

Enrollment for Qualified Autism Service (QAS) Provider Organizations/Individuals using PAVE

ENROLLMENT AS A QAS PROVIDER

- » The following slides apply to organizations applying for enrollment as a Qualified Autism Services (QAS) Provider.
 - This includes organizations composed of only one practitioner.
- » These slides do not apply to providers enrolled as any of the following provider types – physician, psychologist, physical therapist, occupational therapist, licensed marriage and family therapist, licensed clinical social worker, licensed professional clinical counselor, speech-language pathologist, and audiologist.
- » Providers enrolled as one of these types do not submit a QAS application and will not report Board Certified Behavior Analysts (BCBA), QAS professionals, or QAS paraprofessionals that will provide services.

TOPICS COVERED

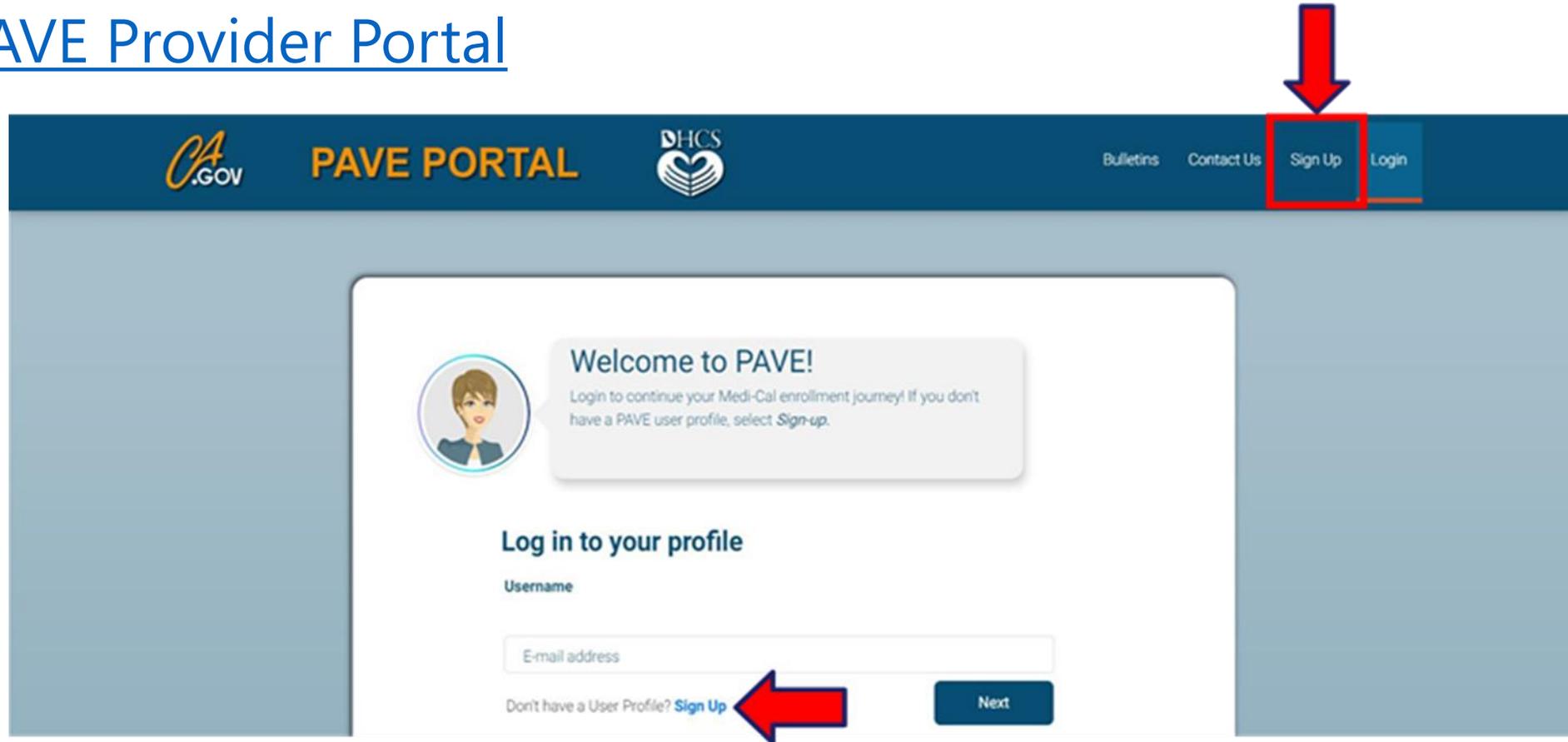
1. Getting Set Up in the PAVE Enrollment System
2. PAVE Questionnaire to Start a QAS Application
3. Relevant Medi-Cal Enrollment Requirements
4. Additional Resources

