



**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH**  
Office of Emergency Medical Services



**Application for Mobile Integrated Health Care Services (MIH)**

**Considerations**

1. A request of waiver in the form of this application to conduct MIH shall be submitted to The Office of Emergency Medical Services (OEMS). Once deemed complete, OEMS shall consult first with the Connecticut EMS Medical Advisory Board (CEMSMAC) and once approved, with the Connecticut EMS Advisory Board (CEMSAB). Once CEMSAB approval has been received, the application shall go to The Public Hearing Office for public hearing and notification shall be made to all interested parties, including the Regional Council.
2. *Requests for additional information shall be forwarded to the applicant within ninety (90) days of the receipt of the application. The applicant shall provide such requested additional information within ten (10) working days of the receipt of such request. The Council(s) shall have forty-five (45) days after the receipt of an application to forward a recommendation to OEMS. The above time lines may be waived by mutual agreement.*
3. The application with all original signature pages shall be mailed to the address below:

Raffaella Coler, Director  
Department of Public Health  
Office of Emergency Medical Services  
410 Capitol Avenue, MS #12EMS  
P.O. Box 340308  
Hartford, CT 06134-0308  
(860) 509-7975

**Note: Please retain a copy of the completed application for your records.**

**Instructions**

An application will be considered complete when it is submitted to the Connecticut Department of Public Health, Office of Emergency Medical Services (address above) and contains the following completed sections:

**Section 1: Corporate Information**

This section shall contain the attached completed document labeled "Section 1: Corporate Information".



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**Section 2: Letter of Intent**

This section shall contain document labeled “Section 2: Letter of Intent” which will be a signed letter from the EMS Service requesting consideration of a proposed MIH Program by OEMS and declaring the intentions of the proposed program.

**Section 3: Type of MIH Program**

This section shall contain a document labeled “Section 3: Type of MIH Program” and shall explain the type of MIH Program the EMS Service would like to participate in (i.e. readmission reduction, high frequency utilizer, etc.)

**Section 4: General Program Description**

This section shall contain a document labeled “Section 4: General Program Description” which gives a description of the program and how the EMS Service and all stakeholders propose the program will take place. Include how the program will:

1. Improve patient satisfaction.
2. Increase overall patient health.
3. Decrease cost.

**Section 5: Patient Interaction Plan**

This section shall contain a document labeled “Section 5: Patient Interaction Plan” which explains patient interaction by all stakeholders including, but not limited to, electronic health records for continuity of care. Include how the program will:

1. Maintain security of patient information.
2. Obtain signatures and medical direction.
3. How patient will enter into the system.

**Section 6: Staffing Plan**

This section shall contain a document labeled “Section 6: Staffing Plan” which provides for staffing consideration for the MIH Program i.e. a complete roster of MIH approved paramedics. Include initial general training curriculum as well as training curriculum specific to your program



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**Section 7: Training Plan**

This section shall contain a document labeled “Section 7: Training Plan” which provides for and describes how staff are trained and certified; initially as well as a plan for continuing education requirements.

**Section 8: Medical Direction / Quality Improvement Plan**

This section shall contain a document labeled “Section 8: Medical Direction / Quality Improvement Plan” which shall explain a plan for providing Medical Direction and QA/QI for the program with the end goal of patient centered outcomes.

**Section 9: Data Collection and Plan**

This section shall contain a document labeled “Section 9: Data Collection and Plan” which shall explain a plan for data collection and dissemination to OEMS.

**Section 10: Letters of Support from Collaborating Agencies**

This section shall contain a document labeled “Section 10: Letters of Support from Collaborating Agencies” which shall contain a signed letter of support from all stakeholders and collaborating agencies so named in Section 3.

**Section 11: Payment/Funding Structure**

This section shall contain a document labeled “Section 11: Payment/Funding Structure” which shall contain details of a plan for funding the startup and continuing the MIH program, as well as information describing a plan for receiving payment for your services.

**Section 12: Certificate of Insurance Forms**

This section shall contain a document labeled “Section 12: Certificate of Insurance Forms” which has your insurance information as follows:

- Proof showing General or Public Liability Insurance
- Malpractice Insurance (Also known as Professional Liability)



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**Section 1: Corporate Information**

1. Official legal Name of Service: \_\_\_\_\_

2. Business Address: \_\_\_\_\_  
 \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

4. Telephone Numbers:      Business:    (    ) \_\_\_\_\_ - \_\_\_\_\_  
    Emergency:    (    ) \_\_\_\_\_ - \_\_\_\_\_  
    Fax:            (    ) \_\_\_\_\_ - \_\_\_\_\_

5. Chief Executive Officer:    Name: \_\_\_\_\_  
    Title: \_\_\_\_\_  
    Telephone (work) (    ) \_\_\_\_\_ - \_\_\_\_\_  
    Telephone (home) (    ) \_\_\_\_\_ - \_\_\_\_\_  
    Telephone (cell) (    ) \_\_\_\_\_ - \_\_\_\_\_  
    Email: \_\_\_\_\_

6. Contact Person                Name: \_\_\_\_\_  
    Title: \_\_\_\_\_  
    Telephone (work) (    ) \_\_\_\_\_ - \_\_\_\_\_  
    Telephone (home) (    ) \_\_\_\_\_ - \_\_\_\_\_  
    Telephone (cell) (    ) \_\_\_\_\_ - \_\_\_\_\_  
    Email: \_\_\_\_\_