

**CalAIM Providing Access and Transforming Health
Technical Assistance Marketplace
TA Marketplace Applicant Eligibility Attestation Form**
Updated: 10/16/23

PLANNING TO CONTRACT:

**Organizations Planning to Contract with a Managed Care Plan (MCP) or Other Entity to
Provide Enhanced Care Management (ECM) and/or
Community Supports Services or Actively Exploring the Possibility of Contracting with
an MCP**

The Providing Access and Transforming Health (PATH) Technical Assistance (TA) Marketplace makes it possible for providers, community-based organizations, local governmental entities, such as city and county agencies, Medi-Cal Tribal Designees and Indian Health Programs and others to access TA resources to help strengthen their capacity to provide high quality Enhanced Care Management (ECM) and Community Supports services for Medi-Cal members.

To be eligible to receive TA through the CalAIM PATH TA Marketplace, an applicant organization must meet one of the eligibility options identified below:

- **Contracted** with a Managed Care Plan (MCP) or other entity to provide ECM/Community Support services
- **Planning to Contract** with an MCP or other entity to provide ECM/Community Support services or actively exploring that possibility with an MCP or other entity
- **Approved by DHCS** to receive TA

A signed Attestation Form must be uploaded to your organization's TA Recipient Eligibility Application to complete the application.

Organizations that meet the "Planning to Contract" eligibility criteria must also provide a signed MCP attestation form. Please attest to your eligibility by signing below and by obtaining the signature of the MCP or other eligible entity with which your organization is engaged.

PLANNING TO CONTRACT. By signing this form, the applicant organization attests that it is eligible to receive TA through the CalAIM PATH TA Marketplace through the following option:

The applicant organization intends to contract with an MCP (or other eligible entity) to provide ECM/Community Supports services or is actively exploring the possibility of contracting with an MCP (or other eligible entity) to provide ECM/Community Supports services.

Applicant Organization

Name: _____

Contact Person and Title: _____

Contact Person Email: _____ Phone: _____

MCP (or other eligible entity) to be contracted with: _____

Signature from Applicant Organization: _____

Printed Name: _____

Date: _____

Supplemental MCP Attestation Form

By signing this form, the MCP or other eligible entity attests that the Applicant organization is eligible to receive TA through the CalAIM PATH TA Marketplace:

The MCP (or other eligible entity) intends to contract with the designated applicant organization to provide ECM/Community Supports services or is actively exploring the possibility of contracting with the designated applicant organization to provide ECM/Community Supports service.

Applicant Organization

Name: _____

MCP (or Other Eligible Entity)

Name: _____

Type of Entity: _____

Contact Person and Title: _____

Contact Person Email: _____ Phone: _____

Applicant Organization to be contracted with: _____

Signature from MCP (or other eligible entity): _____

Printed Name: _____

Date: _____