Sample Practice Participation Agreement Cover Letter

Letter to include: practice name, practice address, physician champion, practice leadership person, application key contact name of person responsible for project implementation, email address, and phone. If a multi-site practice, indicate physician champion and IBH practice team at each site. Letter is to be signed by all members of the IBH implementation team

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To Care Transformation Collaborative of Rhode Island/PCMH Kids:

Please accept the following practice participation agreement cover letter to apply for the 2019 CTC-RI/PCMH Kids Integrated Behavioral Health Expansion Program on behalf of \_\_\_\_ (practice name) \_\_\_\_\_\_\_\_\_. (Note: if more than one practice site is applying, information is needed for each practice site).

**Practice Name/Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pediatric IBH implementation team** including behavioral health clinician, Nurse Care Manager, providers, practice manager, billing manager, IT support person, as applicable:

|  |  |  |
| --- | --- | --- |
| **Position**  | **Name**  | **Email**  |
| Key contact person responsible for project implementation  |  |  |
| Provider Champion  |  |  |
| Behavioral Health clinician  |  |  |
| Nurse Care Manager  |  |  |
| Practice Manager  |  |  |
| IT support person  |  |  |
| Billing manager  |  |  |

**Phone number of provider champion** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone number of key contact person:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Person completing practice letter of support:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate if practice site is applying as a single site\_\_\_\_ or multi-site \_\_\_

If other practice sites that are applying, please include above information for each of the practice sites:

Letter signed by all the members of the Pediatric IBH practice team: