



HEALTH  
SYSTEMS

# Submission of Information

Request for Changes from Currently Contracted  
Network Service Providers or Request for  
Funding from Uncontracted Service Providers

## Introduction

LSF Health Systems is the Managing Entity for the Department of Children and Families SAMH programs in the Northeast Region responsible for the administration of mental health and substance abuse treatment programs for the underserved populations creating a safety net for vulnerable consumers.

Each program serves the neediest individuals that meet the Department of Children SAMH target population criteria in the Northeast region and provides for a comprehensive array of outpatient, inpatient and residential services including, but not limited to; therapy, case management, medication management, residential, room and board, crisis and emergency support, prevention, intervention, outreach, peer services, supported housing, and supported employment.

LSFHS uses the Submission of Information process for the following:

- Requests for funding from uncontracted service providers;
- Requests for restoration of funds pulled due to lapse;
- Requests for changes to programming;
- Request for shifts between funding areas;
- Requests for an increase in funding for any reason.

It is the policy for contracted Network Service Providers to provide information and justification for any of the above circumstances. LSFHS accepts submissions from providers at any time and may also initiate this process due to a specific funding concern within the system of care including the need to redistribute lapsed funding.

Submissions shall be submitted to the Network Service Provider's assigned Network Manager via email. LSFHS Management Team will review all submissions, conduct an analysis of the impact of the request and provide a written response within 60 days. Additional information and follow-up questions may be solicited based on this review.

**Funding Request Form**

Please fill out the information below accurately and completely and submit to your Network Manager via email.

**1. Organization Name, Address and Contract Number:**

**2. Organization Contact Person for this Submission:**

**3. Please briefly describe the programs, counties and populations served which are impacted by this request.**

**4. Please briefly describe your organization's need for additional funding, for a change in programming or for a change in funding as currently allocated; including dollar amounts. If the need for additional funding is due to funding being lapsed in the previous Fiscal Year, please provide an explanation for the lapse and describe your organization's capacity to spend funds if restored.**

- 5. Please briefly describe your organization’s plan for the additional funding, change in funding or change in programming. In the event that a service is being discontinued, this plan should outline how the previously served population will be served after the change is made.**

- 6. Please briefly describe your organization’s expertise with regard to the delivery of service to the identified population which will be impacted by this change.**

**7. Are the changes outlined above to be made for this fiscal year only or to be continued beyond year-end into subsequent fiscal years, assuming an ongoing contractual relationship between the agency and LSF Health Systems? Please explain this response.**

**8. Please define and describe the Program Goals.**

**9. Please define and describe the Proposed Outcome Measures for the program in which funding is being requested.**

## EXHIBIT G

10. Please provide, as an attachment, a detailed budget outlining the requested funding including OCAs and associated covered services. Statistics or data regarding utilization to substantiate the request may also be supplied.

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Organization's CEO

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Date

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Organization's Contract Manager

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Date