Georgia
Health Policy
Center

Georgia State University | ANDREW YOUNG SCHOOL
OF POLICY STUDIES

**Office for the Advancement of Telehealth (OAT)
2021–2026 Evidence-Based Telehealth Network Program (EB TNP)
Performance Improvement and Measurement System (PIMS)**

**Summary Report for Program Year 1
(September 1, 2021 -August 31, 2022)**

# TABLE OF CONTENTS

# INTRODUCTION

The purpose of the Health Resources Services Administration (HRSA), Office for the Advancement of Telehealth (OAT) Evidence-Based Telehealth Network Program (EB TNP) is to demonstrate how health networks can increase access to health care services utilizing telehealth technologies and to conduct evaluations of those efforts to establish an evidence base for assessing the effectiveness of telehealth care for patients, providers, and payers. The current EB TNP cohort focuses on direct-to-consumer (DTC) telehealth. Direct-to-consumer telehealth represents care that is provided virtually in a home-based or other community setting, instead of a clinic or other health care setting. It may also be referred to as "direct-to-patient" or "on-demand" care and allows for patients to receive medical advice or treatment at a time and location that is convenient to them.[1]

HRSA defines telehealth as the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, and public health.[2]. Telehealth modalities that support clinical treatment may include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications. Rising evidence supports that many health conditions can be addressed with a virtual in-home visit from a doctor to his or her patient.[3] In 2015, the American College of Physicians declared their position and support for direct-to-consumer (DTC) considering the patient has an established relationship with the providers, and the care meets in-person standards of quality.[4]

The current EB TNP program began September 1, 2021, funding a total of 11 grantees, and is aimed towards providing DTC telehealth services to patients within established telehealth networks to expand care into Medically Underserved Areas (MUAs) and primary care or mental health-defined Health Professional Shortage Areas (HPSAs). The EB TNP program presents the opportunity for network sites that are currently or have previously utilized telehealth as defined above to efficiently and effectively pilot and/or expand DTC telehealth care. Grantees utilize synchronous (i.e., real-time virtual visits) audio-visual technology and may include remote patient monitoring (RPM) to provide DTC telehealth care to patients. This EB TNP program expands access to health services in three clinical primary focus areas: (1) primary care, (2) acute care, and (3) behavioral health care. In addition, grantees may address one of the following secondary focus areas: maternal care, substance use disorder, or chronic care management.

During each year of the 5-year EB TNP grant cycle, grantees collect and report on a core set of standardized measures known as the Performance Improvement Measurement System (PIMS).

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[1] Telehealth.HHS.Gov. (updated October 2022). Telehealth for direct-to-consumer care. Retrieved from: https://telehealth.hhs.gov/providers/direct-to-consumer/

[2] Health Resources and Services Administration (updated March 2022). What is Telehealth. Retrieved from: https://www.hrsa.gov/rural-health/topics/telehealth/what-is-telehealth

[3] Gough, F., Budhrani, S., Cohn, E. et al. (2015). *ATA Practice Guidelines for Live, On Demand Primary and Urgent Care*. Telemedicine Journal and e-health: the official journal o the American Telemedicine Association. 21. 10.1089/tmi.2015.0008.

[4] Welch, B.M., Harvey, J., O'Connell, N.S. & McElligott J.T. (2017). Patient preferences for direct-to-consumer telemedicine services: a nationwide survey. *BMC health services research*, 17(1), 784. https://doi.org/10.1186/212913-017-2744-8.

Data submitted by the grantees in the 2021 cohort and analyzed for this report focus on data collected during the first year of the program, September 1, 2021, through August 31, 2022. Future reports will include additional annual data and allow for presentation of trends in program measures over time.

# METHODS

The analyst was provided with an export of data for all 11 EB TNP grantees for the period of September 1, 2021, to August 31, 2022. The export originated from the Health Resources and Services Administration Evidence-Based Telehealth Network Program (EB TNP) Performance Improvement Measurement System (PIMS) database. Data included information about network sites (including individual site settings and specialties); telehealth-related services provided; mileage averted as a result of telehealth services; telehealth services and patients specifically related to the priority areas of diabetes, mental/behavioral health, and substance use disorder; and other uses of the telehealth network (i.e., administrative meetings, distance learning, and informal and formal education).

The indicators in the dataset were aggregated within each subsection to provide an overview of performance on each indicator. The analysis was conducted in Microsoft Excel, using pivot table functions and aggregation formulas.

