

## Attestation for Community Health Worker (CHW) Requirements

Health Plan of San Joaquin/Mountain Valley Health Plan (“Health Plan”) must ensure that the supervising provider(s), subcontractor(s) or employed CHW(s) that provide the CHW services to Health Plan members meet the minimum qualifications outlined by the Department of Health Care Services (DHCS) per All Plan Letter (APL) 22-016.

**Supervising Provider must be a licensed provider, a hospital, an outpatient clinic, a local health jurisdiction (LHJ), or a community-based organization (CBO). Supervising Provider must be Medi-Cal enrolled, or have initiated Medi-Cal enrollment, and credentialed by Health Plan.**

Community Health Worker (CHW) Details			
<b>Supervising Provider:</b> <i>(Enter the supervising provider, organization employing, or otherwise overseeing the CHW with which the MCP contracts.)</i>			
<b>Supervising Provider NPI:</b> <i>(If different than organization’s NPI.)</i>			
<b>Is the Supervising Provider/Organization Medi-Cal enrolled via DHCS PAVE?</b>			
Yes	No	In process	Ineligible/No DHCS PAVE Pathway/ Refer to Provider Addendum
<b>Is the Organization contracted with Health Plan?</b>		Yes	No
<b>Is the Organization contracted with Health Plan?</b> In process			
<b>Supervising Provider Organization Type:</b> <i>(Please check all that apply.)</i>			
Licensed Provider	Hospital	Outpatient Clinic	
Local Health Jurisdiction (LHJ)	CBO*	Other:	
<b>Full-time CHW (1 FTE):</b>	Yes	No	
<b>CHW Name:</b>		<b>CHW DOB:</b>	
<b>CHW Effective Date with Organization:</b> <i>(mm/dd/yyyy)</i>			
<b>CHW Service Location or Supervising Primary Location:</b> <i>(Please include all locations you serve with actual address, city, and zip code.)</i>			
<b>Type of CHW Service/Setting:</b> <i>(Please check all that apply.)</i>			
Transition Care	Emergency Department	Enhanced Case Management	
Health Education	Health Navigation	Screening and Assessment	
Support or Advocacy	Violence Prevention		

\*A CBO provider must be a public or private non-profit organization with a 501(c)(3) status or a fiscally sponsored entity of a 501(c)(3) non-profit organization.

# Attestation for Community Health Worker (CHW) Requirements

I, \_\_\_\_\_ (name of supervising provider, organization's individual with signing authority), attest that \_\_\_\_\_ (first and last name of the CHW), meets one of the following requirements:

**Please check only one box and submit proof of one of the following options:**

### **CHW Certificate Pathway**

A valid certificate of completion of a curriculum that attests to demonstrated skills and/or practical training in the following areas: communication, interpersonal and relationship building, service coordination and navigation, capacity building, advocacy, education and facilitation, individual and community assessment, professional skills and conduct, outreach, evaluation and research, and basic knowledge in public health principles and social drivers of health (SDOH), as determined by the supervising provider. Certificate programs must also include field experience as a requirement. This certificate allows CHW to provide all services including violence prevention services.

*Attached and submitted certificate.*

### **Work Experience Pathway**

An attestation that the CHW has at least 2,000 hours of work experience as CHW in paid or volunteer within the previous three years and has demonstrated skills and practical training in the areas of communication, interpersonal and relationship building, service coordination and navigation, capacity building, advocacy, education and facilitation, individual and community assessment, professional skills and conduct, outreach, evaluation and research, and basic knowledge in public health principles and social drivers of health (SDOH) as determined and validated by the supervising provider. The attestation should also include that the CHW will earn a valid certificate of completion of required curriculum within 18 months of the first CHW visit provided to a member.

*Attached and submitted attestation.*

### **Violence Prevention Professional Pathway**

A valid violence prevention professional certificate for CHWs providing violence prevention services ONLY, a Violence Prevention Professional (VPP) Certificate issued by Health Alliance for Violence Intervention or a certificate of completion in gang intervention training form the Urban Peace Institute. A VPP Certificate allows a CHW to provide CHW violence prevention services ONLY. A CHW providing services other than violence prevention services must demonstrate qualification through either the Work Experience Pathway or by completion.

*Attached and submitted certificate.*

# Attestation for Community Health Worker (CHW) Requirements



***Submission of attachments must include:***

- Certification of completion of a curriculum for the CHW, **OR**
- Work Experience Attestation/Letter to support work experience, **OR**
- Violence Prevention Professional Certificate
- Annual Training Certificate (if applicable)
- Non-DHCS Pathway Provider Addendum

***The Supervising Provider or Supervising Organization must also attest to the following:***

- Maintain evidence of the minimum qualifications as stated above.
- Conduct monitoring to ensure that this CHW completes a minimum of six hours of additional relevant training on an annual basis and maintain evidence of this training.
- Must provide direct or indirect oversight to CHWs per APL.
- Notify Health Plan within 10-15 days by contacting the Credentialing Department if there are changes to the above requirements at [credentialing@hpsj.com](mailto:credentialing@hpsj.com).

***The CHW's Supervising Provider must complete all sections of this attestation and attach all required documentation. The Supervising Provider must be a licensed provider, a hospital, an outpatient clinic, a local health jurisdiction (LHJ), or a community-based organization (CBO). Supervising Provider must have completed Health Plan credentialing and initiated Medi-Cal provider enrollment with DHCS at the time of submission of this attestation to Health Plan. Failure to provide a complete attestation and/or failure to attach all required documentation may result in a delay or rejection of the CHW's participation in Health Plan's provider network.***

\_\_\_\_\_  
Supervising Provider/Supervising Organization

\_\_\_\_\_  
Date

**Please submit this completed attestation for each Community Health Worker (CHW) you employ along with the supporting documentation to [providernetworks.verification@hpsj.com](mailto:providernetworks.verification@hpsj.com).**

**If you have any questions, please contact your Provider Services Representative or call Provider Services at 209-942-6340.**