

NEED FOR MOBILE INTEGRATED HEALTHCARE APPLICATION

The following documents are attached:

1. Instructions for Filing the Application
2. Need for MIH Application

Please note Section **19a-180-6 - Case in Support** of the Need for Service Regulations. Once the Office of Emergency Medical Services has deemed your application complete, it is considered to be the case in support of the need for a new or expanded EMS service, including MIH. All the information you want to present must be submitted with the application package. Applicants are reminded that the instructions herein are meant to be a guide, and they should review the MIH Policies for details on the requirements for each section. Your application, and all supporting documentation, will be forwarded to the affected Regional EMS Council(s) for review and recommendation. The Regional Council's recommendation is forwarded to the Office of Emergency Medical Services. A public hearing is scheduled to receive further testimony regarding your application. At the public hearing, applicants may not present any new information. However, testimony in support of the evidence already submitted may be heard. The Department of Public Health's decision on the application shall be based on:

- 1. The completed application and supporting documentation.**
- 2. The recommendation of the Regional Council(s).**
- 3. Any additional information or testimony provided by any person pertaining to the application.**

Submit the original application (including all required attachments) to the address below, to the attention of the Mobile Integrated Healthcare Coordinator.

Please remember to retain a copy for your records.

**MIH Coordinator
Department of Public Health
Office of Emergency Medical Services
410 Capitol Avenue, MS#12EMS
PO Box 340308
Hartford, CT 06134-0308
(860) 509-7975**

**INSTRUCTIONS FOR FILING
NEED FOR MOBILE INTEGRATED HEALTHCARE APPLICATION**

NOTE: This form *must* be used. Do not leave any sections blank. If a certain section is not applicable, enter "N/A".

SECTION 1. CORPORATE INFORMATION

- A. Enter the **corporate name** as filed with the Secretary of State and as listed on the Articles of Incorporation. If the service is a non-incorporated business, list the responsible party by name on this line. Attach a copy of the Certificate or License of Operation and a list of vehicles to be used for the proposed MIH program, with license plate number and vehicle registration, to this application.
- B. The **street address** must be shown for the headquarters or corporate offices. This should clearly indicate the location from where the service will be administered.
The **mailing address** must be entered if it is different from the street address. (Include post office box numbers, post office drawers, or other identifiers to where mail is received.)
List the **business telephone** for the service headquarters, including the area code.
The number entered should be the “non-emergency” telephone number used by the service for business or administrative purposes.
List the **fax number** and include the **e-mail address** of your organization.
The **name and title of the MIH Contact, who should be the person responsible for completing the application** is entered in this section as well as the **mailing address, telephone number, fax number and e-mail address**.
- C. The **trade name** is the name by which the service will be known. If the service will be known by a name other than the corporate name, that name shall be entered on this line.
All **corporate officers and their address**, regardless of their ownership in the corporation, must be listed in this section.
The **names of all persons or entities that own more than ten percent (10%) of the corporation’s stock** must be listed in this section.
- D. If the company is a subsidiary of another corporate structure, or if the corporation owns other companies, either in whole or in part, these companies, **parent and associated companies**, must be identified in Section “D”.

SECTION 2 GAP ANALYSIS/NEEDS ASSESSMENT

- E. This section shall contain an attached document labeled Section 2 “**Gap/Needs Analysis**” that describes, with evidence, the health care need(s) that the EMS service is proposing to fill or

the gap(s) in health care service delivery the EMS service seeks to address, and the sources of data that were used to identify that need or gap.

SECTION 3 LETTER OF INTENT AND GENERAL PROGRAM DESCRIPTION

- F. This section shall contain an attached document labeled Section 3 “**Letter of Intent and General Program Description**” which will be a signed letter from the EMS service requesting consideration of the proposed MIH program, declaring the intentions of the proposed program and including any gaps in healthcare that will be addressed. This section shall also contain a description of the how the EMS Service and all collaborators propose the program will take place, and include an estimate of the number of patients, or a goal number of patients it will serve, as well as a contingency plan for the event of closure or change. Additionally, applicants should include defined goals and methods of evaluating progress towards those goals. Lastly, as *outlined in Sections 4, and 11*, a description of the geographic area to be served, and a list of PSARs and evidence of notification of those EMS organizations. *Filling out Sections 4 and 11 meet the geographic and notification requirements under this section.*

SECTION 4. GEOGRAPHIC AREA TO BE SERVED

- G. List the municipalities that the proposed MIH program will serve.
- H. List the boundaries of the proposed MIH program will serve. Boundaries may be identified by geopolitical borders (cities, towns, fire districts) or by street names or route numbers. Identify the northern, eastern, southern, and western borders of any proposed service area. This information is intended to identify the major service area proposed by the applicant. It is not intended to be a description of an “exclusive service area” which limits the applicant service to responses within that area. *(Include required map attachment).*

This section shall contain a document labeled “Section 4: Geographic Area” which includes a map that outlines the geographic area the MIH program will serve.

