Community Health Worker Provider Information Form

Please complete this form and email to CalAIM_providers@healthnet.com to express your interest in becoming a Community Health Worker (CHW) 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 (check all that applies)

☐ New CHW provider ☐ Additional counties.

Select provider type (check one)			
☐ Community-Based Organization	☐ Hospital	☐ Individual Licensed Provider	☐ Outpatient Clinic
☐ Local Health Jurisdiction	☐ Other (please indicate):		

Business information

Company name:_____

Doing business as (DBA) name:_____

Tax ID number:_____ National provider identifier (NPI):_____
*If no NPI number exists, have you applied for one and date of doing so?*_____

Website: _____

Business address

Street:_____

City:_____ State:_____ ZIP Code:_____

Business phone number:_____ Email:_____

Fax number:_____

Billing/mailing address (if different)

Street:_____

City:_____ State:_____ ZIP Code:_____

Contract signatory name:_____

Title:_____

Phone number:_____ Email:_____

Daily operations contact name:_____

Title:_____

Phone number:_____ Email:_____

Requirements:

1. Medi-Cal certification is required for all providers working with managed care plans.

   Is your organization Medi-Cal certified? ☐ Yes ☐ No

   If yes, provide Medi-Cal Number:

   _____

   If no, then you can validate or enroll through the Department of Health Care Services Provider Application and Validation for Enrollment (PAVE) at www.dhcs.ca.gov/provgovpart/Pages/PAVE.aspx.

2. Are you an Enhanced Care Management (ECM) and/or Community Supports (CS) provider?

   ☐ ECM ☐ CS

CHW Employees by Service Area (Counties)

Provide the number of active CHWs in each county your organization plans to contract for. If your organization provides services in Emergency Departments (ED), the number of CHWs can be duplicative.

County	# of active CHWs	# of CHWs in ED settings	Engagement (in-person vs virtual)
Amador			☐ In-person ☐ Virtual
Calaveras			☐ In-person ☐ Virtual
Fresno			☐ In-person ☐ Virtual
Imperial			☐ In-person ☐ Virtual
Inyo			☐ In-person ☐ Virtual
Kings			☐ In-person ☐ Virtual
Los Angeles			☐ In-person ☐ Virtual
Madera			☐ In-person ☐ Virtual
Mono			☐ In-person ☐ Virtual
Sacramento			☐ In-person ☐ Virtual
San Joaquin			☐ In-person ☐ Virtual
Stanislaus			☐ In-person ☐ Virtual
Tulare			☐ In-person ☐ Virtual
Tuolumne			☐ In-person ☐ Virtual

1. What type of services from the list below do your CHW promotores/representatives workforce provide?
   Select all that apply.

   ☐ Advocacy.

   ☐ Asthma prevention services (certification required).

   ☐ Capacity-building.

   ☐ Care coordination, case management, or system navigation.

   ☐ Cultural mediation among individuals, communities and systems.

   ☐ Direct service.

   ☐ Domestic violence prevention (certification required).

- ☐ Evaluation and research.
- ☐ Health education and information.
- ☐ Individual and community assessments.
- ☐ Outreach.
- ☐ Refer to transitional care services, enhanced care management, community supports, doula or other plan services.
- ☐ Social support.
- ☐ Other (Please specify):_____

2. Please select the type of population(s) whom your CHW promotores workforce serves. (Select all that apply)

- ☐ Adult nursing facility residents transitioning to the community.
- ☐ Adults at risk for long term care institutionalization.
- ☐ Adults without dependent children/youth experiencing homelessness.
- ☐ Children and youth involved in child welfare.
- ☐ Children enrolled in California Children's Services (CCS) or CCS Whole Child Model.
- ☐ Immigrants.
- ☐ Individuals at risk for emergency department utilization.
- ☐ Individuals or families experiencing homelessness.
- ☐ Individuals transitioning from incarceration.
- ☐ Individuals with serious mental health and/or substance use disorders.
- ☐ Lesbian, Gay, Bisexual, Transgender, Intersex, Ally/Asexual + community.
- ☐ Migrant and seasonal farmworkers and their families.
- ☐ Military veterans.
- ☐ Older adults.
- ☐ People with disabilities.
- ☐ People with intellectual or developmental disabilities.
- ☐ Pregnant and post-partum individuals.
- ☐ School children.
- ☐ Other (Please specify): _____

3. Please select all of the areas of support your CHW promotores/representatives workforce can assist with:

- ☐ Promotion of primary care engagement of unengaged members.
- ☐ Support chronic disease management services.
- ☐ Support general care management services (non- Community Care Management (CCM), non-ECM).
- ☐ Support outreach for CCM or ECM enrollment.
- ☐ Support peripartum care.
- ☐ Support services which address social drivers of health.
- ☐ Support utilization of behavioral health navigation services.
- ☐ Support utilization of transitional care services.
- ☐ Utilization of adult preventive care service.
- ☐ Utilization of pediatric preventive care services.
- ☐ Other services: If yes, list additional services in the comments section below.

Comments: