Behavioral Health Homes Application

The objective of this application is to identify qualified and interested behavioral health providers to deliver Behavioral Health Home services in partnership with Health Home primary care practices. It is anticipated that Behavioral Health Home services will have a start date of April 2014. Applications must be submitted by December 6, 2013. This RFA does not obligate the Department or any provider to enter into a contract or to deliver or pay for any services. Applications will be followed by a formal approval and confirmation process. Additional information on Behavioral Health Home Organization requirements can be found in the Department's Request for Applications at the MaineCare Behavioral Health Home website: http://www.maine.gov/dhhs/oms/vbp/health-homes/stageb.html

All information in this RFA is subject to change pending final approval from the Center for Medicare and Medicaid (CMS) of Maine's State Plan Amendment for Behavioral Health Homes.

*1. Please enter your organization's information.

Organization Name

Organization Tax ID #

NPI

*2. Contact information of person completing application:

Name:

Title:

Email:

Phone:

*3. Contact information of Administrative Lead:

Name:

Title:

Email:

Phone:

*4. Contact information of Clinical Lead:

Name:

Title:

Email:

Phone:

*5. Is your organization currently a MaineCare provider?

- ◯ Yes
- ◯ No, but I will fully enroll with MaineCare prior to implementation of Behavioral Health Homes.

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See RFA Section XI, Requirements for Behavioral Health Home Organizations for more information regarding BHHO requirements.

*6. Organization Licensure (check all that apply):

☐ Our organization is licensed to provide Childrens Behavioral Health Targeted Case Management services for children.

☐ Our organization is licensed to provide Community Integration services to adults.

*7. Do you plan to provide services to (check all that apply):

☐ Children with Serious Emotional Disturbance (SED)

☐ Adults with Serious and Persistent Mental Illness (SPMI)

8. Is your organization currently required to comply with DHHS contract Riders A and E for children's behavioral health services?

○ Yes

○ No, but we will comply prior to Behavioral Health Homes implementation

Other (please specify)

9. Is your organization currently required to comply with consent decree provisions as described in Rider A and Rider E of the DHHS Community Support contract?

○ Yes

○ No, but we will comply prior to implementation of Behavioral Health Homes

○ N/A- our agency does not plan to provide BHH services to adults.

*10. Indicate the number of organization site(s) that will be participating in the program:

11. Participating Site Information (*Site NPI is the National Provider Identifier plus 3-digit suffix used in MaineCare site enrollment):

Name:	
*Site NPI:	
Mailing Address:	
Mailing City:	
Physical Address:	
Physical City:	
Phone:	
Site will serve Adults/Children/Both:	
Number of children's Behavioral Health TCM MaineCare members served at this site:	
Number of Community Integration MaineCare members served at this site:	

12. Participating Site Information (*Site NPI is the National Provider Identifier plus 3-digit suffix used in MaineCare site enrollment):

Name:	
*Site NPI:	
Mailing Address:	
Mailing City:	
Physical Address:	
Physical City:	
Phone:	
Site will serve Adults/Children/Both:	
Number of children's Behavioral Health TCM MaineCare members served at this site:	
Number of Community Integration MaineCare members served at this site:	

13. Participating Site Information (*Site NPI is the National Provider Identifier plus 3-digit suffix used in MaineCare site enrollment):

Name:	
*Site NPI:	
Mailing Address:	
Mailing City:	
Physical Address:	
Physical City:	
Phone:	
Site will serve Adults/Children/Both:	
Number of children's Behavioral Health TCM MaineCare members served at this site:	
Number of Community Integration MaineCare members served at this site:	

14. Participating Site Information (*Site NPI is the National Provider Identifier plus 3-digit suffix used in MaineCare site enrollment):

Name:	
*Site NPI:	
Mailing Address:	
Mailing City:	
Physical Address:	
Physical City:	
Phone:	
Site will serve Adults/Children/Both:	
Number of children's Behavioral Health TCM MaineCare members served at this site:	
Number of Community Integration MaineCare members served at this site:	

15. Participating Site Information (*Site NPI is the National Provider Identifier plus 3-digit suffix used in MaineCare site enrollment):

Name:	
*Site NPI:	
Mailing Address:	
Mailing City:	
Physical Address:	
Physical City:	
Phone:	
Site will serve Adults/Children/Both:	
Number of children's Behavioral Health TCM MaineCare members served at this site:	
Number of Community Integration MaineCare members served at this site:	

***16. Does your organization provide psychiatric medication management services or have a memorandum of agreement with a psychiatric provider that ensures access to psychiatric consultation?**

- ◯ Yes
- ◯ No

***17. Does your organization have expertise in co-occurring disorders as defined in current DHHS contract standards?**

- ◯ Yes
- ◯ No

***18. Does your organization commit to full adoption and implementation of an Electronic Health Record within 24 months of Health Home implementation?**

