A	Yes	

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DOL	Bureau of Labor Standards	Survey of Occupational Injuries and Illnesses	N/A	Yes	
DOL	Bureau of Labor Standards	WCB-1 Employers First Report of Occupational Injury or Disease	Unknown	No	
DOL	Bureau of Labor Standards	Interstate Exchange Death Abstract	Unknown	No	
DOL	Bureau of Labor Standards	Investigative Summary - Report of Examination	Unknown	No	
DOL	Bureau of Labor Standards	Investigative Summary - Autopsy Report	Unknown	No	
DOL	Bureau of Labor Standards	Incident Report	Unknown	No	
DOL	Bureau of Labor Standards	OSHA 170 - Fatality and Catastrophe Investigation Summary	N/A	Yes	
DOL	Bureau of Rehabilitation Services DBVI	Application for Vocational Rehabilitation Services (Blind)	\$ 100	No	
DOL	Bureau of Rehabilitation Services DBVI	Application for Independent Living Services	\$ 100	No	
DOL	Bureau of Rehabilitation Services DVR	Application for Vocational Rehabilitation Services (General)	\$ 100	No	



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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DOL	Bureau of Rehabilitation Services DVR	Request for Pre-Employment Transition Services	\$ 100	No	
DOL	Bureau of Rehabilitation Services DVR	Youth Peer Mentoring Referral Form	\$ 100	No	
DOL	Bureau of Rehabilitation Services DVR	Referral to Vocational Rehabilitation	\$ -	No	
DOL	Bureau of Unemployment Compensation	Unemployment Benefits Quality Control Questionnaire	N/A	Yes	
DOL	Bureau of Unemployment Compensation	Unemployment Benefits Application	Minimal	Yes	
DOL	Bureau of Unemployment Compensation	Separation Information and Claim Form (B-9.1)	Minimal	Yes	
DOL	Bureau of Unemployment Compensation	Initial Claim Form - Mail (B-9.2)	Minimal	Yes	
DOL	Bureau of Unemployment Compensation	Claim for Unemployment Benefits and Earnings Report - Mail (B-9)	Minimal	Yes	
DOL	Maine Labor Relations Board	No Forms	\$ -		
DOT		No Forms	\$ -		
DPS	Commission on Domestic and Sexual Abuse	No Forms	\$ -		
DPS	Maine Criminal Justice Academy Board of Trustees	No Forms	\$ -		
DPS	State Police	Application for Permit to Carry	\$ -	No	
DPS	State Police	Polygraph Examiner License	\$ -	No	

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DVEM	Civil Engineering Squadron	No Forms	\$ -		
DVEM	Civil Engineering Squadron	No Forms	\$ -		
DVEM	Maine Air National Guard	No Forms	\$ -		
DVEM	Maine Air National Guard	No Forms	\$ -		
DVEM	Maine Emergency Management	No Forms	\$ -		
DVEM	Maine Veterans' Memorial Cemetery System	Maine Veterans' Memorial Cemetery System	\$ 287	No	
DVEM	Maine Veterans' Memorial Cemetery System	Webform - Survey - Cemetery	\$ 287	No	
DVEM	Veterans' Home	Paylocity Onboarding	Unknown	No	Vendor Form
DVEM	Veterans' Services - Claims	Webform - Survey - Claims	\$ 287	No	
DVEM		State of Maine Request Form	\$ 287	No	
DVEM		Veterans' Dependents Educational Benefits Program Application	\$ 287	No	
DVEM		Maine Veterans' Service Certificate Request Form	\$ 287	No	
DVEM		Request for Gold Star Honorable Service Medal	\$ 287	No	

