

Community Supports Provider Information Form

Please complete this form and email to CalAIM_providers@healthnet.com to express your interest in becoming a Community Supports (CS) provider. If you intend on servicing more than five counties, please use the online provider interest form available on provider.healthnetcalifornia.com > CalAIM Resources for Providers > Data Collection > Provider Interest Form or at https://bit.ly/CalAIMResourcesforProviders.

Request type (cneck a	ill that applies)			
☐ New CS provider w	rith our plan. 🗆	Additional CS serv	vices.	Additional counties.
Provider type: Choos	se an item.			
If "other", please indica				
Business information				
Company name:				
Doing business as (DBA) name:			
Tax ID number:		National pro	vider identifie	r (NPI):
If no NPI number ex	kists, have you applie	d for one and dat	e of doing so?_	
Business address				
Street:				
City:		State:	ZIP C	ode:
Business phone num	nber:		_ Email:	
Fax number:				
Billing/Mailing address	(if different)			
Street:				
				ode:
Contract signatory nam	e:		Title:	
Phone number:		Email:		
Daily operations contac	t name:		Title:	
Phone number:		Email:	1	

CalViva Health is a licensed health plan in California that provides services to Medi-Cal enrollees in Fresno, Kings and Madera counties. CalViva Health contracts with Health Net Community Solutions, Inc. to provide and arrange for network services. *Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.



Requirements:

1.	Electronic Visit Verification (EVV) is required for Personal Care and Homemaker Services, Day Habilitation and Respite Services. This is a requirement at the direction of the Department of Health Care Services				
	(DHCS).	пс Бера	rement of fleurin cure services		
	Are you applying to provide any of the services listed above?	☐ Yes	□ No		
	If yes, have you registered for EVV?	☐ Yes	□ No		
	If no, register through DHCS at www.dhcs.ca.gov/provgovpart/	'Pages/E'	VV.aspx.		
2.	Medi-Cal Certification is required for all providers working with	n manage	ed care plans.		
	Is your organization Medi-Cal Certified? \qed Yes \qed No				
	If yes, provide Medi-Cal Number:				
	If no, then you can validate or enroll through the DHCS Provide at www.dhcs.ca.gov/provgovpart/Pages/PAVE.aspx .	er Applica	ation and Validation for Enrollment (PAVE)		



County Key

Amador	Imperial	Los Angeles	Sacramento	Tulare
Calaveras	Inyo	Madera	San Joaquin	Tuolumne
Fresno	Kings	Mono	Stanislaus	

	County: Where the CS service is offered (refer to the County Key above and list as applicable).							
Community Supports	Initial Capacity: The number of members your organization can serve at time of implementation. Capacity after 12 Months: Forecast the number of members your organization can serve 12 months after implementation.							
(CS) Service								
(check all that applies)		· •	accurate, just an estimate would suffice.					
	# of FTE: The number of employed full-time employees (FTEs).							
	County:	County:	County:	County:	County:			
	Capacity:	Capacity:	Capacity:	Capacity:	Capacity:			
☐ Housing Transition	Initial:	Initial:	Initial:	Initial:	Initial:			
Navigation	After 12 months:	After 12 months:	After 12 months:	After 12 months:	After 12 months:			
	# of FTE:	# of FTE:	# of FTE:	# of FTE:	# of FTE:			
	County:	County:	County:	County:	County:			
	Capacity:	Capacity:	Capacity:	Capacity:	Capacity:			
☐ Housing Deposits	Initial:	Initial:	Initial:	Initial:	Initial:			
	After 12 months:	After 12 months:	After 12 months:	After 12 months:	After 12 months:			
	# of FTE:	# of FTE:	# of FTE:	# of FTE:	# of FTE:			
	County:	County:	County:	County:	County:			
	Capacity:	Capacity:	Capacity:	Capacity:	Capacity:			
Housing Tenancy and	Initial:	Initial:	Initial:	Initial:	Initial:			
Sustaining Services	After 12 months:	After 12 months:	After 12 months:	After 12 months:	After 12 months:			
	# of FTE:	# of FTE:	# of FTE:	# of FTE:	# of FTE:			
	County:	County:	County:	County:	County:			
	Capacity:	Capacity:	Capacity:	Capacity:	Capacity:			
Short-term Post	Initial:	Initial:	Initial:	Initial:	Initial:			
Hospitalization	After 12 months:	After 12 months:	After 12 months:	After 12 months:	After 12 months:			
	# of FTE:	# of FTE:	# of FTE:	# of FTE:	# of FTE:			



