To: CTC-RI (CTC-ri@ctc-ri.org)

From: System of Care \_\_\_\_\_\_\_\_\_\_

RE: Practice participation in CTC-RI/PCMH Kids Integrated Behavioral Health (IBH) Learning Collaborative

Date:

[Practice name and site] is a member of our System of Care. The practice is interested in participating in the CTC-RI & PCMH Kids Integrated Behavioral Health Learning Collaborative. We believe that this practice would benefit from participation in this IBH Learning Collaborative opportunity and as a system of care, are willing to provide the management support to assist the practice with making this transformation.

As a system of care, we will provide the practice with support for (check all that apply):

* Practice’s preparation and application for NCQA Behavioral Health Distinction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Practice reporting for selected quality improvement plan identified by the practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* IT assistance for improvements within the practice electronic health record, identified by the practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Assistance from billing department to code and bill for tele-IBH services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Meeting with the IBH trained practice facilitator during the startup phase: monthly for the first three months on a regular basis based on area of focus and thereafter as needed to provide system of care implementation status reports: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Our system of care will collaborate and communicate with CTC-RI IBH practice facilitator to ensure that working together the Service Delivery Requirements are met within designated timeframes.

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Signature of SOC Representative Date Signature of Primary Care Practice Date

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