



CARES Program Provider Certification Form

For the MassHealth Coordinating Aligned, Relationship-centered,
Enhanced Support (CARES) for Kids Program

Commonwealth of Massachusetts | Executive Office of Health and Human Services | www.mass.gov/masshealth

SECTION I: Instructions

MassHealth providers interested in participating in the MassHealth Coordinating Aligned, Relationship-centered, Enhanced Support (CARES) for Kids Program must submit this certification of compliance with CARES Program clinical and programmatic requirements, as described in regulations at 130 CMR 405.477: CARES Program Services, 130 CMR 410.482: CARES Program Services, or 130 CMR 433.485: CARES Program Services, and in All Provider Bulletin 370. These are known as the “CARES Program requirements.”

Any provider that fails to demonstrate its ability to fulfill any of the CARES Program requirements will not be certified to participate in the CARES Program. In addition, if at any point a provider certified to participate in the CARES Program is unable to meet the CARES Program requirements, the participating provider must give MassHealth adequate notice, as described in All Provider Bulletin 370. Notice must be sent to CARES@mass.gov and include the date on which the CARES provider stopped meeting the requirements for participation in the CARES Program.

To be considered for participation in the CARES Program, a provider must be a MassHealth-participating community health center; acute outpatient hospital, including a hospital licensed health center or other acute outpatient satellite facility; or group practice; and must send a complete, accurate, and signed CARES Program Provider Certification Form to CARES@mass.gov.

Questions about this form can be sent to CARES@mass.gov. All information is subject to audit and verification by MassHealth.

SECTION II: Provider Information

DBA Name

Business Street Address

City

State

Zip Code

Billing PID/SL

Contact Name

Contact Phone Number

Contact Email Address

SECTION III: Requirements for CARES Program Provider Designation

The provider submitting this CARES Program Certification Form agrees that it must satisfy all CARES Program requirements in order to participate in the CARES Program and be paid for CARES services. This includes, but is not limited to, the following requirements.

- (1) Payment for CARES Program services will be made only to the following provider types participating in MassHealth on the date of service, and which are also certified by MassHealth for the provision of CARES Program services associated with that location on the date of service:
 - a. community health centers (CHCs);
 - b. acute outpatient hospitals (AOHs), including hospital licensed health centers (HLHCs), or other hospital satellite clinics or service locations; or
 - c. group practices.
- (2) Providers seeking to deliver CARES services must meet the requirements for CARES Program services. A CARES Program provider must be certified for each CHC service location, AOH service location, or group practice service location through which it intends to render CARES services. The application for certification must be made on this CARES Program Provider Certification Form and must be sent to CARES@mass.gov.
- (3) By submitting this CARES Program Provider Certification Form, the applicant understands and agrees that:
 - a. it is entering into a written agreement with MassHealth in which the applicant agrees to satisfy all of the requirements of the CARES Program;
 - b. it has established and will maintain and comply with written policies and procedures to satisfy all the requirements of the CARES Program;
 - c. it will assess and annually reassess each member in its care according to the CARES Program requirements to ensure that each such member satisfies, and continues to satisfy, the clinical eligibility criteria for receiving CARES Program services;
 - d. it will cooperate with and participate in periodic inspections by MassHealth or its designee to assess the quality of member care and to ensure compliance with the CARES Program;
 - e. this CARES Program Certification Form contains an accurate written description of:
 1. the CARES Program services to be offered by the provider and its care objectives; and
 2. how the provider will fulfill the CARES Program staffing requirements;
 - f. it will participate in any CARES Program provider orientation required by the Executive Office of Health and Human Services (EOHHS);
 - g. it actively provides covered services to MassHealth members younger than 21 years of age with medical complexities;
 - h. it has the capacity to provide on-call care coordination to members assigned to the applicant 24 hours a day, 365 days per year;
 - i. it will provide any documentation, data, and reports as required by MassHealth, including, but not limited to, those described in Section V of this CARES Program Provider Certification Form;
 - j. it subscribes to and participates in the statewide Event Notification Service (ENS) Framework described in 101 CMR 20.11: Statewide Event Notification Service Framework, including having the capacity to receive and send admission, discharge, and transfer messages, as that term is defined in 101 CMR 20.04: Admission, Discharge, and Transfer Messages (ADTs);
 - k. it has established and implemented policies and procedures to increase the technological capabilities to share information among providers involved in members' care, including increasing Health Information Exchange (HIE) connections and enhancing digital systems interoperability;
 - l. it will comply with the current CMS-required Certified Electronic Health Record Technology (CEHRT) criteria to document and communicate clinical care information;
 - m. it will comply with the Office of the National Coordinator for Health Information Technology (ONC) guidance on United States Core Data for Interoperability (USCDI) for standardized health data exchange, or other guidance and standards for health data exchange as specified by EOHHS;
 - n. it is fiscally sound and maintains documents sufficient to demonstrate that the provider has adequate resources to finance the provision of CARES services according to CARES Program requirements; and
 - o. it will cooperate with and participate in any quality management and program integrity processes as required by MassHealth.
- (4) All required application documentation specified by MassHealth must be submitted and approved before participating as a CARES Program provider covered by MassHealth.
- (5) The provider's certification for participation in the CARES Program is valid only upon receipt of CARES Program certification notice, as of the date on that notice. The certification is valid only for the provider and the service locations identified as certified on the notice issued to the provider. The certification is not transferable to any other provider or service location.

