

MI Medicaid Community Health Worker Registry Application Guide

Contents

Contents

- MI Medicaid CHW Registry..... 3
 - Step-by-step Instructions for Completing an Application to the MI Medicaid CHW Registry..... 3
 - Step I: Acquire a NPI.....3
 - Step II: Gather Necessary Documents and Information..... 4
 - Step III: Complete the Application..... 4
 - 2. Start Application..... 6
 - 4. Address and Contact information.....9
 - 5. Qualification Criteria.....10
 - 6. Training Program and Work Experience Pathways..... 12
 - 9. Application Completion and Submission..... 19
- MI Medicaid CHW Registry: Work Experience Verification Form..... 21
- Core Consensus Project: Community Health Worker Core Competencies.....23

MI Medicaid CHW Registry

The MI Medicaid CHW Registry is a database of Community Health Workers (CHWs) who have met qualification criteria required to provide CHW services to Medicaid beneficiaries in Michigan. Individuals can become certified CHWs through either the CHW Training Program Pathway or the Work Experience Pathway. Before registration with the Community Health Automated Medicaid Processing System (CHAMPS) for Michigan Medicaid reimbursement, a CHW must be verified and added to the MI Medicaid CHW Registry.

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

1. Be 18 years of age or older;
2. Possess at least a high school diploma or high school equivalency diploma/certification;
3. Meet the CHW Training Program Pathway **or** the Work Experience Pathway criteria;
4. **Successfully complete an application to the MI Medicaid CHW Registry and be listed in good standing on the MI Medicaid CHW Registry***; and
5. Complete Medicaid provider enrollment through the Community Health Automated Processing System (CHAMPS).

*This guidance document is designed to assist with the application to the MI Medicaid CHW Registry. Please note that completing the application process to the MI Medicaid CHW Registry and being approved to be added to the MI Medicaid CHW Registry must occur prior to provider enrollment through CHAMPS.

Step-by-step Instructions for Completing an Application to the MI Medicaid CHW Registry.

Step I: Acquire a NPI

You must have a (Type 1) National Provider Identifier (NPI) as a Rendering/Service-Only Provider to complete your application through the MI Medicaid CHW Registry (instructions can be found on the National Plan & Provider Enumeration System webpage: <https://nppes.cms.hhs.gov/>)

How do I get a National Provider Identifier (NPI) number?

You must have a (Type 1) National Provider Identifier (NPI) as a Rendering/Service-Only Provider. Follow the steps provided here: [How to apply for an NPI online \(hhs.gov\)](#)

1. Follow the instructions to create an account. Once your account is created, sign in to your NPPES account
 - a. If you already have an NPPES account, you may log in to your existing account.
2. Follow [the instructions](#) for “Initial Application for Myself – Type 1”

3. For “Business Practice Location” use the information for the workplace or business you intend to deliver Medicaid CHW services through, and select the primary location. (You may need assistance from your employer or business to complete this section).
4. Under “Taxonomy” add “Community Health Worker” Code: 172V00000X (Found under “Individual or Groups” > “Other Service Providers” > “Community Health Worker”

Health Care Provider Taxonomy Code Set

Community Health Worker

Code	172V00000X
Name	Community Health Worker
Definition	Community health workers (CHW) are lay members of communities who work either for pay or as volunteers in association with the local health care system in both urban and rural environments and usually share ethnicity, language, socioeconomic status and life experiences with the community members they serve. They have been identified by many titles such as community health advisors, lay health advocates, “promotores(as), outreach educators, community health representatives, peer health promoters, and peer health educators. CHWs offer interpretation and translation services, provide culturally appropriate health education and information, assist people in receiving the care they need, give informal counseling and guidance on health behaviors, advocate for individual and community health needs, and provide some direct services such as first aid and blood pressure screening. Some examples of these practitioners are Community Health Aides or Practitioners established under 25 USC 1616 (l) under HHS, Indian Health Service, Public Health Service.
Notes	Source: Health Resources and Services Administration, US Department of Health and Human Services - National Workforce Study on Community Health Workers, March, 2007. [7/1/2007: new] http://bhpr.hrsa.gov/healthworkforce/chw/
Effective Date	10/1/2007

5. Once all information is entered, the system will run an error check. When all fields are completed and show in green, you are ready to submit your NPI application. Be sure to save or print the submission confirmation page.
6. You will receive your NPI number from NPPES through the contact information you provided in your NPI application.

