

**Minnesota Psychiatric Society**  
**INTEGRATED GENERAL MEDICAL AND BEHAVIORAL HEALTH CARE INITIATIVE**  
**Program Application**

(Collaborative health plan and care delivery organization proposals are encouraged, e.g. selected outpatient and/or inpatient integrated clinical programs providing support to case and disease management personnel supporting complex and/or chronic disease health plan members. The ultimate goal of this project is to create models of care integration that improve service to patients while conserving scarce medical resources.)

**Contact Person Name:** \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone, fax, mobile # \_\_\_\_\_

Email Address: \_\_\_\_\_

**Clinical Contact Names:**

**Medical** (name): \_\_\_\_\_

(Telephone) \_\_\_\_\_ (email): \_\_\_\_\_

**Behavioral Health** (name): \_\_\_\_\_

(Telephone) \_\_\_\_\_ (email): \_\_\_\_\_

**Organization Administration** (name): \_\_\_\_\_

(Telephone) \_\_\_\_\_ (email): \_\_\_\_\_

**Existing Integrated Program or Program Currently in Development:**                      **YES**                      **NO**

**Interest:** *(If interested in both inpatient and outpatient program involvement please complete two applications)*

Outpatient \_\_\_\_\_                      Inpatient \_\_\_\_\_

**Proposed Program Description (existing or new):** *Please attach a separate sheet if necessary.*

Clinical Location(s): \_\_\_\_\_

Medical and behavioral health personnel involved (names and disciplines): \_\_\_\_\_

Services Provided: \_\_\_\_\_

Population Targeted/Served: \_\_\_\_\_

Integrated General Medical and Behavioral Health work processes: \_\_\_\_\_

Anticipated reimbursement requirements: \_\_\_\_\_