**Vendor Call:** Please fill out Section 1 or 2, and submit to ResourceCoordinatorOADS@maine.gov

**Section 1: Member Service Need**

*OADS will assign reference ID of Case Manager initials, date, & time submitted (i.e. AA.113021.1145).*

|  |  |  |
| --- | --- | --- |
| Age: | Gender: | Location (city/town or county):  |
| Case Manager Name & Contact Information: |

|  |  |  |
| --- | --- | --- |
| **Service** | **21** | **29** |
| Career Planning |  |  |
| Work Support- Individual ***\*Days and Times Support Needed:*** |  |  |
| Employment Specialist **\**Days and Times Support Needed:*** |  |  |
| Community Support: Non-Disability-Specific Setting (Broader Community Only) |  |  |
| Community Support: Provider Owned or Controlled Setting (Facility & Broader Community) |  |  |
| Community Membership: 1:1 [ ]  1:2 [ ]  |  |  |
| Home Support- Quarter Hour |  |  |
| Home Support- Remote Support |  |  |
| Shared Living: Non-Disability-Specific Setting (Member/Related Caregiver Identified Housing) |  |  |
| Shared Living: Provider Owned or Controlled Setting (Provider Identified Housing) |  |  |
| Family- Centered Support |  |  |
| Home Support- Agency Per Diem: Non-Disability-Specific Setting (Member Identified Housing) |  |  |
| Home Support- Agency Per Diem: Provider Owned or Controlled Setting (Provider Identified Housing) |  |  |
| Maintenance Therapy: OT [ ]  PT [ ]  Speech- Individual [ ]  Speech- Group [ ]  |  |  |
| Assistive Technology: Assessment [ ]  Devices [ ]  Transmission [ ]  |  |  |
| Consultation: Behavior [ ]  OT [ ]  PT [ ]  Psychological [ ]  Speech [ ]  NTC [ ]  |  |  |
| Respite |  |  |

|  |  |
| --- | --- |
| PNMI- Appendix F (Section 97) [ ]  | ICF/IID (Section 50): Nursing [ ]  Group [ ]  |

**Section 2: Provider Offering Capacity**

|  |
| --- |
| Service (enter as listed in Section 1):  |
| Service Location (city/town or county): |
| Agency & Contact Person: |
| Contact Information: |

**Vendor Call: FAQ**

**Section 1: Member Service Need**

1. When should a case manager fill out Section 1 of the vendor call form?
* A case manager should fill this out when a member has interest in learning all providers that have capacity to offer services to them.
1. Is a vendor call form always required for members?
* No, if the member is aware of their options for services and they have already made an informed choice, the case manager does not have to submit the form.
1. How will information be distributed about members seeking providers?
* OADS will typically post one list daily, via our gov delivery listserv. The list will go to all individuals that subscribe to receive vendor calls.
1. What are examples of how services occur in “non-disability specific settings?”
* For residential services, this could be Home Support- Agency Per Diem or Shared Living where (a) member(s) own home, (b) relative owns home, (c) member/relative rents from third party (not provider), or (d) Shared Living-Related Caregiver**.**
* For non-residential services, this could be Career Planning, Employment Specialist, Work Support-Individual, Community Membership, and Community Support where services are only delivered in the broader community, not a provider owned or controlled setting.

**Section 2: Provider Offering Capacity**

1. When should a waiver provider fill out Section 2 of the vendor call form? Is this also known as a “reverse vendor call?”
* A waiver provider should fill this out when they want to distribute information about their capacity. Providers have often requested the distribution of this sort of information, colloquially calling it a “reverse vendor call.”
1. How often will information be distributed about providers offering capacity?
* OADS will post one list weekly, via our gov delivery listserv.
1. Who will receive the list of providers offering capacity?
* The list will go to all individuals that subscribe to receive vendor calls.
1. How can more information be shared, i.e. a description of a home?
* This kind of information can be shared on an individual basis, in contact between provider/case manager and member.