- I. Circle the EMS Region(s) that the proposed MIH service will operate in.

SECTION 5. PATIENT INTERACTION PLAN

- J. This section shall contain an attached document labeled “**Section 5: Patient Interaction Plan**” which

explains patient interaction by all stakeholders. Include how the program will:

1. Protocol and contact information for on-line medical direction.
2. Protocol and contact information for off-line medical direction
3. Criteria for determining patient eligibility for services from MIH Program, including the process for informed consent of the patient.
4. How and when a patient will be discharged from the MIH Program.
5. How an emergency will be addressed should one come about during an MIH visit, including how the MIH Program will interface with the 911 system. Using the Emergency Situation Policy as guidance include copies of relevant mutual aid agreements and applicable emergency care protocols.

SECTION 6. STAFFING PLAN

- K. This section shall contain an attached document labeled “**Section 6: Staffing Plan**” which provides for staffing consideration for the MIH Program at a minimum a complete roster of MIH trained and approved paramedics. This plan should include a roster and resumes for all professional staff as well as a copy of each paramedic’s MIH medical control authorization.

SECTION 7. EDUCATION PLAN

- L. This section shall contain an attached document labeled “**Section 7: Education Plan**” which provides for and describes how staff are trained and deemed competent both initially as well as a plan for ongoing and continuing education requirements. Include an initial general training curriculum as well as training curriculum specific to your program as outlined in the MIH Education Policy, Section 19a-180b-2 (b) (6) of the Policies and Procedures for Mobile Integrated Health Care Programs, as well as any ongoing training. **The Education Plan shall describe how the Plan satisfies the specific goals of care for the proposed services within the MIH Program.**

SECTION 8. MEDICAL DIRECTION/QUALITY IMPROVEMENT PLAN

- M. This section shall contain an attached document labeled “**Section 8: Medical Direction/Quality Improvement Plan**” which shall explain a plan for providing Medical Direction and Quality Assurance/Quality Improvement (QA/QI) for the program with the end goal of patient centered

outcomes. The EMS Medical Director (and MIH Physician if separate) shall sign both the Medical Direction Agreement and the QA/QI Plan. A QA/QI plan shall include, but not be limited to: a description of procedures for routine review of patient care for all MIH patients; a description of monthly review procedures for instances of deviation from protocol or deviation from a patient interaction plan by MIH staff including but not limited to the medical director and chief executive officer; a description of remediation procedures for instances of deviation from protocol or deviation from a patient interaction plan; and a description of the roles of the medical director in the implementation of the quality improvement and assurance plan.

SECTION 9. DATA COLLECTION PLAN

N. This section shall contain an attached document labeled “**Section 9: Data Collection Plan**” which shall explain a plan for collection and storage of patient information, sharing of call records data to OEMS, sharing of patient information, including charts for clinical visits, with other healthcare providers involved in the care the individual patient, and collection and evaluation of data to ensure quality and measure outcomes, all as outlined in the data collection policy.

SECTION 10. LETTERS OF SUPPORT

O. This section may contain an attached document labeled “**Section 10: Letters of Support from Collaborating Agencies**” which may contain a signed letter of support from collaborating agencies named in Section 3 or any additional agencies or entities.

SECTION 11. LIST OF EMS ORGANIZATIONS NOTIFIED AND PROOF OF NOTIFICATION

P. Existing Licensed or Certified PSA holders or EMS provider organizations with principal or branch locations within the Proposed Service Area. (Use additional sheets labeled “**Section 11: List of EMS Organizations Notified and Proof of Notification**” if necessary). All applicants shall attach a document labeled “**Section 11: List of EMS Organizations Notified and Proof of Notification**” and attach with evidence of notification of the above EMS organizations:

- This can be in the form of copies of either returned receipts from the US Postal Service or electronic mail acknowledging receipt of the notification from a representative of the notified EMS Organization.

SECTION 12. PAYMENT/FUNDING STRUCTURE

- Q. This section shall contain an attached document labeled “**Section 12: 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 13. CERTIFICATES OF INSURANCE

- R. This section shall contain an attached document labeled “**Section 13: 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 Insurance)
 - Worker’s Compensation Insurance
 - Automotive Insurance

SECTION 14. ADDITIONAL INFORMATION

- S. This section may contain an attached document labeled “**Section 14: Other Information**” and include any other information that the Proposed MIH Program would like to submit in support of their application or that DPH has deemed necessary to consider the application.

