



Child and Family Services
An Office of the
Department of Health and Human Services

Specialized Services Rate Request

MaineCare Section 28,
Rehabilitative and Community Support Services
for Children with Cognitive Impairments
and Functional Limitations (RCS)

Date:

This is a request to seek the approval of Children's Behavioral Health Services, DHHS, for the agency to seek reimbursement for the Specialized Services Rate under MCBM, Section 28 – RCS. Please refer to the most current version of Section 28 for specific information about Specialized Services including rate information.

This request will be considered upon receipt of this fully completed form and all supporting documentation. Reimbursement under the Specialized Services rate will not be available until final approval.

Please submit this request to Rachel Posner Behavioral Health Services Team Leader, Office of Child & Family Services, 2 Anthony Avenue, 11 State House Station, Augusta, Maine 04333-0011; Tel: (207) 624-7900, Fax: (207) 287-6156; rachel.posner@maine.gov

Agency Information:

1. Agency name:
2. Agency contact (address, position in agency, telephone, fax, email, TTY, cell):

Service Information

1. Target population (age, diagnosis, range of functioning as determined by department approved tools, any other information).
2. Treatment (complete description of all aspects of treatment, including individual and group intervention, location(s), methods, frequency of intervention on a daily and weekly basis, expected duration, geographic areas to be served):
3. Please attach copies of all forms/documents that will be used to implement the treatment:

4. Has the agency provided the service and if so under what section(s) of the MCBM:
5. How will the agency ensure fidelity to a treatment model:
6. How will the agency address externalizing behaviors that may result in injury to the client or staff:
7. Number of children to be served during the first year by geographic location (include the basis for the number):
8. Number of children to be served during the second year by geographic location (include the basis for the number and any anticipated changes in subsequent years):
9. Describe fully how families will be involved in treatment (include hours per week and methods):
10. Staffing and supervision by individual (names, position, educational degrees, certifications, licenses, years of experience with this service, functions in the service delivery, any other information):
11. Service need (why the service is needed in the area):
12. Other information that may assist in considering the request and attach any additional documents: