

Application to Become a CBHS Contracted Service Provider

NOTE:

A) Please list the initial contact date to your regional Resource Coordinator regarding your interest in providing this MaineCare service:

B) Please indicate the name of your contacted regional Resource Coordinator below:

Date Submitted to CBHS/DHHS: ___/___/___

Agency Information:

1) Agency Name: _____

2) CEO/Executive Director: _____

3) Finance Manager: _____

4) Agency Location: _____

5) Agency Mailing Address (if different than location): _____

Telephone: _____ Fax: _____ Cell: _____

Email: _____ TTY: _____

6.) Is your agency a Non-Profit or for Profit? _____

Please submit the following documentation with your proposal:

- 1) Bonding company and amount
- 2) Insurance company, type and amount of insurance(w/face sheet)
- 3) Organizational Chart
- 4) Board of Directors
- 5) Employee Handbook
- 6) Mission Statement
- 7) Vision Statement
- 8) Brochure
- 9) Resume(s) of CEO and other relevant partners/managers
- 10) Licensing or Certifications Held
- 11) Background Checks:
 - a. State Bureau of Investigation
 - b. Child Protective
 - c. Motor Vehicle

Funding:

1.) How do you plan to be reimbursed for your services? _____

2.) If MaineCare, do you have the current MaineCare rule governing this service? _____

Proposed Service Model:

1.) Service Description: _____

2.) Target Population (age, diagnosis, functional ability): _____

3.) Number of staff projected to Hire in First Year:

4.) Staff Qualifications:

- Supervisors _____
- Direct Service Staff: _____
- Consultants: _____

5.) Geographic Area(s) Offering Service: _____

6.) Please describe your agency's plan for the provision of supervision to your staff. Speak about individual vs. group supervision and frequency of each and qualifications of supervisory staff.

7.) Please describe areas of training that you will provide to your staff to insure they will provide the service in a professional manner. Please include how you plan to address professional ethics, boundary issues, family inclusion and participation, crisis/safety responses, mandated reporting, etc and any others you consider important. ____

Experience/Specialized Expertise:

- Please describe experience/expertise your agency/staff has in:
 - Working with the population you plan to serve: _____
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- Working as a member of a team: _____

- Working collaboratively with other agencies: _____

- Evidence Based Practice: _____

Staff Qualifications/Requirements (Please check if expected):

- Behavioral Health Professional _____
- MHRT _____
- Educational Technician _____
- Certified Nurses Aid _____
- CPR _____
- MANDT _____
- ABA Certification _____
- Board Certified Clinician _____

Quality Assurance Plan:

- Does your agency have a plan for quality assurance? Please include a copy of your plan.

Crisis Planning:

- Does your agency have crisis or safety plans for every consumer served?
- Please include a copy of your agency's crisis/safety plan

Need for Service:

Why do you think this service is needed in the area(s) you plan to serve? _____

Any other additional information you would like to share about your agency: _____

❖ Prior to Provision of Services, your agency must have:

- *An appropriate license, if required;*
- *An agreed upon rate for service with the Department of Health & Human Services;*
- *A contract with the Department of Health & Human Services;*
- *A MaineCare Provider Number prior to the start of any MaineCare service.*

CONTACTS:

1. If you plan to offer services in:

Cumberland/York Counties, contact:

Mike Parker at 822-0139; mike.parker@maine.gov

2. If you plan to offer services in:

Androscoggin, Franklin, Oxford, Somerset, Kennebec, Lincoln, Waldo, Knox or Sagadahoc Counties, contact:

Nadine Martin at 624-5257; nadine.martin@maine.gov

3. If you plan to offer services in:

Penobscot, Piscataquis, Hancock, Washington, or Aroostook Counties, contact: Cheryl Hathaway at 941-4442; cheryl.hathaway@maine.gov