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DVEM		Gold Start Family License Plate (or Wall Plate) Application	\$ 287	No	
DVEM		Maine Women Veterans' Silver Commemorative Coin Application	\$ 287	No	
DVEM		Maine Silver Star Honorable Service Medal Application	\$ 287	No	
DVEM		Maine Resident Free Lifetime Veteran Park Pass Application	\$ 287	No	
DVEM		Homeless Veteran Prevention Vendor Application	\$ 287	No	
DVEM		Maine Disabled Veteran Controlled Moose Hunt Lottery Application	\$ 287	No	
DVEM		Webform - Upload your DD214	\$ 287	No	
DVEM		Webform - Request Veteran Lifetime State Park and Museum Pass	\$ 287	No	
DVEM		Webform - Maine Veterans' Dental Network Service Request Form	\$ 287	No	
DVEM		Webform - Recognition Request	\$ 287	No	

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
DVEM		Webform - Vets Transition	\$ 287	No	
DVEM		Webform - SSG Fox Grant	\$ 287	No	
DVEM		Webform - VEFAP	\$ 287	No	
DVEM		Webform - MBVS Events	\$ 287	No	
DVEM		Webform - Maine Veteran Dental Network	\$ 287	No	
DVEM		Webform - Moose Hunt	\$ 287	No	
DVEM		Webform - Newsletter	\$ 287	No	
DVEM		Website - Request for Information	\$ -		
GO	Governor's Energy Office	No Forms	\$ -		
GO	Governor's Office of Boards and Commissions	Application for Gubernatorial Appointment	\$ -		
GO	Governor's Office of Police Innovation and the Future	No Forms	\$ -		
IA	Baxter State Park	BSP 84 Law Enforcement Warning Ticket	\$ 460	No	
IA	Baxter State Park	BSP 38 Medical Incident Form	\$ 280	No	
IA	Baxter State Park	BSP 83 Non-Medical Incident Form	\$ 198	No	
IA	Finance Authority of Maine (FAME)	No Forms	\$ -		

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
IA	Governmental Ethics and Election Practices Commission	Candidate Registration Form	\$ -	No	
IA	Governor Baxter School for the Deaf	Database Intake and Revision Form	Minimal	No	
IA	Governor Baxter School for the Deaf	Health Form	Minimal	No	
IA	Maine Human Rights Commission	MHRC intake form	\$ -	No	
IA	Maine Human Rights Commission	MHRC complaint form	\$ -	No	
IA	Maine PERS	Application for Membership CL-0102	\$ 4,500	No	
IA	Maine PERS	Limited Period Open Enrollment Application for Membership CL-0102A	\$ 4,500	No	
IA	Maine PERS	Transfer From Alternative Plan Application for Member ship CL-0102B	\$ 4,500	No	
IA	Maine PERS	Application for Coverage Group Life Insurance GL-0908	\$ 4,500	No	
IA	Maine PERS	Employee's Report of Injury/Illness GU-1022	\$ -	No	
IA	Maine PERS	State of Maine: Group Benefit Plans Enrollment/Change Form	\$ -	No	
IA	Maine Rural Development Authority	No Forms	\$ -		
IA	Maine State Housing Authority	Voluntary Affirmative Action Survey	Nominal	No	

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
IA	Maine State Housing Authority	01-Multi Family Phase 1 Bundle up to 10 units	\$ 60	No	
IA	Maine State Housing Authority	3. BUNDLE - MULTI-FAMILY PHASE 1- up to 5 Units	\$ 60	No	
IA	Maine State Housing Authority	3. BUNDLE - MULTI-FAMILY-FAMILY PHASE 1 and 2 COMBINED up to 10 Units	\$ 60	No	
IA	Maine State Housing Authority	LIHTC Tenant Income Certification Form	\$ 30	No	
IA	Maine State Housing Authority	01-Multi Family Phase 1 Bundle up to 4 units	\$ 30	No	
IA	Maine State Housing Authority	3. BUNDLE - MULTI-FAMILY-FAMILY PHASE 1 and 2 COMBINED up to 5 Units	\$ 30	No	
IA	Maine State Housing Authority	New Reservation Form	\$ 30	No	
IA	Maine State Housing Authority	Supportive Housing Tenant Income Certification	\$ 15	No	
IA	Maine State Housing Authority	01-Single Family Phase 1 Bundle	\$ 15	No	
IA	Maine State Housing Authority	3. BUNDLE - SINGLE-FAMILY PHASE 1	\$ 15	No	
IA	Maine State Housing Authority	3. BUNDLE - SINGLE-FAMILY PHASE 1 and 2 COMBINED	\$ 15	No	
IA	Maine State Housing Authority	AAP Application for Non-Rental Properties	\$ 15	No	