# FINDINGS

## Description of Grantees and Settings

Figure 1 indicates the organization type for the lead grantee entity[5], and Figure 2 indicates the various organization settings of all sites for each grantee where care was provided during the reporting period (note: grantees have multiple sites and organization settings). The most common grantee organization type is universities/academic medical centers (Figure 1). The most common setting for care delivery was clinics, followed by other settings and community health centers
(Figure 2).

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[5] Data for Lead Grantee Organization Type was extracted from the OAT Program Directory based on organization type self-report by each grantee. This is the sole non-PIMS measure in the report.
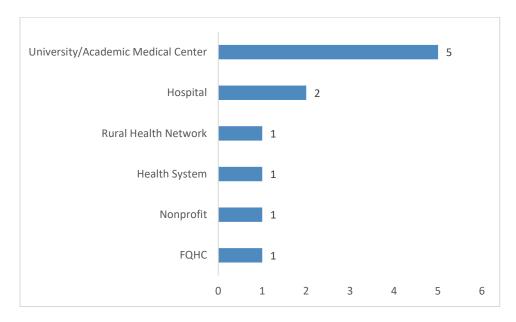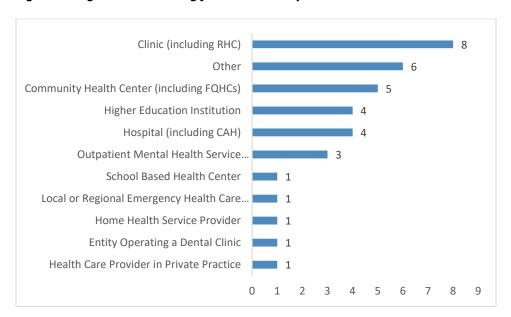
*Figure 1. Lead Grantee Organization Type (N=11)*

| Organization Type | Count |
|---|---|
| University/Academic Medical Center | 5 |
| Hospital | 2 |
| Rural Health Network | 1 |
| Health System | 1 |
| Nonprofit | 1 |
| FQHC | 1 |

*Figure 2. Organization Setting for Care Delivery*

| Setting | Count |
|---|---|
| Clinic (including RHC) | 8 |
| Other | 6 |
| Community Health Center (including FQHCs) | 5 |
| Higher Education Institution | 4 |
| Hospital (including CAH) | 4 |
| Outpatient Mental Health Service… | 3 |
| School Based Health Center | 1 |
| Local or Regional Emergency Health Care… | 1 |
| Home Health Service Provider | 1 |
| Entity Operating a Dental Clinic | 1 |
| Health Care Provider in Private Practice | 1 |

The grantee networks are organized into originating and distant sites, where the originating sites are where patients are located for care services, and distant sites are where telehealth consultations or care are provided from. Given the focus of this program on DTC telehealth care, many originating sites are expected to represent either home or other community settings, as opposed to clinical settings; however, this level of distinction is not reflected in the data as

reported.[6] Table 1 shows the number and average of originating and distant sites. There are a total of 64 originating sites and 22 distant sites, with an average of 6.4 originating sites and 2.4 distant sites across grantees.

*Table 1. Number Originating and Distant Sites*

| Number Grantees Reporting Originating Sites | Total Number Originating Sites | Average Number Originating Sites |
|---|---|---|
| 10 | 64 | 6.4 |
| Number Grantees Reporting Distant Sites | Total Number Distant Sites | Average Number Distant Sites |
| 9 | 22 | 2.4 |

## Grantee Specialty Areas

Grantees reported specialty areas among their telehealth network sites and the number of those that were added as a result of EB TNP funding (Table 2). The most common specialty area was mental/behavioral health counseling (with a total of 12 new sites added with the EB TNP funding), followed by psychiatry and primary care. One grantee added 30 new sites to provide diabetes services with the funding. A total of four sites were added to each of cardiology, oncology, and orthopedic services.

