

**Medi-Cal CalAIM**

**Agency Participation Attestation Addendum Statement**

**INSTRUCTIONS:**

Only complete this form if

- You are not currently enrolled with DHCS for Medi-Cal
- There is no pathway for enrollment with DHCS for your organizational type. If a pathway exists you will need to enroll with DHCS for the Medi-Cal program.
- Please complete either **Section A** or **Section B**, and **Section C** for consideration to participate in the Plan's provider network.
- For any "Yes" response to one or more of the questions in Section B, complete the attached Attestation Question Explanation Form (under section E).

This attestation pertains to all employed and contracted provider(s) authorized to provide authorized services provided by \_\_\_\_\_(the "Agency"). Agency provides services to minors – Yes/No(circle one).

I, \_\_\_\_\_, the undersigned representative of Agency, on its behalf, understand and agree that as part of the review process for participation in the following Medi-Cal CalAIM service(s):

- |   |  |
|---|--|
| <input type="checkbox"/> Enhanced Care Management (ECM) | <input type="checkbox"/> Community Supports (CS) |
| <input type="checkbox"/> Community Health Worker (CHW)  | <input type="checkbox"/> Street Medicine         |

**Section A**

The Agency has conducted the following on each employee or subcontractor prior to allowing each to provide authorized contracted services to a Health Plan member:

X You have established policies and procedures for the use of employing individual that have relevant life experience and you collect, assess, and retain this documentation:

- X Criminal Background Check *and*;
- X State Child Abuse Registry *and*;
- X Other State Mandated Clearance Checks
- X Removed individuals that cannot participate in any Federal or State program

**Section B**

Assure through a background check and other reasonable means the following with respect to each employee or subcontractor providing authorized contracted services on behalf of the Agency:

An "Yes" indication to the below means you must complete all applicable information in Section E

- YES       NO      1. Have applicable license(s) held by employees or subcontractors been revoked, refused, restricted or voluntarily surrendered?
- YES       NO      2. Have employees or subcontractors been convicted of, or pled guilty to, a felony?
- YES       NO      3. Has any employee or subcontractor been terminated, suspended, barred, sanctioned or voluntarily withdrawn as part of a settlement agreement, or otherwise excluded from any state or federal health care program?
- YES       NO      4. Is/Are employees or subcontractors unable to perform the essential functions of his or her job with reasonable accommodation?

**Section C**

Attest that the Agency has and will provide current documentation for each of the following along with the signed attestation:

<u>Included/Attached</u> (Yes or N/A)	<u>Documentation</u>	<u>Details</u>
	<b>Federal Employer or Individual Tax Identification Number</b>	The only acceptable documents include an IRS-generated Letter 147-C, IRS-generated Form 941 (Employer's Quarterly Federal Tax Return), IRS-generated Form 8109-C (Deposit Coupon), or IRS-generated Form SS-4 (only the official Confirmation Notification of FEIN/ITIN assignment). <u>Note:</u> The legal name of the applicant or provider on the application must exactly match the name on the IRS-generated document

	<b>Completed W-9 form</b>	Must be fully filled out, signed and dated within the same year of the attestation submission.
	<b>Recorded/stamped Fictitious Business Name Statement (FBNS)</b>	Issued by the county where the principal place of business is located, if using a fictitious business name AND the business name is different from the legal name on your application.

**Section D**

I attest to the accuracy of the information provided on this Agency Participation Attestation Statement.

Signature: \_\_\_\_\_

Print: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Tax ID: \_\_\_\_\_

**Section E**

**Attestation Question Explanation Form**

Use this form to report any "Yes" response to one or more of the questions on Section B of the Attestation Statement. Record the question number in the first column, then your explanation in the second column. If you need additional space to explain a "Yes" response, photocopy this page as or add additional documentation as needed.

A detailed listing identifying names, dates of incidents and activities is required for assessment. A "Yes" response does not automatically exclude an applicant.

**QUESTION**  
**1**

**EXPLANATION:**

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**QUESTION**  
**2**

**EXPLANATION:**

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**QUESTION**  
**3**

**EXPLANATION:**

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**QUESTION**  
**4**

**EXPLANATION:**

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