	County:	County:	County:	County:	County:
_	Capacity:	Capacity:	Capacity:	Capacity:	Capacity:
Recuperative Care	Initial:	Initial:	Initial:	Initial:	Initial:
(Medical Respite)	After 12 months:				
	# of FTE:				
	County:	County:	County:	County:	County:
	Capacity:	Capacity:	Capacity:	Capacity:	Capacity:
☐ Day Habilitation	Initial:	Initial:	Initial:	Initial:	Initial:
Programs	After 12 months:				
	# of FTE:				
☐ Nursing Facility	County:	County:	County:	County:	County:
Transition to Assisted	Capacity:	Capacity:	Capacity:	Capacity:	Capacity:
Living such as	Initial:	Initial:	Initial:	Initial:	Initial:
Residential Care Facilities for Elderly	After 12 months:				
and Adult Residential	# of FTE:				
Facilities					
	County:	County:	County:	County:	County:
☐ Community Transition	Capacity:	Capacity:	Capacity:	Capacity:	Capacity:
Services/Nursing Facility Transition	Initial:	Initial:	Initial:	Initial:	Initial:
Services to a Home	After 12 months:				
	# of FTE:				
	County:	County:	County:	County:	County:
_	Capacity:	Capacity:	Capacity:	Capacity:	Capacity:
Personal Care and	Initial:	Initial:	Initial:	Initial:	Initial:
Homemaker Services	After 12 months:				
	# of FTE:				
	County:	County:	County:	County:	County:
☐ Environmental	Capacity:	Capacity:	Capacity:	Capacity:	Capacity:
Accessibility	Initial:	Initial:	Initial:	Initial:	Initial:
Adaptations or Home Modifications	After 12 months:				
	# of FTE:				



	County:	County:	County:	County:	County:
☐ Medically Supportive	Capacity:	Capacity:	Capacity:	Capacity:	Capacity:
Meals and Medically	Initial:	Initial:	Initial:	Initial:	Initial:
Tailored Meals	After 12 months:	After 12 months:	After 12 months:	After 12 months:	After 12 months:
	# of FTE:	# of FTE:	# of FTE:	# of FTE:	# of FTE:
	County:	County:	County:	County:	County:
	Capacity:	Capacity:	Capacity:	Capacity:	Capacity:
☐ Sobering Centers	Initial:	Initial:	Initial:	Initial:	Initial:
	After 12 months:	After 12 months:	After 12 months:	After 12 months:	After 12 months:
	# of FTE:	# of FTE:	# of FTE:	# of FTE:	# of FTE:
	County:	County:	County:	County:	County:
	Capacity:	Capacity:	Capacity:	Capacity:	Capacity:
☐ Asthma Remediation	Initial:	Initial:	Initial:	Initial:	Initial:
	After 12 months:	After 12 months:	After 12 months:	After 12 months:	After 12 months:
	# of FTE:	# of FTE:	# of FTE:	# of FTE:	# of FTE:
	County:	County:	County:	County:	County:
	county				Capacity:
	Capacity:	Capacity:	Capacity:	Capacity:	Capacity.
☐ Respite Services		Capacity:	Capacity: Initial:	Capacity: Initial:	Initial:
☐ Respite Services	Capacity:			Initial:	Initial:
☐ Respite Services	Capacity:	Initial:After 12 months:	Initial:After 12 months:	Initial: After 12 months:	Initial: After 12 months:
☐ Respite Services Please identify capacity I	Capacity: Initial: After 12 months: # of FTE:	Initial: After 12 months: # of FTE:			
·	Capacity: Initial: After 12 months: # of FTE:	Initial: After 12 months: # of FTE:	Initial: After 12 months: # of FTE:	Initial: After 12 months: # of FTE:	Initial: After 12 months: # of FTE:
·	Capacity: Initial: After 12 months: # of FTE:	Initial: After 12 months: # of FTE:	Initial: After 12 months: # of FTE:	Initial: After 12 months: # of FTE:	Initial: After 12 months: # of FTE:
·	Capacity: Initial: After 12 months: # of FTE:	Initial: After 12 months: # of FTE:	Initial: After 12 months: # of FTE:	Initial: After 12 months: # of FTE:	Initial: After 12 months: # of FTE:
·	Capacity: Initial: After 12 months: # of FTE:	Initial: After 12 months: # of FTE:	Initial: After 12 months: # of FTE:	Initial: After 12 months: # of FTE:	Initial: After 12 months: # of FTE:
·	Capacity: Initial: After 12 months: # of FTE:	Initial: After 12 months: # of FTE:	Initial: After 12 months: # of FTE:	Initial: After 12 months: # of FTE:	Initial: After 12 months: # of FTE:
·	Capacity: Initial: After 12 months: # of FTE:	Initial: After 12 months: # of FTE:	Initial: After 12 months: # of FTE:	Initial: After 12 months: # of FTE:	Initial: After 12 months: # of FTE:
·	Capacity: Initial: After 12 months: # of FTE:	Initial: After 12 months: # of FTE:			



Please list all NPIs, addresses and counties that you will be servicing for CS.

NPI	Address	County