ATTACHMENTS (REQUIRED)

The attachments listed on page 9 of the application **must** accompany the application form. All attachments must be clearly titled/labeled and referenced in the application (i.e. See Attachment for Section 2- Gap Analysis; See Attachment for Section 4- Geographical Map; etc.). The attachments are considered part of the application. The application will be considered incomplete if the listed attachments are not included or labeled.

1. For Section 1 – **Copy of EMS License or Certificate of Operations and List of Vehicles**
2. For Section 2 – **Gap Analysis/Needs Assessment**
3. For Section 3 – **Letter of Intent and General Program Description**
4. For Section 4 – **Map of Geographic area to be served**
5. For Section 5 – **Patient Interaction Plan**
6. For Section 6 – **Staffing Plan**
7. For Section 7 – **Education Plan**
8. For Section 8 – **Medical Direction/QI Plan**
9. For Section 9 – **Data Collection Plan**
10. For Section 10 – **Letter(s) of Support from Collaborating Agencies**
11. For Section 11 – **List of EMS Organizations Notified / Proof of Notification**
12. For Section 12 – **Payment/Funding Structure**
13. For Section 13 – **Proof of insurance**
14. For Section 14 – **Additional Information as needed**



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Office of Emergency Medical Services

NEED FOR NEW OR EXPANDED MIH PROGRAM APPLICATION

SECTION 1. CORPORATE INFORMATION

A. Corporation Name: _____

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

B. Mailing Address (If different from above):

City: _____ **State** _____ **Zip:** _____

Business Phone: _____

Fax Number: _____

Email Address: _____

MIH Contact/Application Completed By:

Name: _____ **Title:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____

Business Phone: _____

Fax Number: _____

Email Address: _____

C. Trade Name: _____

Corporate Officer(s)

Chief Executive Officer Name: _____

Address: _____

Any additional corporate officers, who own more than 10% of the corporation's stock, must be listed in this section. (additional pages may be included if needed)

Parent & Associated Companies:

FOR OFFICE OF EMS USE ONLY

NUMBER:	DATE RECEIVED:	DATE REVIEWED BY MIH COORDINATOR: INITIALS:
DATE DEEMED COMPLETE:		DATE REVIEWED BY OEMS DIRECTOR; SIGNED:

SECTION 2. GAP ANALYSIS

Please attach a document labeled Section 2 “Gap/Needs Analysis” that describes, with evidence, the health care need(s) that the EMS service is proposing to fill or the gap(s) in health care service delivery the EMS service seeks to address, and the sources of data that were used to identify that need or gap.

SECTION 3. LETTER OF INTENT AND GENERAL PROGRAM DESCRIPTION

Please attach a document labeled Section 3 “Letter of Intent and General Program Description” which will be a signed letter from the EMS service requesting consideration of the proposed MIH program, declaring the intentions of the proposed program and including any gaps that have been addressed. This section shall also contain a description of the how the EMS Service and all collaborators propose the program will take place, and include an estimate of the number of patients, or a goal number of patients it will serve, as well as a contingency plan for the event of closure or change. Additionally, applicants should include defined goals and methods of evaluating progress towards those goals. Lastly, as *outlined in Sections 4 and 11*, a description of the geographic area to be served, and a list of PSARs and evidence of notification of those EMS organizations. *Filling out Sections 4 and 11 meet the requirements under this section.*



SECTION 4. DEMOGRAPHIC/GEOGRAPHIC INFORMATION

G. Municipalities to be served by implementing the Proposed Service:

H. List Boundaries of Proposed Service Area (To be outlined on an attached map):

I. Identify EMS Regions Affected:

Region 1 SW Region 2 SC Region 3 NC Region 4 E Region 5 NW

SECTION 5. PATIENT INTERACTION PLAN

J. Please attach a document labeled “Section 5: Patient Interaction Plan” which explains patient interaction by all stakeholders as outlined in the instructions.

Include:

- 1. Protocol and contact information for on-line medical direction.**
- 2. Protocol and contact information for off-line medical direction.**
- 3. Criteria for determining patient eligibility for services from the MIH Program, including the process for informed consent of the patient.**
- 4. How and when a patient will be discharged from the MIH Program.**
- 5. How an emergency will be addressed should one come about during an MIH visit, including how the MIH Program will interface with the 911 system. Using the Emergency Situation Policy as guidance include copies of relevant mutual aid agreements and applicable emergency care protocols.**

SECTION 6. STAFFING PLAN

- K. Please attach a document labeled “Section 6: Staffing Plan” which provides for staffing considerations for the MIH Program. At a minimum a complete roster of MIH trained and approved paramedics. This plan should include a roster and resumes for all professional staff as well as a copy of each paramedic’s MIH medical control authorization.

