



Community Health Worker Attestation

Instructions: The form below must be submitted to MSHN for staff who will be supporting Community Health Worker (CHW) activities within the SUD provider agency, prior to any services being supported by the employee.

To qualify to deliver Medicaid reimbursable CHW services, an individual must meet the following criteria:

- Must be 18 years of age or older;
- Possess at least a high school diploma or high school equivalency diploma/certification;
- Must meet the CHW Training Program Pathway or the Work Experience Pathway;
- Has successfully completed a CHW application with the MDHHS designated contractor and must be listed in good standing on the MI Medicaid CHW Registry; and
- Complete provider enrollment requirements detailed in the Provider Enrollment section of this policy (below).

A. CHW Training Program Pathway: To be recognized as a MI Medicaid certified CHW under the CHW Training Program Pathway, an individual must have completed an MDHHS-approved Community Health Worker training program that aligns with the Community Health Worker Core Consensus Project (C3 Project) core competencies.

B. Work Experience Pathway: During the initial 24 months of the policy implementation (from January 1, 2024, to December 31, 2025), an individual who does not possess the CHW Training Program Pathway qualifications will be permitted to temporarily deliver CHW services and seek reimbursement if the individual meets the following criteria:

1. Has completed 1,000 hours of experiential learning in the previous three years; and
2. Has a plan for completing a CHW training program, as described above.

A CHW certified through the Work Experience Pathway must complete their MDHHS approved CHW training program by December 31, 2025, to maintain their eligibility to continue delivery of CHW services for Medicaid reimbursement.

This form must be signed by the requesting staff person and the Program Director.

Requesting Staff Person Name and Title:

Organization:

This is a formal request for the staff person identified above to provide Community Health Worker (CHW) services within MSHN's 21 county region for SUD Treatment providers (please check the pathway below that applies):

☐ **CHW Training Program Pathway:** Submit a copy of the CHW Training Certificate of Completion with form

☐ **Work Experience Pathway:** Identify the date of the CHW Training to be completed prior to 12-31-2025: _____

I understand that this temporary privileging is only available until 12/31/2025. Upon CHW certification, a new form must be submitted with a copy of the CHW certificate.

I understand that this request must be submitted to MSHN if I intend to provide services as a Community Health Worker (CHW), prior to service implementation. I understand it is the responsibility of the requestor and the organization to maintain documentation of this request and subsequent documentation in obtaining CHW certification.

Staff Member Signature

Date



Community Health Worker Attestation

Organization Program Director Signature

Date

Submit completed requests to the Trisha.Thrush@midstatehealthnetwork.org

Approval – To be completed by MSHN.

Effective Date _____

Expiration Date _____

MSHN Approval Signature _____