

CalAIM Providing Access and Transforming Health Initiative (PATH) Enhanced Care Management (ECM) Provider Eligibility Attestation Form

PLANNING TO CONTRACT. By signing this form, the applicant organization attests that it is eligible to receive CITED funding 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.

By signing this form, the applicant organization attests that Partnership HealthPlan of California has approved Nevada County Public Health California Children's Services to participate as a provider for ECM services on January 7, 2025, and that the contract is currently being developed, to be executed in Spring 2025 (not later than June 30, 2025).

Partnership HealthPlan of California has approved Nevada County Public Health California Children's Services to participate as a provider for ECM services in **Nevada County** for the **Child/Youth – Enrolled in CCS/CCS WCM** Populations of Focus.

Applicant Organization

Name: Nevada County Public Health California Children's Services

Contact Person and Title: Char Weiss Wenzl, Director of Nursing

Contact Person Email: charlene.weiss-wenzl@nevadacountyca.gov Phone: 530-265-7269
or 530-913-1460

MCP (or other eligible entity) to be contracted with: Partnership HealthPlan of California

Signature from Applicant Organization: 

Printed Name: Ryan Gruver

Date: 1/21/2025

Supplemental MCP Attestation Form

By signing this form, the MCP or other eligible entity attests that the Applicant organization is eligible to receive CITED funding through CalAIM PATH Initiative.

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: Nevada County Public Health California Children's Services

MCP (or Other Eligible Entity)

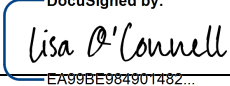
Name: Partnership Healthplan of California

Type of Entity: Managed Care Plan

Contact Person and Title: Lisa O'Connell - Director of Enhanced Health Services

Contact Person Email: Loconnell@partnershiphp.org Phone: 707-863-4431

Applicant Organization to be contracted with: Nevada County Public Health California Children's Services

Signature from MCP (or other eligible entity):  _____
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Printed Name: Lisa O'Connell

Date: 1/23/2025