GETTING SET UP IN PAVE FOR FIRST TIME USERS

- » PAVE 101 Training Slides:
<https://www.dhcs.ca.gov/provgovpart/Pages/PAVE-101-Training-Slides.aspx>
- » PAVE IS THE NAME OF THE ONLINE APPLICATION SYSTEM TO SUBMIT APPLICATIONS FOR FEE-FOR-SERVICE MEDI-CAL

ACCESS PAVE AT <https://pave.dhcs.ca.gov>

» [PAVE Provider Portal](#)



STEP 1 OF PAVE USER SIGN-UP PROCESS

» To begin, click on "Sign Up."

The screenshot shows the PAVE Portal website. The top navigation bar is dark blue and contains the following elements from left to right: the CA.GOV logo, the text "PAVE PORTAL", the DHCS logo, and a list of links: "Bulletins", "Contact Us", "Sign Up", and "Login". The "Sign Up" link is highlighted with a red box, and a red arrow points down to it from above. Below the navigation bar is a white content area. On the left is a circular profile picture of a woman. To its right is a grey box with the text "Welcome to PAVE!" and "Login to continue your Medi-Cal enrollment journey! If you don't have a PAVE user profile, select [Sign-up](#)." Below this is the heading "Log in to your profile" and the label "Username". There is an input field for "E-mail address". Below the input field is the text "Don't have a User Profile? [Sign Up](#)" and a blue "Next" button. A red arrow points left to the "Sign Up" link.

STEP 2 OF PAVE USER SIGN-UP PROCESS

» Complete the required information and click “NEXT.”

← → ↻ 🔒 pave.dhcs.ca.gov/sso/register.do 🔍 ☆

Sign Up

First name: Sandy Last name: Lee

Username: sandy.lee@protonmail.com

Password: ***** Confirm: *****

Enter your phone number. I prefer that you use your personal cell number so I can send you a text message just in case you forget your password. Don't worry, I will safeguard this number and will not give it out to anyone.