Step II: Gather Necessary Documents and Information

Before starting, ensure you have all the necessary information available to complete the MI Medicaid CHW Registry Application. Here is a list of the information and documents will need to have:

- Full Name
- Date of birth
- Contact information and mailing address
- Social Security Number
- Year High School diploma or GED completed
- Individual (Type 1) National Provider Identifier (NPI) as a Rendering/Service-Only Provider (See instructions above in [Step I](#))
- Training program information (date of completion, name of training program provider)


Step III: Complete the Application

1. [Go to the MI Medicaid CHW Registry webpage](#)

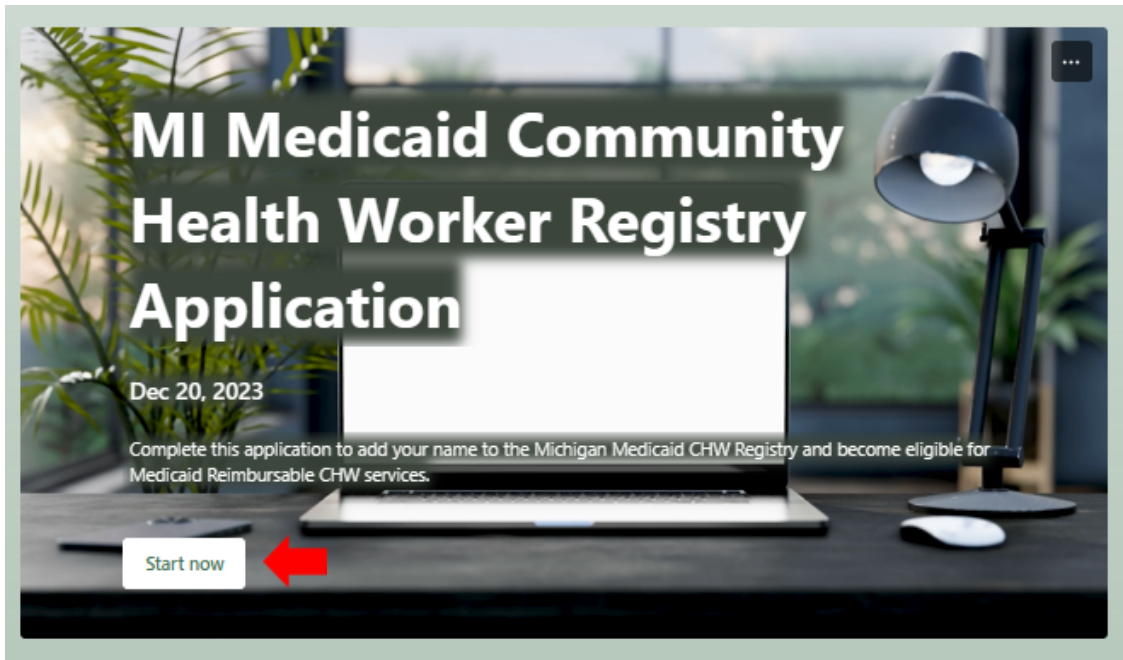
Go to the [MICHWA MI Medicaid CHW Registry](#) homepage and follow the step-by-step instructions for completing an Application to the MI Medicaid CHW registry. Under “Step 3: Complete the Application”, you will find the application link.

Step-by-Step Instructions for Completing an Application to the MI Medicaid CHW Registry:

- ➕ STEP 1: ACQUIRE A NATIONAL PROVIDER IDENTIFIER (NPI)
- ➕ STEP 2: GATHER NECESSARY DOCUMENTS AND INFORMATION
- STEP 3: COMPLETE THE APPLICATION

Go to the MI Community Health Worker Medicaid Registry online application and click on “*Start Now*” to complete your application*. 

To begin your application, click on “Start Now”



2. *Start Application*

Carefully review the start page information for instructions on how to complete the application and the information you will need to have available to complete the online application. This application may not allow saving information over multiple sessions before submission. Please ensure you have all the necessary information available before starting your application, which includes:

- Full Name
- Date of birth
- Contact information and mailing address
- Social Security Number
- Year High School diploma or GED was completed
- Individual (Type 1) National Provider Identifier (NPI) as a Rendering/Service-Only Provider (See instructions in [Step 1](#))
- Training program information (date of completion, name of training program provider)

When you are ready, click “Next” to begin.

Application Help

If you have any issues with the electronic application or need assistance with your application, contact the CHWRegistryHelp@mpca.net or call 1-517-381-8000 and select the option for “Help with MI Medicaid CHW Registry Applications”

****NOTE** – The question numbers that appear in this guide may vary from the question number in your live application. The number of questions may vary depending on your answer choices.

MI Medicaid Community Health Worker Registry Application

MI Medicaid Community Health Worker (CHW) Registry Application

This is the application to add your name to the Michigan Medicaid CHW Registry in order to be eligible for Medicaid Reimbursable CHW services. To be added to the registry, you must meet the following criteria:

- Be 18 years of age or older;
- Possess at least a high school diploma or high school equivalency diploma/certification;
- Meet the provider qualification criteria
- Have completed [this application](#) and be listed in good standing on the MI Medicaid CHW Registry

This application may not allow you to save information over multiple sessions before submitting. Please ensure you have all the necessary information available before starting your application.