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
IA	Maine State Housing Authority	AAP Application for Rental Properties	\$ 15	No	
IA	Maine State Housing Authority	Appendix A Owner Application	\$ 15	No	
IA	Maine State Housing Authority	Appendix B Tenant Application and Information	\$ 15	No	
IA	Maine State Housing Authority	Appendix SF Homeowner Application and Information	\$ 15	No	
IA	Maine State Housing Authority	Application	\$ 15	No	
IA	Maine State Housing Authority	BUNDLE - HARP Phase 1 and 2 Combined - 2 CONTRACTORS	\$ 15	No	
IA	Maine State Housing Authority	BUNDLE AAP Application for Non-Rental Properties	\$ 15	No	
IA	Maine State Housing Authority	BUNDLE AAP Application for Rental Properties	\$ 15	No	
IA	Maine State Housing Authority	Construction Contract	\$ 15	No	
IA	Maine State Housing Authority	HARP - PHASE 1 BUNDLE	\$ 15	No	
IA	Maine State Housing Authority	HEAP Application	\$ 15	No	
IA	Maine State Housing Authority	HEAP Forms Bundle	\$ 15	No	
IA	Maine State Housing Authority	Optional Government Demographics for all Applications	\$ 15	No	

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
IA	Maine State Housing Authority	Owner Application & Funding summary up to 4 units	\$ 15	No	
IA	Maine State Housing Authority	Tenant Application	\$ 15	No	
IA	Maine State Housing Authority	Working - Appendix A Landlord Application & Information	\$ 15	No	
IA	Maine State Housing Authority	WWP Application for Non-Rental Properties	\$ 15	No	
IA	Maine State Housing Authority	WWP Application for Rental Properties	\$ 15	No	
IA	Maine State Housing Authority	Centralized Waitlist Pre-Application	\$ 15	No	
IA	Maine State Housing Authority	Household Information Forms-Annual	\$ 15	No	
IA	Maine State Housing Authority	STEP application	\$ 15	No	
IA	Maine State Housing Authority	Family Summary	\$ 15	No	
IA	Maine State Housing Authority	Household Information Forms-add minor	\$ 15	No	
IA	Maine State Housing Authority	Household Information Forms-add adult	\$ 15	No	
IA	Maine State Housing Authority	Household Information Forms-Offer	\$ 15	No	
IA	Maine State Housing Authority	Loan Schedule	\$ 15	No	
IA	Maine State Library	Maine Writers Index	Unknown	No	
IA	Maine State Library	SRP Registration - Books by Mail	Unknown	No	



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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
IA	Maine State Museum	No Forms	\$ -		
IA	Office of State Treasurer	No Forms	\$ -		
IA	Office of the Public Advocate	No Forms	\$ -		
IA	Penobscot Nation Housing Dept.	Criminal Background Check Form	N/A	Yes	FBI Form
IA	Penobscot Nation Housing Dept.	Request for Housing	\$ 50	No	
IA	Penobscot Nation Housing Dept.	Lease Agreement	\$ 50	No	
IA	Public Utilities Commission	No Forms	\$ -		
IA	State Archives	No Forms	\$ -		
IA	State Auditor	No Forms	\$ -		
IA	Telecommunications Relay Service	No Forms	\$ -		
IA	Workers' Compensation Board	Employer's First Report of Occupational Injury or Disease	Unknown	No	
IFW	Fisheries	APPLICATION FOR BAIT RETAIL LICENSE	\$ -	No	
IFW	Fisheries	APPLICATION FOR BAITFISH WHOLESALE LICENSE	\$ -	No	
IFW	Fisheries	APPLICATION FOR SMELT WHOLESALE LICENSE	\$ -	No	
IFW	Fisheries	EEL TAKING PERMIT APPLICATION	\$ -	No	
IFW	Licensing & Registration	ANTIQUE SNOWMOBILE /ATV APPLICATION	\$ -	No	
IFW	Licensing & Registration	MANUAL LICENSE FORMS (FOR AGENTS)	\$ -	No	

