MaineCare Behavioral Health Homes Notice of Interest or Intent

Respondents must read the MaineCare Behavioral Health Homes Request for Applications (RFA) posted online at http://www.maine.gov/dhhs/oms/vbp/health-homes/stageb.html prior to filling out htis Notice of Interest and/or Intent.

The Department encourages behavioral health providers and primary care practices interested in or intending to partner to form a Behavioral Health Home to submit a non-binding Notice of Interest and/or Intent at https://www.surveymonkey.com/s/BehavioralHealthHomes.

Notices of Interest/ Intent will be accepted until November 15.

Behavioral health and primary care providers should indicate their interest and/or intent to apply by filling out the following survey.

With permission, the Department will post information in order to facilitate mutual identification of behavioral health organizations and primary care provider practices with an interest and/or intent to partner to form a Behavioral Health Home.

Respondents may also submit a Notice of Intent or Interest for the Department's informational purposes only and choose not to share the information publicly.

Contact Information & Provider Organization Type

1. Indicate your Organization's contact information for this Notice of Intent or Interest

Name:

Organization:

Address:

Address 2:

City/Town:

ZIP:

Email Address:

Phone Number:

2. In what region(s) of Maine are you located?

- [ ] Northern
- [ ] Downeast
- [ ] Central
- [ ] Western
- [ ] Southern

Other (please specify)

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***3. Select the description that best describes your provider organization:**

- ◯ Behavioral health organization
- ◯ MaineCare Health Home practice
- ◯ Primary care practice (not currently a Health Home practice)

Primary Care Practice Intent to Participate

***4. Would you like to be a Health Home practice for Behavioral Health Homes?**

- ◯ Yes- I am a Health Home for Stage A and would like to participate in Behavioral Health Homes as well
- ◯ Yes- I am not currently a Health Home but would like to apply to be a Health Home practice for Behavioral Health Homes and Health Homes for members with chronic conditions (Stage A)
- ◯ Yes- I am not currently a Health Home but would like to apply to be a Health Home practice for Behavioral Health Homes only
- ◯ Not yet decided- I am a Health Home practice for Stage A but am unsure about Behavioral Health Homes
- ◯ Not yet decided- I am not currently a Health Home practice
- ◯ No

Factors Impacting Your Decision Whether to Participate

5. What will impact your decision whether or not to become a Health Home practice for Behavioral Health Homes?

- ☐ Ability to identify Behavioral Health Homes Organization with which to partner
- ☐ Concern with serving adults with Serious Mental Illness and/or children with Serious Emotional Disturbance
- ☐ Concern regarding adequacy of payment rates
- ☐ Concern with infrastructure to provide required Health Home services
- ☐ Concern with ability to achieve National Committee for Quality Assurance Patient Centered Medical Home recognition within one year of Behavioral Health Homes implementation
- ☐ Other (Specify)

Other (please specify)

Seeking Partner Behavioral Health Organization

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***6. Are you looking for a behavioral health organization(s) with which to partner?**

- ◯ Yes- we have a behavioral health organization identified but would like to partner with more
- ◯ Yes- we have not yet identified a behavioral health organization with which to partner
- ◯ No- we have already identified our partnering behavioral health organization

Behavioral Health Organization Intent to Apply

***7. Do you intend to apply to be a Behavioral Health Home Organization?**

- ◯ Yes
- ◯ We are interested, but not yet sure if we will apply
- ◯ No
- ◯ N/A

Factors Impacting Your Decision Whether to Apply

8. What will impact your decision whether or not to apply?

- ☐ Ability to identify primary care practices with which to partner
- ☐ Concerns regarding infrastructure for physical health integration
- ☐ Concerns regarding infrastructure to operate under a capitated, per member per month payment system for Behavioral Health Homes
- ☐ Concern regarding adequacy of payment rates
- ☐ Other (Specify)

Other (please specify)

Seeking Primary Care Practice Partners

***9. Are you looking for primary care practices with which to partner?**

- ◯ Yes- we have some practices identified but would like to partner with more
- ◯ Yes- we have not yet identified any practices with which to partner
- ◯ No- we have already identified our partner primary care practices
- ◯ Not yet decided

Region(s) Where Provider Organizations Sought

10. In what region(s) are you looking for provider organization(s)?

- ☐ Northern
- ☐ Downeast
- ☐ Central
- ☐ Western
- ☐ Southern

Other (please specify)

Permission to Share Information

***11. Do you give the Department your consent to publicly share this information?**

- ○ Yes
- ○ No: Please do not publicly share my information; it is for the Department's use only

Other (please specify)