Sacramento County

Department of Health Services

Division of Behavioral Health Services

COMMUNITY HEALTH WORKER (CHW) ATTESTATION

Supervising Provider must be Medi-Cal enrolled, or have initiated Medi-Cal enrollment, and credentialed by Sacramento County Behavioral Health

Agency: _____ **Date:** _____.

Contact Person: _____ **Phone:** _____.

CHW Name: _____

Supervising Provider Name: _____

Supervising Provider NPI: _____

I, _____ (name of supervising provider), attest that

_____ (first and last name of the CHW), meets one of the following requirements:

☐ **CHW Certificate Pathway –** *This option will be available once HCAI has developed the process for training and certification*

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 determinants 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 competition of required curriculum within 18 months of the first CHW visit provided to a member.

☐ *Attached and submitted certificate*

The Supervising Provider 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 CHW

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 and 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 Sacramento County's provider network.

Supervisor's Name _____ Type of licensure: _____
Print Name

Supervisor: _____
Signature Date