Example: include area code, (999) 888-7777

Phone number: (555) 555-5555

Recovery email address: sandy.lee@protonmail.com

✓ I'm not a robot reCAPTCHA

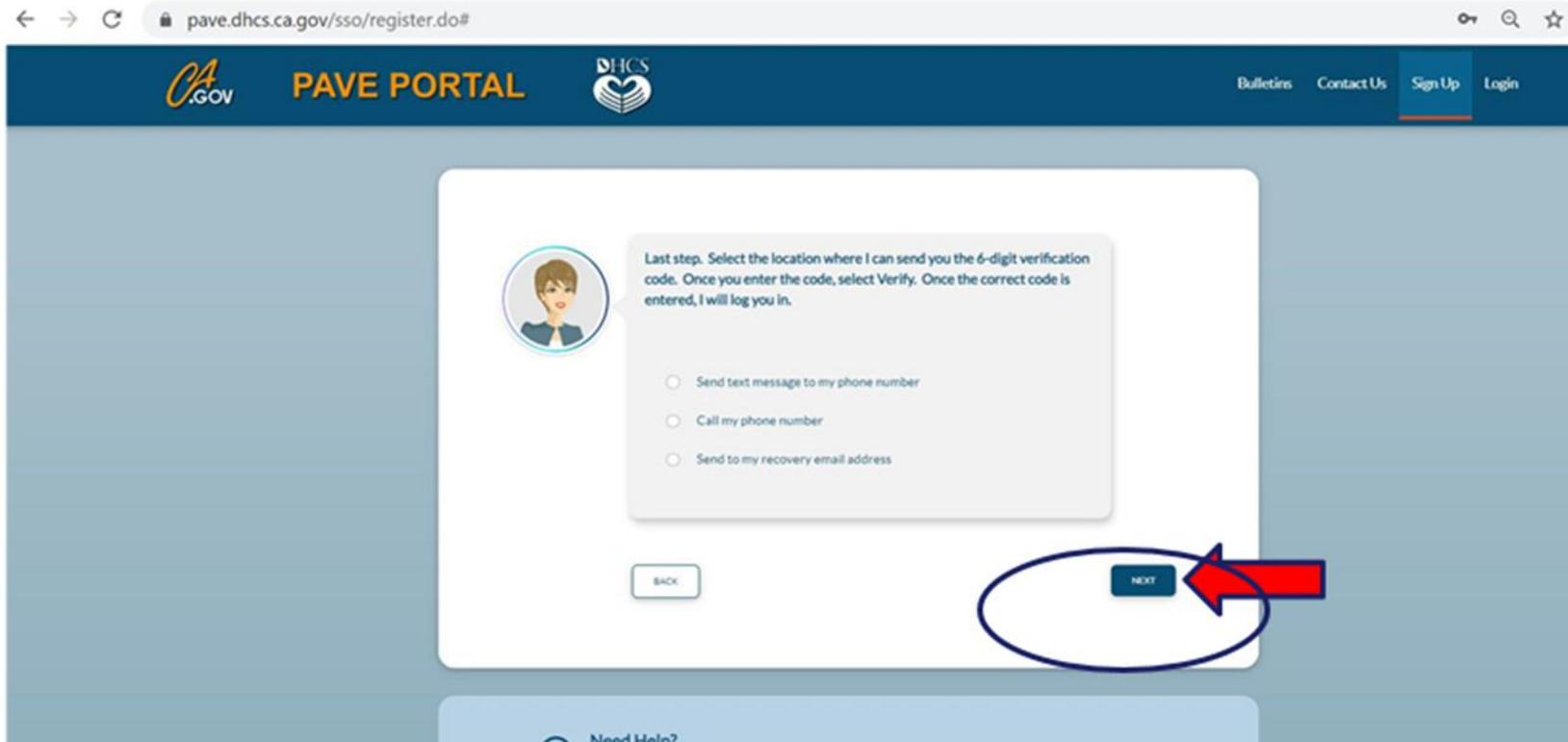
By selecting Next, you agree to the [Terms & Conditions](#) for PAVE Portal.

NEXT

PAVE Portal SSO Version: 5.0.0.0 - Build Number: 226
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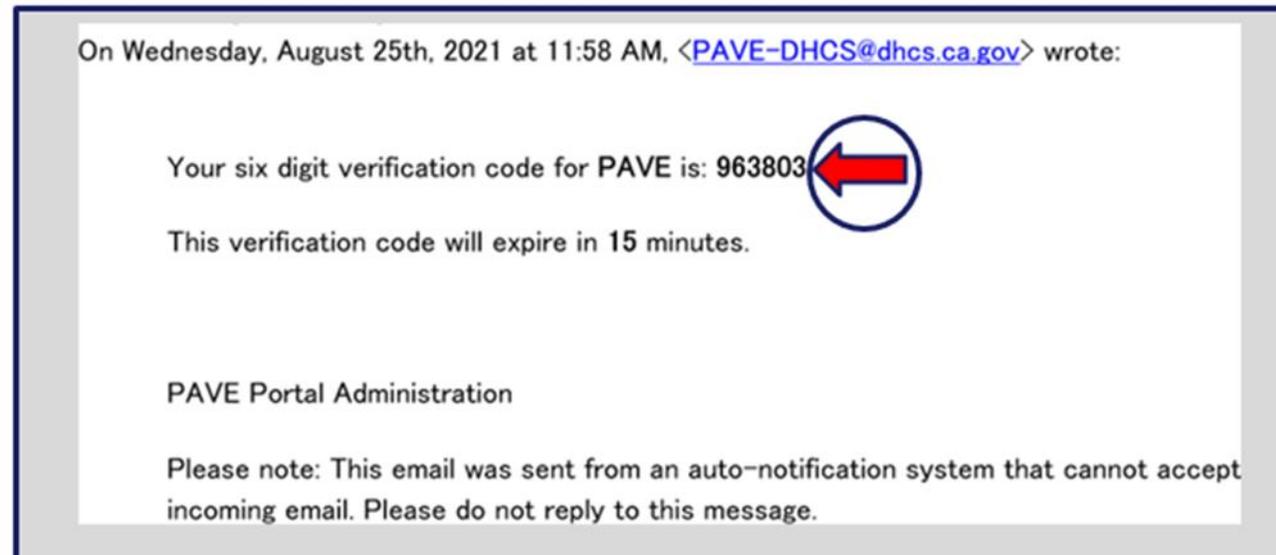
STEP 3 OF PAVE USER SIGN-UP PROCESS

- » You will be prompted to select how you wish to receive the six-digit verification code, after selecting the preferred option click "NEXT."



