

Career Pathways Training Program Provider Attestation

Providers may qualify individual facilities as a service commitment site for the Career Pathways Training (CPT) program either by attesting to serving a patient population that consists of at least 30% Medicaid and/or uninsured individuals or through one of New York State's approved Social Care Networks.

NOTE: Medicaid Members include individuals enrolled in NYS Medicaid's fee-for-service, managed care, or dual-eligible enrolled individuals.

Organization/Facility Name: _____

Health System (if applicable): _____

Organization/Facility Address: _____

Please select **one** of the following options to indicate how your organization qualifies:

1. ☐ My organization is an active Medicaid-enrolled provider with a patient population that was at least 30% Medicaid and/or uninsured members during **one** of the last three (3) years.
 - Qualifying Year (select one): ☐ 2022 ☐ 2023 ☐ 2024
 - # of Medicaid members: _____
 - # of uninsured individuals: _____
 - Total # of individuals served: _____

% of Medicaid and/or uninsured individuals: _____ %

Medicaid Provider ID Number: _____

2. ☐ My organization is a Social Care Network lead entity
3. ☐ My organization is a not-for-profit Community-Based Organization that is contracted with an SCN and is providing HRSN screening, referrals, and/or services.

Affiliated Social Care Network(s): _____

4. ☐ My organization is a contracted not-for-profit provider partner of an SCN and is providing HRSN screening, referrals, and/or services (e.g. health or behavioral health provider).

Affiliated Social Care Network(s): _____

I certify that the information provided above is true and accurate to the best of my knowledge and understand that any false or misleading information may result in disqualification from the CPT program.

Signature of Organization Executive: _____

Name (print): _____ **Title:** _____

Date: _____ **Phone:** _____ **Email:** _____