*Table 2. Specialty areas*

| Specialty area | Number Grantees Reporting Specialty in Network – Year 1 | Total Number Sites with Specialty – Year 1 | Number of Specialty Sites that were added with EB TNP Funding – Year 1 |
|---|---|---|---|
| Cardiology | 1 | 4 | 4 |
| Chronic Disease Counseling | 1 | 1 | 1 |
| Clinical Pharmacology | 1 | 1 | 1 |
| Dentistry | 1 | 1 | 0 |
| Diabetes Clinical Services | 2 | 31 | 30 |
| Emergency Medicine | 0 | 0 | 0 |
| Endocrinology Clinical Services | 0 | 0 | 0 |
| Gastroenterology | 0 | 0 | 0 |
| General Surgery | 0 | 0 | 0 |
| Geriatrics | 0 | 0 | 0 |
| Hematology | 0 | 0 | 0 |

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[6] Note that originating sites data as reported in PIMS refer to clinic/hospital sites where patients are initially referred for telehealth, not the home. The actual site of services rendered cannot be captured in PIMS in order to ensure the privacy protection of patients served.

| | | | |
|---|---|---|---|
| Home Health | 0 | 0 | 0 |
| Infectious Disease | 1 | 3 | 0 |
| Integrated Care | 0 | 0 | 0 |
| Mental/Behavioral Health Counseling | 6 | 20 | 12 |
| Obstetrics/Gynecology | 0 | 0 | 0 |
| Oncology | 1 | 4 | 4 |
| Orthopedics (including surgery) | 1 | 4 | 4 |
| Pediatrics | 0 | 0 | 0 |
| Physiatry/Physical Medicine | 0 | 0 | 0 |
| Primary Care (Adult) | 3 | 7 | 1 |
| Psychiatry | 2 | 9 | 1 |
| Radiology | 0 | 0 | 0 |
| Substance Abuse Services | 0 | 0 | 0 |
| Other | 0 | 0 | 0 |

Table 3 indicates the number of grantees who reported providing priority area services in Year 1. A total of six grantees provided mental health services and two provided substance abuse treatment services.

*Table 3. Provision of EB TNP Services – Mental Health & Substance Use*

| Service | Number Grantees |
|---|---|
| Mental Health | 6 |
| Substance Abuse Treatment | 2 |

## Patient Encounters and Travel Miles Saved

Grantees reported on the total number of encounters, number of patients served, and total patient miles saved as a result of EB TNP funding. A total of 9,084 encounters occurred (an average of 826 per grantee), with grantees serving a total of 3,234 unique patients (an average of 294 per grantee), and a total of 856,164 patient miles saved (an average of 77,833 per grantee).[7]

*Table 4. Encounters, Patients Served, and Patient Miles Saved Because of EB TNP Funding*

| Number Encounters (Avg) | Number Patients Served (Avg) | Number Miles Saved (Avg) |
|---|---|---|
| 9,084 (826) | 3,236 (294) | 856,164 (77,833) |

## Other Uses of Telehealth Network

Grantees report on other uses of their telehealth networks, including administrative meetings, distance learning, and informal and formal education. Figure 3 shows grantees reported using

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[7] The originating (referral) sites provide an approximation of miles saved, but do not capture the actual miles saved as the specific site of services cannot be captured in PIMS. See previous footnote #6 on page 5.

telehealth for a total of 768 administrative meetings and 898 distance learning sessions. Of the 898 distance learning sessions, 879 were informal education sessions (with a total of 298 participants), and 19 were formal education sessions (with a total of 497 participants) in Year 1 (Figure 4).

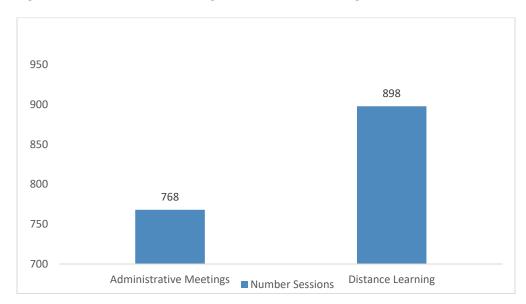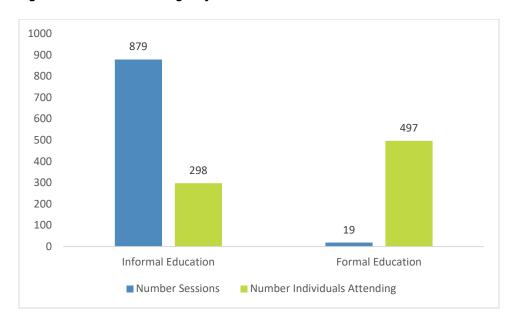*Figure 3. Administrative Meetings and Distance Learning Sessions*



*Figure 4. Distance Learning:  Informal and Formal Education Sessions*

## Diabetes

Four grantees reported providing services to a total of 687 unique patients with diabetes with specific levels of Hemoglobin A1c. A total of 218 patients had an A1c of 7.0% or less, 289 patients had A1c levels between 7.1% and 9.0%, and 180 patients had an A1c greater than 9.0% or were not tested during the reporting period.

