



GENERAL INSTRUCTIONS BY SECTION

This application is necessary for proposed projects from multi-licensed entities seeking to add another agency's service to their existing certified population in an outpatient setting. It is intended to be used for projects requesting minor service additions, with no more than minor renovation construction. Note: In order to apply for the new service, you must be currently certified at another location for the same service with the agency to which you are applying. If not, you should proceed with the standard certification process with the appropriate agency.

The Integrated Services Application consists of a brief five-page application and includes the following items:

Section 1 – Identification of Applicant

When completing the identifying information, please note the following:

- Provider Name: Enter the information exactly as it appears on your Operating License/Certificate.
Type of Application Requested: Check the box(es) for the service(s) that you want to add to the current service(s) provided at this location.
Site Address: Enter the full site address
Current License/Certification at Site: Check the box(es) for the existing licensed/certified service(s) at the site. List the respective license/certificate number.
Current Health Home Affiliation: Enter the identifying information for the affiliated health home.

Section II - Project Narrative

For one proposed service, identify the service by agency you are requesting to add and provide a succinct overview of your proposal. Please avoid excess verbiage not necessary for project review.

If you are requesting two additional services, identify the second service by agency for Service #2 and provide your narrative.

Section III - Staffing

For one proposed service, identify the service by agency you are requesting to add. Complete Service #2 on Page 3 only if you are requesting to add a second service. When completing the staffing information, please note the following:

- Position by Title List each individual title (one per row) for the proposed service
- # of FTEs Enter the total number of FTEs for the title listed
- Schedule Enter the total number of days and hours for the title listed
- Shared (Yes/No) Indicate yes or no if the title listed will be shared between the proposed service and the existing service(s)
- Service Identify the agency in which the service will be shared
- Supervisory Narrative Briefly describe how the proposed staff for the new service will be properly supervised as required by regulation. Indicate if a Medical Director is required and supervisory responsibilities, if any.

Staffing Example

Position by Title	# FTEs	Schedule		Shared (Yes/No)	Service
		Days	Hours		
Counselor – CASAC	2	5/week	40 hours	No	
Counselor – CASAC	.5	3/week	20 hours	No	
Counselor – LMSW	1	5/week	40 hours	Yes	OMH
Counselor	1	5/week	40 hours	Yes	OMH
Medical Director	1	5/week	40 hours	Yes	DOH

Section IV - Budget

Use the table provided to show a breakdown of the operating budget, incrementally, for the proposed project. Only complete the information for the column(s) for the service of the agency requested.

Section V - Utilization of Additional Services

For the proposed service(s) by agency requested, list the number of existing individuals projected to utilize the proposed service(s) in the first year, and the aggregate number of times the service is projected to be provided annually. Note: the projected utilization numbers identified must be for existing clientele in your current service.

Section VI - Physical Plant

Attach a labeled floor plan as the clinic site is currently constituted, and another floor plan reflecting the clinic upon implementation of the proposed project. Attach a schedule for use of any shared space by the services.

Indicate whether minor construction/renovation will be involved relative to this project and the total cost of construction to achieve completion.

Section VII - Approvals

Prior to submission of the application, the applicant must contact and/or meet with their Local Governmental Agency (LGU) **and** Field Office Representative (FO), if applicable, to discuss and acquire support for the submission of the application. You **must** provide the name of the LGU and Field Office representative (if applicable), the telephone number(s) and date(s) of contact for both the LGU and FO.

Section VIII - Attestation

Read and understand the assurances. If you are submitting the application by mail, the attestation **must** be signed and dated where indicated by the CEO, Executive Director, or if there is no such officer, a person authorized to act on behalf of the individuals or entity filing the application. If you are submitting the application electronically, in lieu of an authorized signature, the name typed in the space provided will be accepted as the person authorized to act on behalf of the provider and is attesting that all information provided in the form is accurate and true.