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
IFW	Licensing & Registration	MANUAL NATIVE AMERICAN LICENSE FORMS (FOR AGENTS)	\$ -	No	
IFW	Licensing & Registration	PERSONAL WATERCRAFT RENTAL AGENT APPLICATION	\$ -	No	
IFW	Licensing & Registration	YOUTH CAMP TRIP LEADER PERMIT APPLICATION	\$ -	No	
IFW	licensing & Registration	CAMP TRIP LEADER SAFETY COURSE INSTRUCTOR APPLICATION	\$ -	No	
IFW	Licensing & Registration	APPLICATION FOR EDUCATIONAL TRIP LEADER PERMIT	\$ -	No	
IFW	Licensing & Registration	NEW GUIDE LICENSE APPLICATION	\$ -	No	
IFW	Licensing & Registration	GUIDE LICENSE RENEWAL APPLICATION	\$ -	No	
IFW	Licensing & Registration	NEW WHITEWATER GUIDE LICENSE APPLICATION	\$ -	No	
IFW	Licensing & Registration	WHITEWATER GUIDE LICENSE RENEWAL APPLICATION	\$ -	No	
IFW	Licensing & Registration	HIDE DEALER AND SPECIAL HIDE DEALER APPLICATION	\$ -	No	

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
IFW	Licensing & Registration	TAXIDERMY LICENSE APPLICATION	\$ -	No	
IFW	Licensing & Registration	COMPLIMENTARY HUNTING AND FISHING APPLICATION	\$ -	No	
IFW	Licensing & Registration	DISABLED VETERAN LICENSE APPLICATION	\$ -	No	
IFW	Licensing & Registration	LEASHED TRACKING DOG PERMIT APPLICATION	\$ -	No	
IFW	Licensing & Registration	MAINE RESIDENT LIFETIME LICENSE APPLICATION	\$ -	No	
IFW	Licensing & Registration	Maine Non-Resident Lifetime License Application	\$ -	No	
IFW	Licensing & Registration	MAINE RESIDENT HUNTING AND FISHING LICENSE APPLICATION	\$ -	No	
IFW	Licensing & Registration	MAINE NONRESIDENT HUNTING AND FISHING LICENSE APPLICATION	\$ -	No	
IFW	Licensing & Registration	MAINE NON-RESIDENT COLLEGE HUNTING AND FISHING LICENSE APPLICATION	\$ -	No	
IFW	Licensing & Registration	COMPLIMENTARY HUNTING AND FISHING APPLICATION	\$ -	No	

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
IFW	Licensing & Registration	Trapping License Application	\$ -		
IFW	Warden Service	RECREATIONAL BOATING ACCIDENT FORM	N/A	Yes	US Coast Guard Form
IFW	Warden Service	STATE OF MAINE SNOWMOBILE, ATV, WATERCRAFT ACCIDENT REPORT FORM	\$ -	No	
LC	Legislative Information Office	Governor Nominations	\$ -	No	
LC	Office of the Clerk of the House	Bio Form - Advance Information	\$ -	No	
LC	Office of the Secretary of the Senate	Senator Bio Information	\$ -	No	
MCCS	Central Maine Community College	Admissions Application	Minimal	No	
MCCS	Central Maine Community College	Non-Matriculated Course Registration Form	Minimal	No	
MCCS	Central Maine Community College	Workforce & Professional Development Registration	Minimal	No	
MCCS	Central Maine Community College	General Public Registration Form	Minimal	No	
MCCS	Central Maine Community College	Contract Training Registration Form	Minimal	No	
MCCS	Central Maine Community College	Alfond Grant Registrations Form	Minimal	No	