*Table 5. Patients with diabetes served with EB TNP funding*

| Number unduplicated patients with diabetes served for at least 3 months | Number patients with diabetes whose most recent A1c is 7.0% or less (Avg) | Number patients with diabetes whose most recent A1c is between 7.1% and 9.0% (Avg) | Number patients with diabetes whose most recent A1c was > 9.0%/or if an A1c test was not done (Avg) |
|---|---|---|---|
| 687 (62) | 218 (20) | 289 (26) | 180 (16) |

## Mental Health

Grantees reported on the number of sites providing mental health services (general), mental health services for adults, and mental health services for pediatric and adolescent populations as a result of EB TNP funding. A total of 12 sites provided any mental health services, 9 sites for adult mental health services, and 7 mental health sites for pediatric/adolescent populations.

*Table 6. Access to mental health services resulting from EB TNP funding*

| Number sites with access to mental health services resulting from EB TNP grant | Number sites with access to mental health services for adult populations resulting from EB TNP grant | Number sites with access to mental health services for pediatric/adolescent populations resulting from EB TNP grant |
|---|---|---|
| 12 | 9 | 7 |

# CONCLUSIONS

This PIMS report covers the first year of funding for this cohort of EB TNP grantees, which was primarily a planning and ramp up year for their DTC telehealth-focused initiatives. That said, over this first year of funding, many EB TNP grantees made substantial progress in implementing their programs as evidenced in the reported data. For many specialty areas, grantees added new sites that were not available prior to funding, providing access to important services. Grantees added a substantial number of sites providing mental health services, with 12 new sites added with EB TNP funding, nine sites providing mental health services for adults, and seven sites providing services for pediatric and adolescent populations. Grantees had over 9,000 telehealth patient encounters, reaching 3,236 unique patients in Year 1. As a result of these efforts, patients were able to receive care locally, saving a significant estimated number of travel miles (856,184 total miles).

Additionally, grantees conducted a large number of administrative meetings and distance learning sessions, with the latter representing a substantial number of formal and informal education sessions reaching a total of 795 individuals in Year 1. Four grantees reported providing services for diabetic patients in Year 1. Of the 687 unique patients with diabetes who were served during the reporting period, 26.2% (180) of them indicate poor control of diabetes or were not tested.

In conclusion, this report encompasses the first full year of PIMS data for the Evidence-Based Telehealth Network Program. With additional annual PIMS data in subsequent years, future reports will compare changes in services over time, with the expectation that increases in service sites, encounters, patients served, and patient miles saved will occur each year as grantees expand the implementation of their telehealth initiatives.

# APPENDIX A – SAMPLE PIMS REPORT TEMPLATE

# Evidence-Based Tele-Behavioral Health Network Program (EB THNP)

**Grant:**          **Start Date:** 09/01/2021    **End Date:** 08/31/2022    **Report Date:**

**Organization:**

**Submitted Date:**

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Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-0043. Public reporting burden for this collection of information is estimated to average 11 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857.

## 1. Priorities

### Priorities

Only sites that are eligible for and receiving EB THNP funding should be included.

| Did you provide services to patients in any of the following categories because of any EB THNP funding during this reporting period? | Type of Change |
|---|---|
|  |  |
| Mental Health |  |
| Substance Abuse Treatment |  |

### 1. Priorities Form Comments

|  |
|---|

### Is 1. Priorities Form Complete? |  |

### 1. Priorities Form File Attachment

| File Name | File Type | File Size | Upload Date |
|---|---|---|---|
|  |  |  |  |

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OMB Number: 0906-0043

Expiration Date: 11/30/2022

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# Evidence-Based Tele-Behavioral Health Network Program (EB THNP)

**Grant:**　　　　　　　　**Start Date:** 09/01/2021　　**End Date:** 08/31/2022　　**Report Date:**

　**Organization:**

　**Submitted Date:**

## 2. Originating and Distant Sites

### Originating and Distant Sites

Complete Form 1. Priorities before inputting data in this form. Only sites that are eligible for and receiving EB THNP funding should be included.