- Full Name
- Date of birth
- Contact information (email/phone) and mailing address
- Social Security Number
- Year High School diploma or GED completed
- Individual (Type 1) National Provider Identifier (NPI) as a Rendering/Service-Only Provider (instructions can be found on the National Plan & Provider Enumeration System (NPPES) website: <https://nppes.cms.hhs.gov> or find additional instruction can be found in the MI Medicaid CHW Registry Guidance document.
- Training program information (date of completion, name of training program provider)


Please follow the instructions for each section until you complete your application. Make sure to hit "Submit" on the final section page to ensure that your application is submitted successfully.

Please note that the training program and work experience documents must be sent separately to MICHWA, which is the MDHHS designated Registry manager. Please follow the directions at the end of this application to submit these documents.

After submitting your application, you can expect it to be reviewed within five to seven business days. You will receive a confirmation email from MICHWA if any additional information or documentation is needed to complete your application review.

Once your application review is completed and approved, you will receive a notification by email, including your MI Medicaid CHW Registry Number.

MI CHW Registry Application Help: If you have any issues or have questions about this application, see the **MI Medicaid CHW Registry Application Guide**, or contact us at CHWRegistryHelp@mpca.net

Next 

3. *Enter your personal information.* You must provide your name, date of birth, nine-digit social security number, and ten-digit NPI number. These elements are required in order for your application to be reviewed or successfully approved.

* Required

Module 1: Applicant Information

1. First Name *

Enter your answer

2. Middle Name *

Enter your answer

3. Last Name *

Enter your answer

4. Date of Birth (MM/DD/YEAR) *

Please input date (M/d/yyyy)



5. Social Security Number (nine digits, no spaces or dashes) *

You must have a SSN to enroll in medicaid.

The value must be a number

6. NPI Number (ten digits - no spaces or dashes) *

You must have a (Type 1) National Provider Identifier (NPI) as a Rendering/Service-Only Provider Individual (Type 1) National Provider Identifier (NPI) as a Rendering/Service-Only Provider (instructions can be found on the National Plan & Provider Enumeration System (NPPES) website: <https://nppes.cms.hhs.gov> or find additional instruction can be found in the MI Medicaid CHW Registry Guidance document.

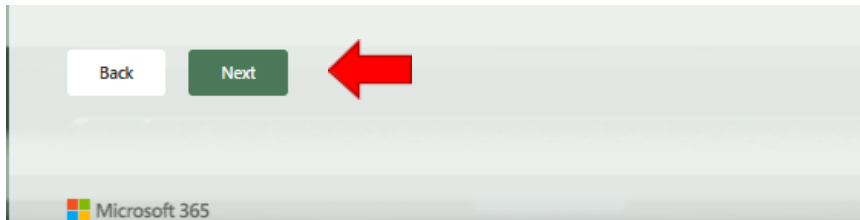
The value must be a number

If you do not have an NPI number, you will need to stop and acquire one. See [Step 1](#)

You may also provide additional information, such as your race and ethnicity, gender, pronouns, and primary language. This information is not required or used as criteria in your application

review. If you do not wish to share personal information for any of these questions, just select “decline to answer”. There is no penalty to your application if you decline to share this information about yourself.

When you have selected a response option for each question, click “Next” to save your information and move to the next section.

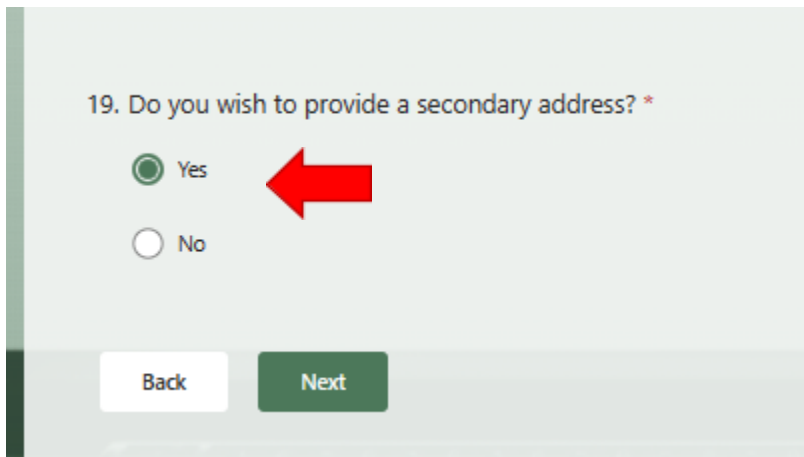


4. *Address and Contact information*

In this section, you must provide a primary address and contact information.

