

New Housing Outreach and Member Engagement (HOME) Provider Application

The objective of this application is to identify qualified providers interested in being a HOME Provider. HOME services are team-based supportive housing services including comprehensive care management, care coordination, health promotion, comprehensive transitional care, supports services, and referrals to community and social supports. These services are intended to increase medical and behavioral health care continuity, improve health outcomes, and reduce health disparities and avoidable acute care utilization, while supporting housing navigation, stabilization and maintenance for those members with chronic conditions and long-term homelessness.

Before completing this application, please read in full the rules for the HOME Provider model of team-based services found in MaineCare Benefits Manual (MBM), Chapter II and III, Section 91: Health Home Services-Community Care Teams.

Once the final application has been received MaineCare will review and deliver a decision within 30 business days by email.

Within 30 business days of approval, MaineCare will schedule an onsite or webinar training to provide an overview of the billing process and the Maine DHHS Value-Based Purchasing Management System (VMS) portal.

For questions about this online application or other steps in the application process, please contact MaineCare at HH-BHH-Services.DHHS@maine.gov .

If you have not yet read MBM, Chapter II and III, Section 91: Health Home Services-Community Care Teams rules, please do so before completing this application

* 1. Before beginning this application, please confirm that you have read MBM, Chapter II and Chapter III, Section 91: Health Home Services-Community Care Teams rules and understand HOME services and HOME Provider requirements.

☐ Yes

☐ No

* 2. Please enter the contact information of the individual completing the application:

Name:

Pronouns:

Title:

Email:

Phone:

* 3. Please enter your organization's information.

Organization Name	<input type="text"/>
Organization Tax ID#	<input type="text"/>
Organization National Provider Identification (NPI) Number	<input type="text"/>
Phone Number	<input type="text"/>
Email Address	<input type="text"/>
HOME Provider Physical Address (Location of Operations)	<input type="text"/>
Second Physical Address (if applicable)	<input type="text"/>
Mailing Address	<input type="text"/>
Counties where HOME Services will be Offered	<input type="text"/>

* 4. Is your organization now or will it be enrolled as a MaineCare provider prior to delivering HOME Services?

- ☐ Yes
- ☐ No

If you have chosen no or are unsure of your organization's enrollment status, please contact us at HH-BHH-Services.DHHS@maine.gov to confirm your organization's enrollment status or for information about enrolling as a MaineCare provider.

* 5. Do you plan to deliver HOME services to MaineCare members for whom the same or similar services are now funded in part or whole by other sources, such as the Office of Behavioral Health (OBH), Office of Child and Family Services (OCFS), Maine State Housing Authority (MSHA), or other applicable programs?

- ☐ Yes
- ☐ No

If yes, please describe the steps your organization will take to ensure that there is no duplication of payment per member.

* 6. Does your organization have an operational Electronic Health Record (EHR) system or software for the systematic and secure collection of electronic health information about individual patients, including MaineCare members with the following capacities:

- a digital format that is capable of being shared across different health care settings including via a Department-designated Health Information Exchange(s) (HIE), a Department-designated, network-connected enterprise-wide information system(s), and other information networks or exchanges; and

- supports clinical EHR functions, such as intake, clinical care, task management, and case management where appropriate, and it has HL7 interoperability capabilities to support the electronic sharing of portions of the patient’s record.

☐ Yes

☐ No

If no, please describe your organization's plan to implement an EHR system prior to beginning the delivery of HOME services.

* 7. Population risk stratification processes aim to identify members at risk for adverse outcomes for intervention with appropriate resources and services to prevent outcomes such as loss of housing, incarceration, negative clinical outcomes, and/or avoidable use of acute care services. As part of eligibility determination, comprehensive assessment and periodic assessment, HOME Providers are required to assess member risk by utilizing the [Service Prioritization Decision Assistance Tool \(SPDAT\)](#).

Please describe your organization’s strategies and processes for population risk stratification.

* 8. To reduce gaps in care and support care coordination each HOME Provider is required to implement processes, procedures, and member referral protocols with local primary care providers, behavioral health providers, inpatient facilities, Emergency Departments (EDs), residential facilities, crisis services, and correctional facilities for prompt notification of an individual’s admission and/or planned discharge to/from one of these facilities or services. The protocols shall include coordination and communication on enrolled or potentially eligible Members.

Please describe your organization’s plan and readiness to implement the processes, procedures, and member referral protocols to meet this requirement.

* 9. Through the six core HOME services, including comprehensive care management and care coordination, HOME Providers must assist members in establishing a primary care provider and maintaining primary care health services. Please describe your team's strategies and capabilities with respect to this requirement.



* 10. HOME Providers are required to establish and maintain relationships with shelter services and housing providers to support housing placement and have systematic follow-up protocols to ensure timely access to services. Please describe your organization's plan and readiness to meet this requirement.



* 11. HOME Providers must deliver services with cultural and linguistic appropriateness. Please describe your team's strategies and capabilities with respect to ensuring services are delivered with cultural and linguistic competency.



* 12. HOME Providers are required to have a system in place, such as an on-call staff or answering service, for enrolled MaineCare members to reach a member of the organization or an authorized entity twenty-four (24) hours a day, seven (7) days a week to triage and address the Members' needs.

Is your organization prepared to meet this requirement prior to delivering HOME services?

☐ Yes

☐ No

* 13. HOME Providers deliver services via a team-based model of care that includes a multi-disciplinary team of employed or contracted personnel. Please review all the requirements for team roles found in MaineCare Benefits Manual (MBM), Chapter II, Section 91.02-2 before completing this answer.

For the following required roles, please provide the staff person's name, qualifications, and NPI (when applicable):

HOME Provider Manager	<input type="text"/>
Clinical Leader	<input type="text"/>
Case Manager	<input type="text"/>
Community Health Worker, Recovery Coach, or Peer Support	<input type="text"/>
Housing Navigator	<input type="text"/>

14. If your organization plans to employ additional staff members for the delivery of HOME services, please provide the name, qualifications, and NPI (when applicable) for any non-required staff:

Resources for Certified Intentional Peer Support Specialist (CIPSS), Recovery Coach, and Community Health Worker (CHW) Roles:

- [OBH's Intentional Peer Support Resource Webpage](#)
- [OBH's Substance Use Disorder Recovery Supports Webpage](#)
- [Maine CDC: The Role of Community Health Workers in Healthcare Webinar](#)

* 15. Does your agency commit to full implementation of the HOME Provider Core Standards found in MBM, Chapter II, Section 91.02-5 within three months of initial service delivery?

☐ Yes

☐ No

* 16. Please complete and upload a copy of the [HOME provider Core Standards](#).

Choose File

Choose File

No file chosen

* 17. Does your organization have processes in place to obtain signed consent for HOME services in compliance with Maine statute found at Title 22, Subtitle 2, Part 3, Chapter 260: Consent of Minors for Health Services §1503?

☐ Yes

☐ No

If no, please describe your plan to implement these processes.

Thank you!

* 18. Annually, HOME Providers shall submit a completed assessment of their Behavioral and Physical Health Integration progress and identify an area of focus for the following twelve-(12) month period to improve Behavioral and Physical Health Integration. Please complete and upload that assessment here.

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