

Request type (check all that applies)



Community Supports Provider Information Form

Please complete this form and email to CalAIM_providers@healthnet.com to express your interest in becoming a Community Supports (CS) provider. If you intend on servicing more than five counties, please use the online provider interest form.

		•		
□New CS provio	ler with our plan	\square Additional CS Services	\square Additional Counties	
Provider type:	Choose an item.			
If "other", please	e indicate here:			
Business informa	ation			
Company n	ame:			
Doing busin	ess as (DBA) name:_			
Tax ID num	ber:	National provi	der identifier (NPI):	
If no NPI no	umber exists, have	you applied for one and o	date of doing so?	
Business address	s			
Street:				
City:		State:	Zip Code:	
Business pho	ne number:		Email:	
Fax number:				
Mailing address	(if different)			
Street:				
City:		State:	Zip Code:	
Billing address (i	f different)			
Street:				
City:		State:	Zip Code:	
Contract signato	ory name:		Title:	
		Email:		
Daily operations	contact name:		Title:	
Phone numb	ner.	Fmail:		

Community Health Plan of Imperial Valley ("CHPIV") is the Local Health Authority (LHA) in Imperial County, providing services to Medi-Cal enrollees in Imperial County. CHPIV contracts with Health Net Community Solutions, Inc. to arrange health care services to CHPIV members. *Health Net Community Solutions, Inc. is a subsidiary of Health Het, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.





County Key

Amador	Imperial	Los Angeles	Sacramento	Tulare
Calaveras	Inyo	Madera	San Joaquin	Tuolumne
Fresno	Kings	Mono	Stanislaus	

Community Supports Service (check all that applies)	Capacity: The number of	munity Supports service is f members your organizat employed full-time employ	ion can serve at time of ir	• •	applicable).
☐ Housing Transition Navigation	County: Capacity: Initial: After 12 months: # of FTE:	County: Capacity: Initial: After 12 months: # of FTE:	County: Capacity: Initial: After 12 months: # of FTE:	County: Capacity: Initial: After 12 months: # of FTE:	County: Capacity: Initial: After 12 months: # of FTE:
☐ Housing Deposits	County: Capacity: Initial: After 12 months: # of FTE:	County: Capacity: Initial: After 12 months: # of FTE:	County: Capacity: Initial: After 12 months: # of FTE:	County: Capacity: Initial: After 12 months: # of FTE:	County: Capacity: Initial: After 12 months: # of FTE:
☐ Housing Tenancy and Sustaining Services	County: Capacity: Initial: After 12 months: # of FTE:	County: Capacity: Initial: After 12 months: # of FTE:	County: Capacity: Initial: After 12 months: # of FTE:	County: Capacity: Initial: After 12 months: # of FTE:	County: Capacity: Initial: After 12 months: # of FTE:
☐ Short-term Post Hospitalization	County: Capacity: Initial: After 12 months: # of FTE:	County: Capacity: Initial: After 12 months: # of FTE:	County: Capacity: Initial: After 12 months: # of FTE:	County: Capacity: Initial: After 12 months: # of FTE:	County: Capacity: Initial: After 12 months: # of FTE:





	County:	County:	County:	County:	County:
	Capacity:	Capacity:	Capacity:	Capacity:	Capacity:
Recuperative Care	Initial:	Initial:	Initial:	Initial:	Initial:
(Medical Respite)	After 12 months:				
	# of FTE:				
	County:	County:	County:	County:	County:
	Capacity:	Capacity:	Capacity:	Capacity:	Capacity:
☐ Day Habilitation	Initial:	Initial:	Initial:	Initial:	Initial:
Programs	After 12 months:				
	# of FTE:				
	County:	County:	County:	County:	County:
☐ Nursing Facility	Capacity:	Capacity:	Capacity:	Capacity:	Capacity:
Transition to Assisted	Initial:	Initial:	Initial:	Initial:	Initial:
Living such as RCFE and ARF	After 12 months:				
7444	# of FTE:				
	County:	County:	County:	County:	County:
☐ Community Transition	Capacity:	Capacity:	Capacity:	Capacity:	Capacity:
Services/Nursing Facility Transition	Initial:	Initial:	Initial:	Initial:	Initial:
Services to a Home	After 12 months:				
	# of FTE:				
	County:	County:	County:	County:	County:
	Capacity:	Capacity:	Capacity:	Capacity:	Capacity:
Personal Care and	Initial:	Initial:	Initial:	Initial:	Initial:
Homemaker Services	After 12 months:				
	# of FTE:				
	County:	County:	County:	County:	County:
☐ Environmental	Capacity:	Capacity:	Capacity:	Capacity:	Capacity:
Accessibility	Initial:	Initial:	Initial:	Initial:	Initial:
Adaptations or Home Modifications	After 12 months:				
	# of FTE:				





	County:	County:	County:	County:	County:
☐ Medically Supportive	Capacity:	Capacity:	Capacity:	Capacity:	Capacity:
Meals and Medically	Initial:	Initial:	Initial:	Initial:	Initial:
Tailored Meals	After 12 months:				
	# of FTE:				
	County:	County:	County:	County:	County:
	Capacity:	Capacity:	Capacity:	Capacity:	Capacity:
☐ Sobering Centers	Initial:	Initial:	Initial:	Initial:	Initial:
-	After 12 months:	After 12 months:	After 12 months:		
	# of FTE:				
	County:	County:	County:	County:	County:
	Capacity:	Capacity:	Capacity:	Capacity:	Capacity:
☐ Asthma Remediation	Initial:	Initial:	Initial:	Initial:	Initial:
ı	After 12 months:	After 12 months:	After 12 months:		
	# of FTE:				
			County:	County:	County:
	County:	County:	County	country	,
	County:Capacity:	County:	Capacity:	Capacity:	Capacity:
☐ Respite Services			Capacity:		
☐ Respite Services	Capacity:	Capacity:	Capacity:	Capacity:	Capacity:
☐ Respite Services	Capacity:	Capacity: Initial: After 12 months:	Capacity: Initial: After 12 months:	Capacity:	Capacity: Initial: After 12 months:
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☐ Respite Services Please identify capacity I	Capacity: Initial: After 12 months: # of FTE:	Capacity: Initial: After 12 months: # of FTE:	Capacity: Initial: After 12 months: # of FTE:	Capacity: Initial: After 12 months: # of FTE:	Capacity: Initial: After 12 months: # of FTE:
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Please list all NPIs, addresses and counties that you will be servicing for CS

NPI	Address	County