

HRSA Patient-Centered Medical / Health Home Initiative (PCMHHI)

Notice of Intent

Grant Number:	
Organization Name:	
HRSA Project Officer:	
Number of Sites:	Total number of sites in organization: _____ Number applying for PCMH recognition: _____ Number of sites that have achieved PCMH recognition: _____
Are any of your sites participating in the CMS Advance Primary Care Demonstration Project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list all sites applying for the PCMHHI including their complete addresses. Please indicate the estimated time needed to complete the final survey. (You may attach additional sites in a separate document. Please be sure to include all requested information. Please do not include: Dental, OB/GYN only, or Seasonal practices sites.)	1. _____ Months needed to prepare for survey: <input type="checkbox"/> 0-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 9-12 <input type="checkbox"/> 12-18 2. _____ Months needed to prepare for survey: <input type="checkbox"/> 0-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 9-12 <input type="checkbox"/> 12-18 3. _____ Months needed to prepare for survey: <input type="checkbox"/> 0-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 9-12 <input type="checkbox"/> 12-18 4. _____ Months needed to prepare for survey: <input type="checkbox"/> 0-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 9-12 <input type="checkbox"/> 12-18 5. _____ Months needed to prepare for survey: <input type="checkbox"/> 0-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 9-12 <input type="checkbox"/> 12-18
Type of survey requested:	<input type="checkbox"/> Initial <input type="checkbox"/> Renewal [date of NCQA PCMH recognition]: _____ <input type="checkbox"/> Add-on survey to increase recognition level [current level of recognition and date attained: _____]

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Your organization has: <i>[Check all that apply.]</i>	<input type="checkbox"/> Read and understood the PCMH standards <input type="checkbox"/> Planned preparation for the survey <input type="checkbox"/> Performed a self-assessment <input type="checkbox"/> Established a PCMH lead person or team <input type="checkbox"/> Obtained technical assistance or training on PCMH standards <i>[specify]:</i> _____
Additional Comments:	
Name of PCMH Contact:	
Title:	
Phone:	
Email:	
Date:	