The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Bureau of Health Care Safety and Quality

Office of Emergency Medical Services

Mobile Integrated Health Care (MIH) Program

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**To:** Mobile Integrated Health Care Programs

**From:** Elizabeth Kelley, MBA, MPH Bureau Director

Bureau of Health Care Safety and Quality

**Date:** December 6, 2022

**RE:** Guidance for Modification of an Approved Mobile Integrated Health Care

Program

The Department of Public Health (the Department) recognizes the critical role that Mobile Integrated Health Care Programs provide to our healthcare system. In an effort to expand these programs and increase opportunities for out-of-hospital care, the Department recently lowered program fees and is changing application requirements to encourage new applicants and expand existing programs. This memo provides information on the process for requesting a modification to an approved Mobile Integrated Health Care (MIH) program. Additionally, this memo eliminates the program fees required for an adding a patient population to an existing and approved 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](https://www.mass.gov/info-details/mih-and-community-ems-applicant-and-program-guidance)-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.

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| **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. |
| 1. 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? |
| 1. 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. |
| 1. Partnerships & Coordination of Care | Required | Required as it relates to the additional population. |
| 1. 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 [here.](https://www.mass.gov/how-to/apply-to-operate-an-mih-program)  All applicants must complete the attestation in part (c) |
| 1. 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](https://www.mass.gov/how-to/apply-to-operate-an-mih-program?auHash=Rkt1Xg7HSBOoCybOTmK5dlmMNnitTvSf_nzyHC5VULU).

Questions should be directed to the MIH Application Reviewer at 781-675-0478 or [MIH@mass.gov](mailto:MIH@mass.gov)