

My Health LA - CAPACITY PROFILE

Date Completed:

Agency Name: (Enter Legal Name Only)

CLINIC SITE LOCAT	ΓΙΟΝ:					
Site Name:		Address:	City/State:	,	Zip Code:	
ABOUT THE CLINIC	SITE CAPACITY	SURVEY:				
-		partment of Health Services dete our clinic sites. (Click and type in	. •		o serve My Health LA (M	HLA) patients.
CAPACITY AND UT	ILIZATION OVER	/IEW:				
Primary Care	Expected annual capacity for MHLA enrolled members:					
Service Capacity:	Average number of visits per patient per year at this site:					
	Expected number of Primary Care Providers (Medical Doctors/Nurse Practitioners/Physician Assistants):					
	Total number of existing exam rooms utilized for the MHLA Participants:					
	Number of Certified Enrollment Counselors (CECs)/Certified Application Assistors (CAAs):					
Dental Care Service Capacity: (Only if Applicable)	Expected annual Dental capacity:					
	Expected number of Dentist:					
	Total number of existing dental chairs utilized for the MHLA Participants:					
Other Capacity:	Please provide estimates of how many My Health LA patient referrals you anticipate for this site.					
	To DHS Specialt	•	DMH: Outpatient or Spealth:	cialty Mental To [PH: Substance Abuse:	
Form Completed By:		Tele	phone Number:			Email: