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| **MY HEALTH GPS SUPPLEMENTAL STAFFING FORM B:** Application Modification to Propose Additional My Health GPS Provider/Staff Teams

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| Please use this form to propose an alternative staffing model to complement a complete team or to propose an additional new team. |

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| **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. |