SECTION IV: Description of Cares Program Services

To be certifiable for participation in the CARES Program, the provider submitting this CARES Program Provider Certification Form must give complete and accurate information in response to each prompt below:

(1) Please describe the CARES Program services, including the assessment, reassessment, individual care plan, and care coordination and family support services, to be offered by provider.

(2) Please describe the care objectives of the CARES Program services to be offered by provider. Care objectives should address the care coordination of medical, social, educational, and other services needed by the member and their parent/guardian.

(3) Please describe how the provider will fulfill the CARES Program staffing requirements, including the program director, senior care manager(s), care coordinator(s), and family support staff requirements.

Program Director MD, DO, NP, or PA	
<input type="checkbox"/> 5+ years clinical experience
<input type="checkbox"/> 2+ years of relevant experience working with target population
<input type="checkbox"/> 1+ year in administrative role
Senior Care Manager(s)	
<input type="checkbox"/> Licensed social worker, NP, or RN; or
<input type="checkbox"/> Master's degree in another relevant field with 2+ years of relevant experience working with the target population

Care Coordinator(s)

- Bachelor's degree and 1+ years of relevant experience working with target population; or
- Associate's degree and 2+ years of relevant experience working with target population; or
- High-school degree and 3+ years of relevant experience working with target population

Family Support Staff

- Experience as caregiver for target population; or
- Certified community health worker; or
- Bachelor's degree in human service field, and 1+ years of relevant experience working with target population; or
- Associate's degree in human service field, and 1+ years of experience working with children/adolescents/transition-age youth; or
- High-school diploma or GED, and 2+ years of experience working with children/adolescents/transition-age youth

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- (4) Please describe how the CARES team will fulfill the requirement to have at least one licensed registered nurse and one licensed social worker.

- (5) Please provide the provider's care coordination 24/7 phone number. If no phone number is available at time of submission, the provider certifies that it will be given to MassHealth no later than one month before beginning delivery of CARES services.

- (6) For AOH providers, please specify the provider's proposed model, including, if applicable, a list of its CARES Program directors and departments.

SECTION V: Cares Program Monitoring

By submitting this CARES Program Provider Certification Form, the provider agrees to cooperate, participate in, and submit any required reporting with respect to MassHealth's program monitoring activities, which may include but are not limited to:

- (1) monitoring of CARES services providers using family experience survey data, including, but not limited to, survey results on the following domains: coordination and connection to needed services and resources; communication; family impact; and care goal creation and planning; and
- (2) monitoring of CARES services providers' health information-exchange capabilities, including, but not limited to, the number of care coordination partners outside their practice area and the type of exchanges (including two-way vs. one-way communications and digital, telephone, and fax exchanges).

SECTION VI: Attestation

By executing and submitting this form, I, [signatory name], hereby certify under the penalties of perjury that I am the administrator or other duly authorized officer or representative of [Provider Name], identified in Section I, above, and that the information provided in and accompanying this CARES Program Provider Certification Form is complete and accurate.

Printed Name	Title
Organization	
Signature	Date

The form can either be signed traditionally and then scanned, or it can be signed electronically using DocuSign or Adobe Sign. For electronic signatures, the signer can upload a picture of their wet signature. The typed text of a signature is not an acceptable form of an electronic signature.

The applicant provider should maintain the original executed copy of this submitted CARES Program Provider Certification Form, along with any accompanying documentation, in its files.

OFFICE (MASSHEALTH) USE ONLY: ☐ APPROVED ☐ DENIED

APPLICATION TRACKING NUMBER (ATN), if applicable

MEDICAID PROVIDER TYPE

MEDICAID PROVIDER ID SERVICE LOCATION (PID/SL)

COMMENTS:

APPLICATION APPROVED BY:

Printed Name

Signature

Date