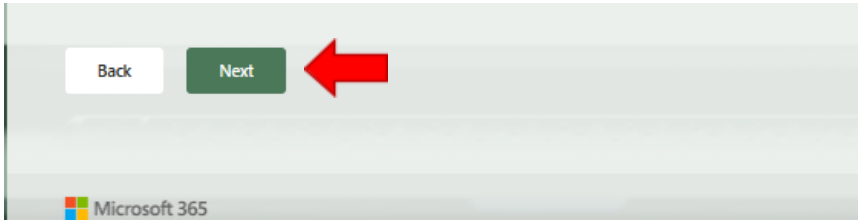
Primary Address and Contact Information: Please remember that the information you provide will be used to contact you regarding your application, your status on the registry, and any actions needed to maintain your good standing. You can use your home, business, or work address, but it is highly recommended that you choose the information that is least likely to change. Please note that if you decide to use an employer address or contact information such as a work email or phone number, you may not be able to receive communications from us should you leave that employer later on.

You may also provide a secondary address or contact (optional). If you wish to provide secondary contact information, click “Yes”. If you do not, click “no”.



Secondary Address and Contact Information: This information will be kept on file and used only as a backup to your primary contact if we cannot reach you using the primary address and contact information you provided. If you are using an employer address or contact information as your primary contact, we highly recommend providing secondary contact information.

After entering your primary address and contact information, and optional secondary contact information, click “Next” to proceed with your application.



5. *Qualification Criteria*

A high school diploma or general education development (GED) is required to qualify as an eligible Medicaid provider of CHW services in Michigan. Response to this question is required to proceed with your application.

A screenshot of a Microsoft 365 form titled "Module 3: Qualification Criteria". The form contains a question: "26. A High School Diploma or GED is required to qualify as an eligible Medicaid Provider of CHW Services. Have you obtained a high school diploma or a General Educational Development (GED) Certificate? *". Below the question are two radio button options: "Yes, I have my GED or High School Diploma" and "No, I do not have my GED or High School Diploma". At the bottom of the question area are "Back" and "Next" buttons. The Microsoft 365 logo is in the bottom left. A footer contains a disclaimer: "This content is created by the owner of the form. The data you submit will be sent to the form owner. Microsoft is not responsible for the privacy or security practices of its customers, including those of this form owner. Never give out your password. Microsoft Forms | AI-Powered surveys, quizzes and polls. Create my own form. The owner of this form has not provided a privacy statement as to how they will use your response data. Do not provide personal or sensitive information. | Terms of use".

If you do not have a GED or High school diploma click “no”. This will end your application, as you will not meet the eligibility criteria to provide services under the Medicaid Coverage of Community Health Worker (CHW)/Community Health Representative (CHR) Services policy [MMP 23-74](#).

* Required

Module 3: Qualification Criteria

26. A High School Diploma or GED is required to qualify as an eligible Medicaid Provider of CHW Services. Have you obtained a high school diploma or a General Educational Development (GED) Certificate? *

Yes, I have my GED or High School Diploma

No, I do not have my GED or High School Diploma

27. Unfortunately, having a high school diploma or a GED is required, per Medicaid Coverage of Community Health Worker (CHW)/Community Health Representative (CHR) Services policy MMP 23-74. *

End Application

Microsoft 365

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If you do have a high school diploma or GED, click “yes”. By clicking “Yes” you are attesting that you have acquired your high school diploma or GED. A high school diploma or GED is required to be eligible to provide Medicaid CHW services.

You will then be asked to specify what year your diploma or GED was received and provide information about any additional education you may have completed.

* Required

Module 3: Qualification Criteria

26. A High School Diploma or GED is required to qualify as an eligible Medicaid Provider of CHW Services. Have you obtained a high school diploma or a General Educational Development (GED) Certificate? *

Yes, I have my GED or High School Diploma

No, I do not have my GED or High School Diploma

27. If yes, what year did you obtain your diploma or GED? *

The value must be a number

28. What is your highest level of education completed? *

High School/GED

Technical Degree

Some College (incomplete/in progress)

College/University (Associate or Bachelors)

Advanced Degree (Masters or Doctoral)

Back Next

Microsoft 365

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After you have responded to the education questions in the Qualification Criteria, click “Next” to move on to the next module.

6. *Training Program and Work Experience Pathways*

To be added to the MI Medicaid CHW registry, you must complete an MDHHS–approved CHW training program or CHR training or otherwise meet the **Training Program Pathway** criteria by December 31, 2025, to maintain your eligibility to continue delivery of CHW services for Medicaid reimbursement.

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

What is an MDHHS Approved CHW Training Program?

Several organizations offer quality Community Health Worker training programs that provide foundational skills and knowledge and may also prepare students for state or national certification standards. To meet Training Program criteria set out by MDHHS policy [MMP 23-74](#), training programs must provide adequate instructional content aligned with The Community Health Worker Core Consensus Project (<https://www.c3project.org/>). A complete list of these competencies are included in [Appendix B](#) of this application guide. For CHR, the Indian Health Services provides the approved Community Health Representative E-Learning modules through their website <https://www.ihs.gov/chr/chrtraining/>, or you can contact your [IHS CHR Area Office Consultant](#) for more information.