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
MCCS	Central Maine Community College	State-Funded Registration Form	Minimal	No	
MCCS	Central Maine Community College	HAF Center for Advancement Registration Form	Minimal	No	
MCCS	Central Maine Community College	OnCourse Account Registration Form	Minimal	No	
MCCS	Central Maine Community College	TRIO Student Support Service Program Application	Minimal	No	
MCCS	Eastern Maine Community College	Lumens Student Profile Form	Minimal	No	
MCCS	Eastern Maine Community College	Campus Housing Application	Minimal	No	
MCCS	Eastern Maine Community College	Application for Admission	Minimal	No	
MCCS	Eastern Maine Community College	Embark Application	Minimal	No	
MCCS	Eastern Maine Community College	Non-Matriculated Registratoin Form	Minimal	No	
MCCS	Eastern Maine Community College	On Course for College (System wide form)	Minimal	No	
MCCS	Human Resources	Application Information Survey	Minimal	No	
MCCS	Human Resources	Employee New Hire Data Form	Minimal	No	
MCCS	Kennebec Valley Community College	College Application	\$ -	No	
MCCS	Norhtern Maine Community College	Admission Application	\$ -	No	

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
MCCS	Norhtern Maine Community College	Embark Application	\$ -	No	
MCCS	Norhtern Maine Community College	On Course?	\$ -	No	
MCCS	Norhtern Maine Community College	Residential Hall Application	\$ -	No	
MCCS	Southern Maine Community College	Registration Form	\$ -	No	
MCCS	Southern Maine Community College	Workforce Registration	\$ -	No	
MCCS	Southern Maine Community College	College Application	\$ -	No	
MCCS	Southern Maine Community College	Housing Application	\$ -	No	
MCCS	Washington County Community College	Application for Admission	\$ 200	No	
MCCS	Washington County Community College	Workforce Division Program Registration Form	\$ 100	No	
MCCS	Washington County Community College	Student Application for TRiO Services	\$ 100	No	
MCCS	Washington County Community College	Non-Matriculated Student Registration Form	\$ 100	No	
MCCS	Washington County Community College	On-Campus Housing Application	\$ -	No	
MCCS	York County Community College	Intent to Graduate form	\$ -	No	
MCCS	York County Community College	Non-Matric Registration form	\$ -	No	

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
MCCS	York County Community College	Admissions Application	\$ -	No	
MCCS	York County Community College	Oncourse Request Form	\$ -	No	
MJB		CR-073 Warrant of Arrest	\$ 658	No	
MJB		CR-105 Qualification Questionnaire for Jury Service	\$ 658	Yes	
MJB		CR-112 Agreement of Def and Order Deferring Disposition	\$ 658	No	
MJB		CR-113 Administrative Release	\$ 658	No	
MJB		CR-121 Adult Judgment and Commitment	\$ 658	No	
MJB		CR-122 Conditions of Probation/Supervised Release	\$ 658	No	
MJB		CR-233 Civil Violation Judgment	\$ 658	No	
MJB		FM-002 Family and Probate Matter Summary Sheet	\$ 658	No	
MJB		FM-182 Warrant to Take Immediate Physical Custody of Child(ren)	\$ 658	No	
MJB		JV-001 Juvenile Petition	\$ 658	No	

