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| **MY HEALTH GPS SUPPLEMENTAL STAFFING FORM B:**  Application Modification to Propose Additional My Health GPS Provider/Staff Teams   |  | | --- | | Please use this form to propose an alternative staffing model to complement a complete team or to propose an additional new team. | | | | |
| **Team #** Click here to enter text. | | | |
| **Group 1 (Lower Acuity):** | | **Group 2 (Higher Acuity):** | |
| **Health Home Director** Click here to enter text.  Highest education obtained: Click here to enter text.  List of license(s), if applicable: Click here to enter text.  Years of relevant experience: Click here to enter text.  Full-Time Equivalent (FTE): Click here to enter text.  Minimum staffing ratio is 0.5 FTE per 400 beneficiaries | | **Health Home Director** Click here to enter text.  Highest education obtained: Click here to enter text.  List of license(s), if applicable: Click here to enter text.  Years of relevant experience: Click here to enter text.  Full-Time Equivalent (FTE): Click here to enter text.  Minimum staffing ratio is 0.5 FTE per 400 beneficiaries | |
| **Nurse Care Manager** Click here to enter text.  Highest education obtained: Click here to enter text.  List of license(s), if applicable: Click here to enter text.  Years of relevant experience: Click here to enter text.  Full-Time Equivalent (FTE): Click here to enter text.  Minimum staffing ratio is 1 FTE per 400 beneficiaries | | **Nurse Care Manager** Click here to enter text.  Highest education obtained: Click here to enter text.  List of license(s), if applicable: Click here to enter text.  Years of relevant experience: Click here to enter text.  Full-Time Equivalent (FTE): Click here to enter text.  Minimum staffing ratio is 2 FTE per 400 beneficiaries | |
| N/A | | **Care Coordinator** Click here to enter text.  Highest education obtained: Click here to enter text.  List of license(s), if applicable: Click here to enter text.  Years of relevant experience: Click here to enter text.  Full-Time Equivalent (FTE): Click here to enter text.  Note: Minimum staffing ratio is 2 FTE per 400 | |
| **Peer Navigator** Click here to enter text.  Highest education obtained: Click here to enter text.  List of license(s), if applicable: Click here to enter text.  Years of relevant experience: Click here to enter text.  Full-Time Equivalent (FTE): Click here to enter text.  Minimum staffing ratio is 1 FTE per 400 beneficiaries | | **Peer Navigator** Click here to enter text.  Highest education obtained: Click here to enter text.  List of license(s), if applicable: Click here to enter text.  Years of relevant experience: Click here to enter text.  Full-Time Equivalent (FTE): Click here to enter text.  Minimum staffing ratio is 3.5 FTE per 400 beneficiaries | |
| N/A | | **Clinical Pharmacist** Click here to enter text.  Highest education obtained: Click here to enter text.  List of license(s), if applicable: Click here to enter text.  Years of relevant experience: Click here to enter text.  Full-Time Equivalent (FTE): Click here to enter text.  Minimum staffing ratio is 0.5 FTE per 400 beneficiaries | |
| **ATTESTATIONS**  The entity shall respond to the following questions by selecting yes or no. | | | |
| The entity understands that this form represents an update to the My Health GPS application that was approved on Click here to enter a date.  Yes  No | | | |
| The entity understands that if DHCF approves the modified staffing model proposed in this form, the entity will be required to execute a modification to its My Health GPS Agreement.  Yes  No | | | |
| The entity attests that all information provided in this supplemental form is accurate.  Yes  No | | | |
| **ENTITY SIGNATURE** | | | |
| Signature of Authorized Personnel:    Print:  Click here to enter text. | Title:Click here to enter text. | | Date:Click here to enter a date. |