

Application to Become a OCFS Contracted Service Provider of:

NOTE:

All information requested in this application along with the application must be submitted electronically via email to your Regional Resource Coordinator

Date Submitted to OCFS/DHHS: ___/___/___

Agency Information:

1) Agency Name and Vendor Code: _____

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 separate documentation with your proposal for each item listed below:

- 1) Liability 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) Background checks (State Bureau of Investigation, Child Protective, Motor Vehicle - including the individual's name & license #, Federal Exclusions Program: <https://oig.hhs.gov/exclusions/index.asp>)
- 10) Resume(s) of CEO and other relevant partners/managers
- 11) Licensing or Certifications Held
- 12) Your agency's Quality Assurance plan
- 13) Your Agency's Crisis plan

Funding:

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

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

Proposed Service Model:

1.) Agency Proposed Service Model

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

3.) Current Number of staff and 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: _____

 - Working as a member of a team: _____

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- Working collaboratively with Community Partners :

- Evidence Based Practices:

Staff Qualifications/Requirements (Please check if expected):

- Behavioral Health Professional_____
- MHRT_____
- Educational Technician_____
- Certified Nurses Aid_____
- CPR_____
- MANDT_____
- ABA Certification_____
- Board Certified Clinician_____

Crisis Planning:

- Explain your agency's crisis/safety planning process for clients and staff
- 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;***
- ***APS***
- ***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:
Vacant at 822-0139

2. If you plan to offer services in:
Androscoggin, Franklin, Oxford, Somerset, Kennebec, Lincoln, Waldo, Knox or
Sagadahoc Counties, contact:
Vacant at 624-7944

3. If you plan to offer services in:
Penobscot, Piscataquis, Hancock, Washington, or Aroostook Counties, contact: Cheryl
Hathaway at 561-4204; cheryl.hathaway@maine.gov

