



California Telehealth Network Checklist of Information Needed Participant Funding Eligibility Checklist

Eligibility Documentation Requirement

For convenience we have created a checklist of certifications and licenses to assist organizations in completing the documentation of eligibility requirement.

The primary types of health care providers who are eligible for funding under the Rural Health Care Pilot Program (RHCPP) are public and not-for-profit health care providers. If you are *not* a public or not-for-profit health care provider, please see the first page of the “Frequently Asked Questions and Explanation” document for other qualifying organization and service types.

Organization Name: _____

Primary Contact Name & Telephone Number: _____

1. Are you a Public or Not-for-Profit Health Care Provider?

- Public Health Care Provider
 Not-for-Profit Health Care Provider
 No, Please specify: _____
Other? _____

2. Documentation (provide all that are available to your agency)

Tax ID number: _____
OSHPD Number: _____
National Provider ID: _____
Clinic License # (from CA Department of Public Health): _____
Hospital License # (from CA Department of Public Health): _____
Other License(i.e. Dept. of Mental Health): _____ (attach documentation)

(Your identifier numbers are needed for documenting what type of organization you represent (i.e. a Not-for-Profit Health Care Provider etc.))

Below is a list of publicly available license information through the Office of Statewide Health Planning (OSHPD) Automated Licensing Information and Report Tracking System (ALIRTS). If you are able to check one or more of the boxes below then you do not need to submit any eligibility documentation at this time. We will use ALIRTS to document your eligibility. If you are unsure whether you have one of the licenses listed below you can search for your health care facility’s license type(s) at the following website:

<https://www.alirts.oshpd.ca.gov/AdvSearch.aspx>

3. Please check all that apply.

Hospital Licensures

- GAC-General Acute Care
 CDRH-Chemical Dependency Recovery Hospital
 PSYCH-Acute Psychiatric Facility
 PHF-Psychiatric Health Facility

Primary Care Clinic Licensures

- FQHC
- COMM-Community Clinic
- FREE-Free Clinic
- Community Health Center

Specialty Care Clinic Licensures

- CDC-Chronic Dialysis Clinic
- REHAB-Rehabilitation Clinic
- PSYC-Psychology Clinic
- SURG-Surgery Clinic
- ABC-Alternate Birthing Center

**California Telehealth Network
Participant Funding Eligibility Checklist (cont'd)**

If your organization is not licensed by the state under one of the categories listed above, please submit evidence that your organization is involved in the provision of health care when you return your signed LOA. Acceptable documentation can include, but is not limited to the following:

- CMS Certified Rural Health Clinic
- Federally Qualified Health Center
- Federally Qualified Health Center Look-alike
- JCAHO Certification (must also be public or not-for-profit)
- Local Health Department or Agency documentation
- Mobile clinic documentation
- Documentation of onsite medical provider at school-based health center
- Documentation that your facility provides health care on a part-time basis even though you are not a typical health care facility