



Region 7 IDN Training or Technology Funds Request Form

The purpose of this form is to request up to \$5000.00 from Region 7 IDN to support training or technology needs related to meeting the goals of the Delivery System Reform Incentive Payment (DSRIP) project: 1) deliver integrated physical and behavioral health care that better addresses the full range of individuals' needs; (2) expand capacity to address emerging and ongoing behavioral health needs in an appropriate setting; (3) reduce gaps in care during transitions across care settings by improving coordination across providers and linking Medicaid beneficiaries with community supports; and (4) Advanced Payment Models for 50% of Medicaid payments by 12/31/2020. Examples of uses of this form include support for direct secure messaging, helping with fees related to integrating the shared care plan and data aggregator into existing platforms, or agency specific trainings related integrated healthcare. Organizations may request up to \$5000 once a calendar year using this form. A final report including expenditures will be required.

Please complete the form below and submit to the North Country Health Consortium (NCHC) with supporting documentation which explains the request of funds. NCHC will review the request and notify you within 2 weeks of receipt if you will be receiving the requested funds. If approved, the requested funds will be disbursed within 30 days of receiving request.

Organization Name:

Address:

Phone Number:

Email:

Point of Contact:

<i>Name of Vendor or Training</i>	<i>Purpose of technology or training</i>	<i>Price</i>



***Please provide supporting documentation which reflects pricing – for example, training registration forms or technology quotes from vendors**

For training requests please explain the following:

1. How will this training help your organization meet the goals of the DSRIP program?
2. Approximately how many people will be trained, and what does the coordination of this training look like?
3. Who will be conducting this training, and will any continuing education credits be offered?

***Please note that we will require a copy of the training sign-in sheet after the completion of the program**

For technology requests please explain the following:

1. How will this technology help your organization meet the goals of the DSRIP program?
2. If there are licenses associated with this technology, how many licenses do you intend to purchase with these funds?
3. Please provide a description of the capabilities of this technology

For North Country Health Consortium use only:

Date request received:	
Date request reviewed:	
Request accepted, denied, or additional information requested:	
Date organization notified of decision:	
Date funds disbursed:	