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
MJB		JV-031 Case Tracking Document	\$ 658	No	
MJB		JV-043 Petition to Seal Juvenile Case Records	\$ 658	Yes	
MJB		JV-045 Order Sealing Juvenile Case Records	\$ 658	Yes	
MJB		MH-006 Abstract of Mental Health Finding	\$ 658	No	
MJB		MH-010 Notice of Hearing Weapons Restriction Order	\$ 658	No	
MJB		MH-011 Judgment After Hearing Weapons Restriction Order	\$ 658	No	
MJB		MH-012 Abstract of Weapons Restriction Order	\$ 658	No	
MJB		MH-013 Notice of Right to Petition to Modify or Dissolve Weapons Restriction Order	\$ 658	No	
MJB		MH-014 Petition to Dissolve Weapons Restriction Order	\$ 658	No	
MJB		MJ-003 Civil Order of Arrest	\$ 658		
MJB		MJ-010 Civil Personal Recognizance Bond	\$ 658	No	



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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
MJB		MJ-013 Order for Appearance	\$ 658	No	
MJB		PA-001 Complaint for Protection from Abuse	\$ 658	Yes	
MJB		PA-005 Protection Order Service Information	\$ 658	No	
MJB		PA-006 Complaint for Protection from Harassment	\$ 658	Yes	
MJB		VS-009 Certificate of Adoption	\$ 658	No	
MJB		New Hire Form	\$ 658	No	
MJB		Employer's Report of Injury, Exposure or Medical Condition	\$ 658	No	
MJB		Applicant Information Survey	\$ 658	No	
MJB		State of Maine Group Benefit Plans Enrollment/Change Form Rehired Retiree	\$ 658	No	
MJB		State of Maine Group Benefit Plans Enrollment/Change Form	\$ 658	No	
MJB		Delta Dental Claim Form	\$ 658	No	

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
MJB		Maine PERS Application for Coverage Group Life Insurance	\$ 658	No	
MJB		Maine PERS Application for Membership	\$ 658	No	
MJB		Maine PERS Designation of Beneficiary Pre-Retirement Benefits	\$ 658	No	
MJB		Freshteam - Applicant Tracking System	\$ 658	No	
MJB		State of Maine Judicial Branch Background Investigation Form	\$ 658	No	
MJB		CR-001 Bail Bond	\$ 658	No	
OAG	Victims Compensation Board	Maine Crime Victims' Compensation application	Unknown	No	
OAG		MEPERS Designation of Beneficiary (pre retirement death benefits)	\$ -	No	
OAG		MEPERS Designation of Beneficiary (Group Life	\$ -	No	
OAG		(Insurance) Group Benefit Enrollment/ change form	\$ -	No	

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
OAG		MEPERS Application for Membership	\$ -	No	
OAG		P&A Group FSA Enrollement form	\$ -	No	
OAG		New Hire form	\$ -	No	
PFR	Board of Nursing	Application for License as a Registered Professional Nurse by Examination	\$ -	No	
PFR	Board of Nursing	Application for License as a Practical Nurse by Examination	\$ -	No	
PFR	Board of Nursing	Application for Initial Licensure as a Certified Nurse Practitioner	\$ -	No	
PFR	Board of Nursing	Application for Initial Licensure as a Certified Registered Nurse Anesthetist	\$ -	No	
PFR	Board of Nursing	Application for Initial Licensure as a Certified Nurse Midwife	\$ -	No	
PFR	Board of Nursing	Application for Initial Licensure as a Clinical Nurse Specialist	\$ -	No	

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Dept.	Sub-Division	Form Name	Cost	National Implications	Comments
PFR	Board of Nursing	Application for Licensure as a Registered Professional Nurse by Endorsement	\$ -	No	
PFR	Board of Nursing	Application for Licensure as a Practical Nurse by Endorsement	\$ -	No	
PFR	Bureau of Insurance	App for Individual Producer	N/A	Yes	National Form used by all States as Members of NAIC
PFR	Bureau of Insurance	App for Consultant License	\$ -	No	
PFR	Bureau of Insurance	App for Navigator Cert	\$ -	No	
PFR	Electricians' Examining Board	No Forms			
PFR	Office of Securities	UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER	N/A	Yes	
SOS	Bureau of Motor Vehicles	IID Tracking	\$ -	no	