- ◯ Yes
- ◯ No

***19. Does your agency commit to full implementation of the following Core BHH Expectations within one year of participation in MaineCare Behavioral Health Homes:**

	Yes	No
• Demonstrated Leadership	☐	☐
• Team-based approach to care	☐	☐
• Enhanced access to care	☐	☐
• Population risk stratification and management	☐	☐
• Comprehensive consumer/family directed care planning	☐	☐
• Inclusion of patients & families in implementation of BHH model	☐	☐
• Behavioral-Physical Health Integration	☐	☐
• Connection to community resources and social support services	☐	☐
• Commitment to reducing waste and unnecessary health care spending	☐	☐
• Integration of Health Information technology	☐	☐

***20. Is your organization able to perform each of the following eleven CMS Health Home core-function components:**

	Yes	No
1. Provide quality driven, cost-effective, culturally appropriate, and patient- and family- centered Health Home services;	☐	☐
2. Coordinate and provide access to high-quality health care services informed by evidence based clinical practice guidelines;	☐	☐
3. Coordinate and provide access to preventive and health promotion services, including prevention of mental illness and substance use disorders;	☐	☐
4. Coordinate and provide access to treatment for mental health and substance abuse disorders;	☐	☐
5. Coordinate and provide access to comprehensive care management, care coordination, and transitional care across care settings. Transitional includes appropriate follow up from inpatient to other settings, such as participation in discharge planning and facilitating transfer from pediatric to an adult system of health care;	☐	☐
6. Coordinate and provide access to chronic disease management, including self-management support to patients and their families;	☐	☐
7. Coordinate and provide access to patient and family supports, including referral to community-based social support, and recovery services;	☐	☐
8. Coordinate and provide access to long-term care supports and services;	☐	☐
9. Develop a patient-centered care plan that coordinates and integrates all of a patient's clinical data and non-clinical health care related needs and services;	☐	☐
10. Demonstrate the capacity to use HIT to link services, and facilitate communication among CCT members, and between the CCT and patient , and family care givers, and to provide feedback to practices, as feasible and appropriate; and	☐	☐
11. Establish a continuous quality improvement (CQI) program, and collect and report on data that permits an evaluation of increased coordination of care and chronic disease management on individual-level clinical outcomes, experience of care outcomes, and quality care outcomes at the population level.	☐	☐

***21. Does your organization commit to providing Behavioral Health Home services as required by federal regulations (Affordable Care Act Section 2703)?**

	Yes	No
• Comprehensive care management	☐	☐
• Care coordination and health promotion	☐	☐
• Comprehensive transitional care from inpatient to other settings	☐	☐
• Individual and family support	☐	☐
• Referral to community and social support services	☐	☐
• Use of health information technology (HIT)	☐	☐

***22. Does your agency commit to participation in the Behavioral Health Home Learning Collaborative?**

◯ Yes

◯ No

***23. Does your agency have a partnership with at least one Health Home Primary Care Practice, or a practice that intends to apply and be approved by MaineCare as a Health Home Practice?**

◯ Yes

◯ No

24. Indicate number of primary care practice(s) with which your organization plans to partner:

☐

25. Partnering Primary Care Practice Information:

Practice Name:

Practice NPI:

Mailing Address:

Mailing City:

Physical Address:

Physical City:

Phone:

26. Partnering Primary Care Practice Information:

Practice Name:

Practice NPI:

Mailing Address:

Mailing City:

Physical Address:

Physical City:

Phone:

27. Partnering Primary Care Practice Information:

Practice Name:

Practice NPI:

Mailing Address:

Mailing City:

Physical Address:

Physical City:

Phone:

28. Partnering Primary Care Practice Information:

Practice Name:

Practice NPI:

Mailing Address:

Mailing City:

Physical Address:

Physical City:

Phone:

29. Partnering Primary Care Practice Information:

Practice Name:

Practice NPI:

Mailing Address:

Mailing City:

Physical Address:

Physical City:

Phone:

***30. Is your organization able to deliver a team-based service that includes, at minimum, the following components?**

	Yes	No
• Clinical Team leader (independently licensed mental health professional, including an LCSW, LCPL, LMFT, psychologist, psychiatrist)	☐	☐
• Health Home Coordinator (Qualified TCM case management provider for children; MHRT/C certified providers for adults)	☐	☐
• Peer Support Specialist (CIPSS and/or other training as described by the Department)	☐	☐
• Nurse Care Manager (LPN, RC, NP)	☐	☐
• Access to Primary Care Consultation (MD, DO, NP)	☐	☐
• Access to Psychiatric Consultation (MD, DO, Psychiatric NP)	☐	☐