MDHHS's delegated registry partners will continuously review CHW training programs submitted with applications and assess each program to ensure it meets instructional content criteria. As programs are approved, MDHHS will produce a list of approved CHW training programs that have been verified to meet the Training Program Pathway criteria

In this section, you can submit information about your training program and/or work experience to be considered as part of your application. You may choose to provide only your training program information, only work experience information, or both. To be added to the MI Medicaid CHW Registry, you must provide information that meets either the Training Program or Work Experience pathway criteria.

Note: Work Experience qualifications alone will only enable temporary eligibility to deliver CHW services for reimbursement. You must demonstrate completion of an approved training before December 31, 2025, to remain eligible to deliver CHW services for reimbursement through Medicaid.

7. [Training Program Pathway](#)

Based on your response to the question: (Have you ever completed a Community Health Worker or Community Health Representative Training?) you will be prompted to provide supportive information.

* Required

Module 4: Training Program & Work Experience

To be added to the MI Medicaid CHW registry, a CHW must complete an MDHHS approved CHW or CHR training program or otherwise meet the Training Program Pathway criteria by December 31, 2025, to maintain their eligibility to continue delivery of CHW services for Medicaid reimbursement.

To meet Training Program Pathway criteria set out by MDHHS policy MMP 23-74, training programs must provide adequate instructional content aligned with The Community Health Worker Core Consensus Project (<https://www.c3project.org/>) or are approved Community Health Representative training programs through the Indian Health Service (<https://www.ihs.gov/chr/chrtraining/>). MDHHS and its delegated registry partners will continuously review CHW training programs to add to the list of MDHHS approved CHW training programs.

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

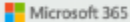
In the section below, you will have the opportunity to provide information regarding CHW or CHR training programs you have completed, as well as any work experience you wish to have considered as part of your application.

29. Have you completed any Community Health Worker (CHW) or Community Health Representative (CHR) Training? *

Yes - I have completed a community health worker (CHW) training program

Yes - I have completed a Community Health Representative (CHR) Training through the Indian Health Service.

No - I have not completed a CHW or CHR training program.

 Microsoft 365

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- a. **If you click “No – I have not completed a CHW or CHR training program “ You will proceed to [Step 8 Work Experience Pathway](#)**
- b. **If you click “Yes, I have completed a CHW training program,” You will then be prompted to provide information regarding the CHW training program. You will need to have ready:**
 - Name of the Training Program
 - Name of the organization the training program was provided through (Training Program Provider)
 - Four-digit year training program was completed

24. Please enter the **entire name of the training provider** and **training program** in the text box below. Please be as accurate as you can be to provide the reviewer with adequate information.

Enter your answer

25. Enter the year of program completion: (4 digits - no spaces or dashes) *

Enter your answer

- c. **If you click “Yes, I have completed a CHR Training through the Indian Health Service”:** You will then be prompted to provide information regarding your completed CHR Training modules. You may select more than one CHR Training module to represent all of the training you have completed.

23. Have you completed any Community Health Worker (CHW) or Community Health Representative (CHR) Training? *

- Yes - I have completed a community health worker (CHW) training program
- Yes - I have completed a Community Health Representative (CHR) Training through the Indian Health Service.
- No - I have not completed a CHW or CHR training program.

24. Please identify the Community Health Representative Training through the Indian Health Service that you have completed. Check all that apply.

- Indian Health Services (IHS) CHR Basics
- Indian Health Services (IHS) CHR Core Skills
- Indian Health Services (IHS) CHR Advanced - Bemidji Region
- Indian Health Services (IHS) CHR Advanced - Other Region than Bemidji
- Other

If you do not see your E-Learning module or other IHS CHR Training listed, select “other” and provide the title of the training you wish to provide information for.

- d. **Instruction for submitting training program information:** If you selected “Yes’ to completing a CHW or CHR Training Program, you will arrive at this page. **Read these instructions carefully.** Your application will not proceed in the review process until you have provided the necessary training program completion documentation.

⋮


34. **To ensure that your application for the MI Medicaid CHW is reviewed, you will need to submit the following documents to mychwregistry@michwa.org within the next 30 days:**

- A copy of the completion certificate, transcript or other similar proof of completion issued from the training program.
- Ensure your **full name** is either on the documents or contained in the body of the email. It is important we are able to match the documents to your application.

Important notes:

Submitting additional training program completions: If you have two or more training programs you wish to have reviewed or considered as part of your application, send the additional completion certificates for each program. Be sure your full name is either on the documents or in the body of the email, as well as the name of the training program.

Missing or unavailable completion certificates or training program documents: We understand that there may be situations where you cannot access a completion certificate or similar proof of completion from a training program. In such cases, please provide a brief explanation of the circumstances instead of the documents. You may also choose to provide a work experience verification as part of this application to expedite your approval to the registry temporarily while the training program is under review. *

 Yes, I understand my application cannot proceed in the review process until I have submitted the information described above to mychwregistry@michwa.org.