**Originating and Distant Sites**

List of Selected Sites (Modify the List) and List of Selected Settings (Modify the List)

| Site Name | City/Town | State | ZIP Code | Originating or Distant Site (O/D) | Rural or Urban Site (R/U) | Setting |
|---|---|---|---|---|---|---|
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

| Number of Each Type of Site in this Reporting Period | Number |
|---|---|
| Originating |  |
| Distant |  |

## 2. Originating and Distant Sites Form Comments

|  |
|---|

| Is 2. Originating and Distant Sites Form Complete? |  |
|---|---|

## 2. Originating and Distant Sites Form File Attachment

| File Name | File Type | File Size | Upload Date |
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OMB Number: 0906-0043

Expiration Date: 11/30/2022

# Evidence-Based Tele-Behavioral Health Network Program (EB THNP)

**Grant:**                          **Start Date:** 09/01/2021     **End Date:** 08/31/2022     **Report Date:**

  **Organization:**

  **Submitted Date:**

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## 3. Specialties and Services, by Site

### Specialties and Services, by Site

Complete Form 2. Originating and Distant Sites before inputting data in this form. Only sites and specialties that are eligible for and receiving EB THNP funding should be included. Data populated in 'Total Sites With New Access to Services' is the total of 'No' responses for the selected specialty in the 'Was specialty available in your community prior to this EB THNP funding?' measure.

### Specialties and Services, by Site

List of Selected Sites (Modify the List) and List of Selected Specialties (Modify the List)

| Originating Site | Specialty(s) actively available at this site through telehealth | Was specialty available in your community prior to this EB THNP funding? |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |

| Total Sites With New Access to Services | Number |
|---|---|
| Number of sites that have access to _____ services where access did not exist in your community prior to this EB THNP funding |  |

### 3. Specialties and Services, by Site Form Comments

|  |
|---|

| Is 3. Specialties and Services, by Site Form Complete? |  |
|---|---|

### 3. Specialties and Services, by Site Form File Attachment

| File Name | File Type | File Size | Upload Date |
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Expiration Date: 11/30/2022

# Evidence-Based Tele-Behavioral Health Network Program (EB THNP)

**Grant:**                          **Start Date:** 09/01/2021    **End Date:** 08/31/2022    **Report Date:**

 **Organization:**

 **Submitted Date:**

## 4. Volume of Services, by Site and Specialty

### Volume of Services, by Site and Specialty

Complete Form 3. Specialties and Services, by Site before inputting data in this form. Only unique patients seen and encounters occurring as the result of receiving EB THNP funding should be included.  Real-Time Encounters are encounters that are live, two-way interactions between a person and a provider using audiovisual telecommunications technology. Store-and-Forward Encounters, also called asynchronous, are the transmission of health information through digital images or pre-recorded videos through electronic communication to a practitioner who uses the information to make an evaluation. Enter 0 if there is no data to report.

### Volume of Services, by Site and Specialty

| Originating Site | Setting | Specialty | Unique Patients | Number of Real-Time Encounters | Number of Store-and-Forward Encounters | Total Encounters |
|---|---|---|---|---|---|---|
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

| Total Unique Patients and Encounters | Number |
|---|---|
| Total Number of Unique Patients Served because of EBTHNP funding |  |
| Total Number of Encounters because of EBTHNP funding |  |

### 4. Volume of Services, by Site and Specialty Form Comments

|  |
|---|
|  |

| **Is 4. Volume of Services, by Site and Specialty Form Complete?** |  |
|---|---|

### 4. Volume of Services, by Site and Specialty Form File Attachment

| File Name | File Type | File Size | Upload Date |
|---|---|---|---|
|  |  |  |  |

# Evidence-Based Tele-Behavioral Health Network Program (EB THNP)

**Grant:**        **Start Date:** 09/01/2021    **End Date:** 08/31/2022    **Report Date:**

  **Organization:**

  **Submitted Date:**

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## 5. Patient Travel Miles Saved

### Patient Travel Miles Saved

Complete Form 4. Volume of Services, by Site and Specialty before inputting data in this form. Only sites that are eligible for and receiving EB THNP funding should be included. To avoid collecting information from each patient, the distance a patient travels from their home to the originating site is intentionally omitted. If the 'Distance from the originating (patient) site to the location where the patient would have been referred in the absence of telehealth (miles)' is in decimals, round it to the nearest whole number.

