MaineCare Services
An Office of the
Department of Health and Human Services
Paul R. LePage, Governor
Mary C. Mayhew, Commissioner

Department of Health and Human Services
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**Department of Health and Human Services**
**MaineCare Memorandum of Understanding (MOU) Confirmation**

I, _____, as the authorized representative of the following Behavioral Health Home Organization:

| Name of BHHO | Site Physical Address | NPI+3 |
|---|---|---|
| | | |

confirm that as of _____, this organization has entered into a Memorandum of Agreement with the following Health Home Practice(s), pursuant to 10-144 Department of Health and Human Services Chapter 101**:** MaineCare Benefits Manual, Chapters II and III, Section 92.

| Name of HHP | HHP Site Physical Address |
|---|---|
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This MOU remains in effect until the authorized representative of the BHHO and/or the Health Home Practice notifies MaineCare in writing that this agreement is no longer active.

By: _____ _____

Authorized Signature for BHHO Date

_____

Title

_____

Organization