After you have thoroughly reviewed this information, Click the attestation statement to confirm you understand that for review of your application to proceed, you must provide the necessary supportive documents within 30 days of submitting the application.

- e. Next you will be offered the option to provide work experience information in addition to your training program information. If you have already provided training program information, it may not be necessary to provide work experience. However, you may opt to submit information through the Work Experience Pathway in addition to your Training Program Pathway if you are concerned that your training program does not meet the policy criteria and would not be approved. By submitting work experience, you may be eligible for temporary approval to the registry as your training program undergoes review.

26. **Would you like to provide information about your work experience?** You may be eligible for temporary eligibility even if your training program is not approved or is under review. If you have at least 1000 hours of work or volunteer experience within the last three years as a CHW or CHR, you may provide work experience information for consideration. *

Yes - I would like to provide a work experience

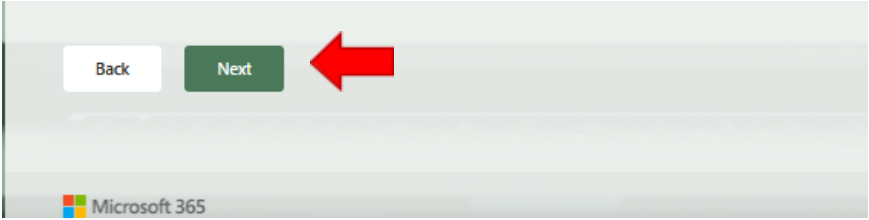
No - I do not have work experience to provide

Back Next

Click “yes” if you wish to provide a Work Experience and proceed to [Step 8 Work Experience Pathway](#) instructions.

Click “no” if you do not wish to provide a Work Experience move on to [Step 9 Application Completion and Submission](#).

After you have made your selection, and completed the Training Program and Work Experience Section, click “Next” to move on.



8. *Work Experience Pathway*

To have a work or volunteer experience considered for temporary eligibility to seek reimbursement for CHW services, you will need to download the [Work Experience Verification Form](#) for completion and signature by your current or prior employer or organization where the work experience occurred. Instructions for completing this form can be found in Appendix A of this guide document, or on the [MICHWA MI Medicaid CHW Registry webpage](#).

* Required

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 meet 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 temporarily approved to the registry through the Work Experience Pathway must complete an MDHHS-approved CHW training program or otherwise meet the Training Program Pathway criteria by December 31, 2025, to maintain their eligibility to continue delivery of CHW services for Medicaid reimbursement.

24. **Experiential Learning Hours:** To have work/volunteer experience considered to meet the Work Experience Pathway criteria, you will need to download and complete this Work Experience Verification form, available for download on the MI Medicaid CHW Registry Home Page or from the MI Medicaid CHW Registry Application Guide. You may provide multiple forms for each employer or volunteer experience you wish to have counted toward experiential hours. Note that at least 1,000 hours of experience must have occurred within the last three years from the time of this application. You must email it to mychwregistry@michwa.org. Make sure the form is filled out completely to ensure the information can be fully attributed to your application.

*

- Yes, I will submit Work Experience Forms to mychwregistry@michwa.org within 30 days. I understand that my application may not proceed in the review process until this documentation is submitted.
- No, I will not be able to provide work or volunteer experience verification information. I understand that I will need to be able to demonstrate completion of a MDHHS training program to be considered for the MI Medicaid CHW Registry.

Back

Next



Once you have downloaded the [Work Experience Verification form](#), click the corresponding response (“yes” or “no”) to confirm you understand that the verification form will need to be sent to mychwregistry@michwa.org within 30 days of your submitting your application.

Plan to complete a MDHHS-approved Training Program: If you did not provide Training Program Pathway information in your application (did not provide any training program information, just

work experience), you will need to provide a plan for how you will complete an MDHHS-Approved Training Program. Please provide adequate information for the reviewer to understand your plan of action. (If you have already completed a training program, and included that information in your application, simply enter "N/A" in the text box.)

37. Plan for Completing an MDHHS-Approved Training Program: Please briefly describe your plan to complete an MDHHS-approved CHW or CHR training program before December 31, 2025. *

I plan to enroll in one of the MDHHS-approved training programs this spring. My employer has offered to cover the cost of the program. I plan to complete the program at my own pace with a target completion date of January 2025.

Back Next 

9. Application Completion and Submission

Review the final action steps on the application completion page.

Completion of Application

Thank you for completing your application to the MI Medicaid CHW Registry!

Important Action:

Email any training program or work experience documents within 30 days to this email: mychwregistry@michwa.org. This should include:

- Completion certificates, transcripts, or similar proof of completion documents from your training program
- Completed Work Experience Verification Form(s)
- Any explanations for missing training program completion documents


Upon sending in the necessary training or work experience documentation, you can expect your full application to be reviewed within seven to ten business days.

You will receive a confirmation email within two business days that your application has been received. You may receive an additional message within five to seven business days if any additional information or documentation is needed to complete your application review.