### Patient Travel Miles Saved

| Originating Site | Specialty | Name of location where the patient would have been referred in the absence of telehealth | Distance from the originating (patient) site to the location where the patient would have been referred in the absence of telehealth (miles) | Miles Roundtrip | Total Encounters | Miles saved |
|---|---|---|---|---|---|---|
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

| Total Miles Saved | Number |
|---|---|
| Patient Travel Miles Saved |  |

| 5. Patient Travel Miles Saved Form Comments |
|---|
|  |

| Is 5. Patient Travel Miles Saved Form Complete? | |
|---|---|

# Evidence-Based Tele-Behavioral Health Network Program (EB THNP)

**Grant:**                 **Start Date:** 09/01/2021     **End Date:** 08/31/2022     **Report Date:**

  **Organization:**

  **Submitted Date:**

| 5. Patient Travel Miles Saved Form File Attachment | | | |
|---|---|---|---|
| **File Name** | **File Type** | **File Size** | **Upload Date** |
| | | | |

# Evidence-Based Tele-Behavioral Health Network Program (EB THNP)

**Grant:**                    **Start Date:** 09/01/2021    **End Date:** 08/31/2022    **Report Date:**

**Organization:**

**Submitted Date:**

## 6. Other Uses of the Telehealth Network

### Other Uses of the Telehealth Network

Complete Form 5. Patient Travel Miles Saved before inputting data in this form. Only sessions that are eligible for and receiving EB THNP funding should be included. Enter 0 if there is no data to report. If information in 'Formal and Informal Education' is unknown enter 'DK'. Distance learning is the education, of a provider or other person, through electronic communication such as video conferencing.

| Other Uses of the Telehealth Network | Number |
|---|---|
| Administrative Meetings | |
| Distance Learning | |
| Other - Specify: | |

**Distance Learning (Formal and Informal Education)**

| | Total Number of Sessions | Total Number of People |
|---|---|---|
| **Formal Education (sessions are used to fulfill formal education, licensure or certification requirements)** | | |
| | | |
| **Informal Education (sessions used to meet regulatory practice requirements, as well as supervision/advice requested by remote practitioners)** | | |

### 6. Other Uses of the Telehealth Network Form Comments

| |
|---|
| |

### Is 6. Other Uses of the Telehealth Network Form Complete?

| | |
|---|---|
| | |

### 6. Other Uses of the Telehealth Network Form File Attachment

| File Name | File Type | File Size | Upload Date |
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# Evidence-Based Tele-Behavioral Health Network Program (EB THNP)

**Grant:**                          **Start Date:** 09/01/2021       **End Date:** 08/31/2022       **Report Date:**

**Organization:**

**Submitted Date:**

## 7. Diabetes

### Diabetes

Complete Form 6. Other Uses of the Telehealth Network before inputting data in this form. Only patients seen and encounters occurring as a result of receiving EB THNP funding should be included. Enter 0 if there is no data to report.

| Diabetes | Number |
|---|---|
| Number of unduplicated patients with diabetes served for at least three months during the reporting period | |
| Number of patients with diabetes (who received services for at least three months during the reporting period) whose most recent Hemoglobin A1c (HbA1c) level is 7.0% or less | |
| Number of patients with diabetes (who received services for at least three months during the reporting period) whose most recent Hemoglobin A1c (HbA1c) level is between 7.1% and 9.0% | |
| Number of patients with diabetes (who received services for at least three months during the reporting period) whose most recent Hemoglobin A1c (HbA1c) level during the measurement year was greater than 9.0% (poor control), or if an HbA1c test was not done during the reporting period | |

### 7. Diabetes Form Comments

### Is 7. Diabetes Form Complete?

### 7. Diabetes Form File Attachment

| File Name | File Type | File Size | Upload Date |
|---|---|---|---|
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OMB Number: 0906-0043

Expiration Date: 11/30/2022

# Evidence-Based Tele-Behavioral Health Network Program (EB THNP)

**Grant:**         **Start Date:** 09/01/2021    **End Date:** 08/31/2022    **Report Date:**

   **Organization:**

   **Submitted Date:**

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## 8. Mental Health

### Mental Health

Complete Form 7. Diabetes before inputting data in this form. Only sites that are eligible for and receiving EB THNP funding should be included. Enter 0 if there is no data to report.

| Mental Health | Number |
|---|---|
| Number of sites that have access to mental health services where access did not exist prior to the EB THNP grant | |
| Number of sites that have access to mental health services for pediatric and adolescent populations where access did not exist prior to the EB THNP grant | |
| Number of sites that have access to mental health services for adult populations where access did not exist prior to the EB THNP grant | |

### 8. Mental Health Form Comments

| |
|---|
| |

| Is 8. Mental Health Form Complete? | |
|---|---|

### 8. Mental Health Form File Attachment

| File Name | File Type | File Size | Upload Date |
|---|---|---|---|
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OMB Number: 0906-0043

Expiration Date: 11/30/2022