



INTEGRATION INITIATIVE PROPOSAL

*For the licensure of integrated substance abuse treatment,
primary care, and/or mental health service*

Facility Information	
Facility Name: _____	
Street: _____ Tel: _____	
City: _____ State: <u>MA</u> Zip: _____	
Contact Person	
Name: _____ Number: _____	
Title: _____ Email: _____	
Current License Information <i>(if applicable)</i>	
Facility is currently licensed to provide: (✓ all that apply)	<input type="checkbox"/> Primary Care Services by DPH-HCQ License Number: _____
	<input type="checkbox"/> Substance Abuse Treatment Services by DPH-BSAS License Number: _____
	<input type="checkbox"/> Mental Health Services License Number: _____
	<input type="checkbox"/> Mental Health Services with Addiction Treatment License Number: _____
Does the facility receive DPH funding? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Proposal Information	
Proposing the addition of:	<input type="checkbox"/> Primary Care Services
(✓ all that apply)	<input type="checkbox"/> Substance Abuse Treatment Services
	<input type="checkbox"/> Mental Health Services
	<input type="checkbox"/> Other: _____

Please complete the following brief questionnaire to provide the Department with background information about the nature of your proposal for integrated services.

Return this completed form by [email](#) to:

Andy Epstein, RN, MPH
Special Assistant to the Commissioner
Department of Public Health
Integration Initiative Committee
Commissioner’s Office
andy.epstein@state.ma.us



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Facility Name:	
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Please provide brief narrative information for the following questions:

1. Briefly describe the services currently provided by your facility (in approximately two paragraphs).	
2. Describe what <u>new service(s)</u> you propose to integrate into the existing service model, who will be served, and how you foresee services being provided.	
3. Describe any changes that will be made to the facility to integrate the intended service (for example construction of new exam rooms, leasing another office suite for counseling space, etc).	
4. Have you applied for, or received, funding from a source that has time limitations or other requirements that affect the proposal (e.g. federal funds for construction/renovation of your facility)? If so, please describe.	
5. In reviewing the requirements for clinic licensure (105 CMR 140.000) and/or the requirements for substance abuse treatment programs (105 CMR 164.000), or any other relevant materials, do you anticipate any issues or problems in obtaining Plan Approval or licensure? Please describe.	

After your submission has been reviewed you will be contacted by the DPH Integration Initiative Committee.