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MOBILE INTEGRATED HEALTH CARE MODIFICATION GUIDANCE FORM

This document provides information on the process for requesting a modification to an approved Mobile Integrated Health Care (MIH) program.

The Department issues a Certificate of Approval (Approval) following a determination that a proposed MIH program has met the minimum regulatory requirements. In addition, existing, approved MIH programs may seek approval from the Department to make modification(s) to their approved MIH program. The Department considers a modification to an approved MIH program to be a change to the scope of the existing, approved MIH program. A modification to a MIH program may include, but is not limited to:

- Adding a new clinical skill or treatment modality to an approved MIH program that is within the scope of practice of a paramedic for the patient population currently being treated in the MIH program, such as adding a new intravenous medication.
 - Examples include adding a new intravenous medication, new treatment modalities such as ultrasound and echocardiogram, increased collaboration with other allied health providers such as social work, behavioral health specialists and nutritionists, and increased opportunities with Point of Care testing.
- Administrative changes to the approved MIH program, including changing the individual designated as the medical director.

An MIH program seeking to modify an approved program should complete the Modification Request form (accessed here: <https://www.mass.gov/info-details/mih-and-community-ems-applicant-and-program-guidance>) and submit the form to the Department.

MIH programs seeking to redefine or add a patient population served by an approved MIH program will need to submit an abbreviated application in order to ensure the added patient population is well defined, the program can meet the clinical needs of the patient population and provide robust medical oversight of treatment modalities and demonstrate operational readiness.

Please note, programs no longer need to submit an additional application fee.

Application Section	Initial Application	Abbreviated Application for adding Patient Population
1. Applicant Information	Required	Leave blank if all information is the same as the initial application.
2. Proposed Program Overview	Required	Required for the proposed additional patient population with all attestation signatures. Please explain how the existing program will be expanded to serve this population?
3. Gaps In Service Delivery	Required	Submission of sub-part (a) is only required if the Gap in Service Delivery Analysis is different than the one submitted in the Initial Application. Sub-part (b) is required.
4. Partnerships & Coordination of Care	Required	Required as it relates to the additional population.
5. Organizational Readiness	Required	MIH Program Compliance and Capacity forms along CORI forms if different from approved program. More information and the forms may be found <u>here</u> . All applicants must complete the attestation in part (c)
6. Medical Oversight	Required	Required if different from most recently approved medical director All applicants must sign the attestation found in (b).

The complete application can be found here: [Apply to operate an MIH Program | Mass.gov](#).

Questions should be directed to the MIH Application Reviewer at 617-753-8124 or MIH@mass.gov