Once the application review is completed, you will receive a notification by email, including your MI Medicaid CHW Registry Number if your application has been approved. The Registry number verifies that you have been added to the Michigan Medicaid CHW Registry.

Questions? If you have any issues or questions about the registry or the application process, please email: mychwregistry@michwa.org

MAKE SURE YOU HIT SUBMIT BELOW:

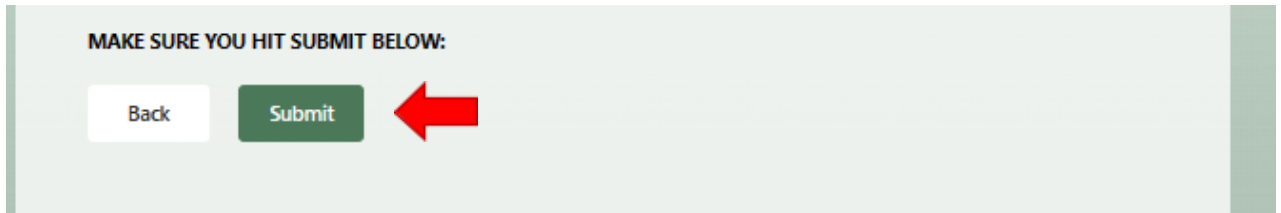
Back Submit 

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Do not forget to click “SUBMIT” to submit your completed application for review. If you do not click “submit” your application will not be received. You may also click “back” if you wish to review or change information before submitting.



Congratulations - You have completed your application!

What happens next?

1. **Send in information:** Email any training program or work experience documents within 30 days to this email: mychwregistry@michwa.org.

This may include:

- Completion certificates, transcripts, or similar proof of completion documents from your training program
- Completed Work Experience Verification Form(s)
- Any explanations for missing training program completion documents

Upon sending in the necessary training or work experience documentation, you can expect your full application to be reviewed within seven to ten business days.

2. **Watch for communications and respond in a timely manner:** You will receive confirmation of your application submission within 2 business days of submission. Your application reviewer may reach out if additional information is needed. They may reach out to you by email or phone. Watch out for those communications, so your application can be reviewed and approved as quickly as possible.
3. **Receive Confirmation:** Every applicant will receive confirmation of their approval or denial to the MI Medicaid CHW Registry. If you are approved to be added to the MI Medicaid CHW Registry, you will also receive a registry number. This number will be important to have when you proceed to enroll with Michigan Medicaid. You can find more information about Enrollment through the MDHHS Provider Enrollment webpage : <https://www.michigan.gov/mdhhs/doing-business/providers/providers/medicaid/provider-enrollment/data/pe-pages/step-by-step-enrollment-guides/rendering-servicin>

MI Medicaid CHW Registry: Work Experience Verification Form

To qualify to be added to the MI Medicaid CHW Registry and be eligible to provide Medicaid Community Health Worker (CHW) services you must have completed an approved CHW training program or have at least 1,000 hours of work or volunteer learning experience as a Community Health Worker within the last three years.

Complete this form to provide verification of work experience or volunteer learning experiences.

- Part A should be completed by the applicant (i.e., CHW that wishes to verify their experience in order to be added to the MI Medicaid CHW Registry.)
- Part B of this form should be completed and signed by a current or former supervisor or other authorized representative of the organization where the work or volunteer experience occurred.
- Once Part A and Part B are completed, send a signed copy of the form to: mychwregistry@michwa.org. Electronic or scanned signatures are acceptable.

Part A: TO BE COMPLETED BY THE APPLICANT :			
First Name:	Last Name:		
Middle Name:	Maiden Name/other legal name:		
Please provide information on the employer or agency for which the above individual has completed work or volunteer experience.			
Name of Organization/Agency	Name of Supervisor		
Date(s) of Experience (MO/YR to MO/YR)	Supervisor's Telephone ()	Supervisor's Email:	
Work Address (Street Address) (City) (State) (Zip Code) (County):			
Type of Organization (check one)			
<input type="checkbox"/> Community-Based Organization <input type="checkbox"/> Clinic/Hospital	<input type="checkbox"/> College/University/School <input type="checkbox"/> Faith-Based Organization	<input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Local Health Department	<input type="checkbox"/> State Agency <input type="checkbox"/> Other (specify)

Type of Organization (cont'd)	
Organization Telephone () -	Organization Website:
CHW Job/Role Title:	Total Number of CHW Experience Hours:

<p>Skills Verification: Please indicate which core CHW skills were practiced during the work experience or volunteer service with this organization. (Check All That Apply. For a list of definitions, see the next page)</p> <p><input type="checkbox"/> Communication Skills</p> <p><input type="checkbox"/> Interpersonal and Relationship-Building Skills</p> <p><input type="checkbox"/> Service Coordination and Navigation Skills</p> <p><input type="checkbox"/> Capacity Building Skills</p> <p><input type="checkbox"/> Advocacy Skills</p> <p><input type="checkbox"/> Education and Facilitation Skills</p> <p><input type="checkbox"/> Individual and Community Assessment Skills</p> <p><input type="checkbox"/> Outreach Skills</p> <p><input type="checkbox"/> Professional Skills and Conduct</p> <p><input type="checkbox"/> Evaluation and Research Skills</p> <p><input type="checkbox"/> Knowledge Base</p>
<p>PART B: TO BE COMPLETED BY AGENCY/ORGANIZATION REPRESENTATIVE:</p> <p>Agency/Organization Representative - Verification Attestation</p>
<p>By signing below, I confirm that to the best of my knowledge, the information above accurately represents the experience of the applicant CHW with the Agency/Organization I represent.</p>
<p>Name of Representative:</p>
<p>Representative Phone Number:</p>
<p>Representative Email:</p>
<p>Signature:</p>
<p>Date:</p>

Core Consensus Project: Community Health Worker Core Competencies

These definitions come from the National Community Health Worker Core Consensus Project. [Home | CHW Core Consensus Project \(c3project.org\)](#)

- Communication Skills
 - Ability to use language confidently
 - Ability to use language in ways that engage and motivate
 - Ability to communicate using plain and clear language
 - Ability to communicate with empathy
 - Ability to listen actively
 - Ability to prepare written communication including electronic communication (e.g., email, telecommunication device for the deaf)
 - Ability to document work
 - Ability to communicate with the community served (may not be fluent in language of all communities served)
- Interpersonal and Relationship-Building Skills
 - Ability to provide coaching and social support
 - Ability to conduct self-management coaching
 - Ability to use interviewing techniques (e.g. motivational interviewing)
 - Ability to work as a team member
 - Ability to manage conflict f. Ability to practice cultural humility
- Service Coordination and Navigation Skills
 - Ability to coordinate care (including identifying and accessing resources and overcoming barriers)
 - Ability to make appropriate referrals
 - Ability to facilitate development of an individual and/or group action plan and goal attainment
 - Ability to coordinate CHW activities with clinical and other community services
 - Ability to follow-up and track care and referral outcomes
- Capacity Building Skills
 - Ability to help others identify goals and develop to their fullest potential
 - Ability to work in ways that increase individual and community empowerment
 - Ability to network, build community connections, and build coalitions
 - Ability to teach self-advocacy skills
 - Ability to conduct community organizing.

- Advocacy Skills
 - Ability to contribute to policy development
 - Ability to advocate for policy change
 - Ability to speak up for individuals and communities
- Education and Facilitation Skills
 - Ability to use empowering and learner-centered teaching strategies
 - Ability to use a range of appropriate and effective educational techniques
 - Ability to facilitate group discussions and decision-making
 - Ability to plan and conduct classes and presentations for a variety of groups
 - Ability to seek out appropriate information and respond to questions about pertinent topics
 - Ability to find and share requested information
 - Ability to collaborate with other educators
 - Ability to collect and use information from and with community members
- Individual and Community Assessment Skills
 - Ability to participate in individual assessment through observation and active inquiry
 - Ability to participate in community assessment through observation and active inquiry
- Outreach Skills
 - Ability to conduct case-finding, recruitment and follow-up
 - Ability to prepare and disseminate materials
 - Ability to build and maintain a current resource inventory
- Professional Skills and Conduct
 - Ability to set goals and to develop and follow a work plan
 - Ability to balance priorities and to manage time
 - Ability to apply critical thinking techniques and problem solving
 - Ability to use pertinent technology e. Ability to pursue continuing education and life-long learning opportunities
 - Ability to maximize personal safety while working in community and/or clinical settings
 - Ability to observe ethical and legal standards (e.g. CHW Code of Ethics, Americans with Disabilities Act [ADA], Health Insurance Portability and Accountability Act [HIPAA])
 - Ability to identify situations calling for mandatory reporting and carry out mandatory reporting requirements
 - Ability to participate in professional development of peer CHWs and in networking among

CHW groups

- Ability to set boundaries and practice self-care
- Evaluation and Research Skills
 - Ability to identify important concerns and conduct evaluation and research to better understand root causes
 - Ability to apply the evidence-based practices of Community Based Participatory Research (CBPR) and Participatory Action Research (PAR)
 - Ability to participate in evaluation and research processes including:
 - Identifying priority issues and evaluation/ research questions
 - Developing evaluation/research design and methods
 - Data collection and interpretation
 - Sharing results and findings
 - Engaging stakeholders to take action on findings
- Knowledge Base
 - Knowledge about social determinants of health and related disparities
 - Knowledge about pertinent health issues
 - Knowledge about healthy lifestyles and self-care
 - Knowledge about mental/behavioral health issues and their connection to physical health
 - Knowledge about health behavior theories
 - Knowledge of basic public health principles
 - Knowledge about the community served
 - Knowledge about United States health and social service systems