SECTION 7. EDUCATION PLAN

- L. Please attach a document labeled “Section 7: Education Plan” which provides for and describes how staff are trained and deemed competent both initially as well as a plan for continuing education requirements. Include initial general training curriculum as well as training curriculum specific to your program as outlined in the MIH Education Policy, Section 19a-180b-2 (b) (6) of the Policies and Procedures for Mobile Integrated Health Care Programs. The Education Plan shall describe how the Plan satisfies the specific goals of care for the proposed services within the MIH Program.

SECTION 8. MEDICAL DIRECTION/QUALITY IMPROVEMENT PLAN

- M. Please attach a document labeled “Section 8: Medical Direction/Quality Improvement Plan” which shall explain a plan for providing Medical Direction and Quality Assurance/Quality Improvement (QA/QI) for the program with the end goal of patient centered outcomes. The EMS Medical Director (and MIH Physician if separate) shall sign both the Medical Direction Agreement (next page) and the QA/QI Plan. A QA/QI plan shall include, but not be limited to: a description of procedures for routine review of patient care for all MIH patients; a description of monthly review procedures for instances of deviation from protocol or deviation from a patient interaction plan by MIH staff including but not limited to the medical director and chief executive officer; a description of remediation procedures for instances of deviation from protocol or deviation from a patient interaction plan; and a description of the roles of the medical director in the implementation of the quality improvement and assurance plan.



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Office of Emergency Medical Services

Educational Content and Medical Direction Agreement

EMS/MIH Service Information

Name of EMS/MIH Service: _____

Name of Chief Officer: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Sponsor Hospital Information

Name of Sponsor Hospital: _____

Address: _____

Medical Director: _____ Phone: _____

Email: _____ Fax: _____

EMS Coordinator: _____ Phone: _____

Email: _____ Fax: _____

Collaborating Agency

Name of Agency: _____

Chief Executive Officer: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

MIH Physician (if separate from EMS Medical Director)

Medical Director: _____ Phone: _____

Name of Agency: _____

Email: _____ Fax: _____



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Office of Emergency Medical Services

We, the undersigned acknowledge and submit that we have each reviewed, and approved the content, and administration of the educational requirements of this MIH training program. We further represent that the method of instruction is appropriate for the knowledge and skills expected to meet the patient care goals of this MIH program and that each paramedic taking part in the MIH program is competent to provide the level of care expected.

The EMS Organization acknowledges and submits that the information provided with this application is current and accurate. The EMS Organization understands and agrees that the skill(s) for which they are authorized is contingent upon the continuance of physician oversight and compliance with the Medical Direction Policy of the MIH program.

The EMS Organization has complied with all conditions set forth by the physician(s) responsible for Mobile Integrative Health Care including, but not limited to, initial MIH provider training and ongoing maintenance of competency.

Therefore, the physician(s) agree to provide medical direction in accordance with the Education and Medical Direction Policies of the MIH Program.

Signature Date
EMS Service Chief

Signature Date
EMS/Sponsor Hospital Medical Director

Signature Date
Chief Executive Officer
Collaborating Agency

Signature Date
MIH Specialty Physician (as needed)

SECTION 9. DATA COLLECTION PLAN

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For Section 3 – **Letter of Intent and General Program Description**

For Section 4 – **Map of Geographic area to be served**

For Section 5 – **Patient Interaction Plan & Equipment List**

For Section 6 – **Staffing Plan**

For Section 7 – **Education Plan**

For Section 8 – **Medical Direction / QI Plan**

For Section 9 – **Data Collection Plan**

For Section 10 – **Letter(s) of Support from Collaborating Agencies**

For Section 11 – **List of EMS Organizations Notified / Proof of Notification**

For Section 12 – **Payment/Funding Structure**

For Section 13 – **Proof of Insurance**

For Section 14 – **Additional Information as Needed**



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Office of Emergency Medical Services

SIGNATURE PAGE FOR CHIEF EXECUTIVE OFFICER OR OTHER AUTHORIZED AGENT

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

Name (print)

Signature

Title

Date

Need for New or Expanded MIH Program Application

STATE OF CONNECTICUT)
)

ss: County of: _____)

Signed and sworn to, before me, this ___ day of _____, 20__.

My commission Expires: _____

Commissioner of the Superior
Court, Notary Public or
Justice of Peace