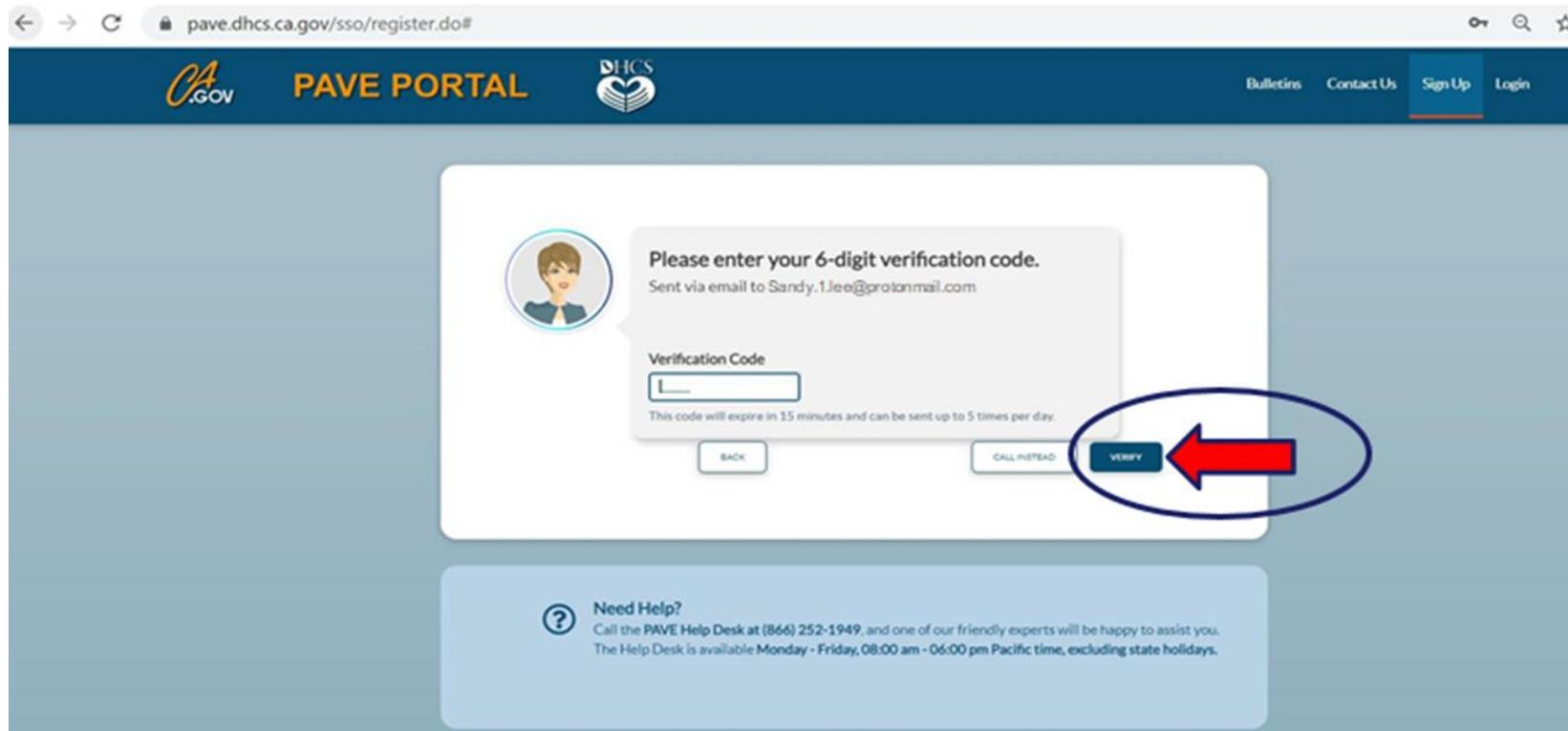
STEP 4 OF PAVE USER SIGN-UP PROCESS

- » Each of the three options provides a verification code **valid for only 15 minutes.**



STEP 4 OF PAVE USER SIGN-UP PROCESS (CONTINUED)

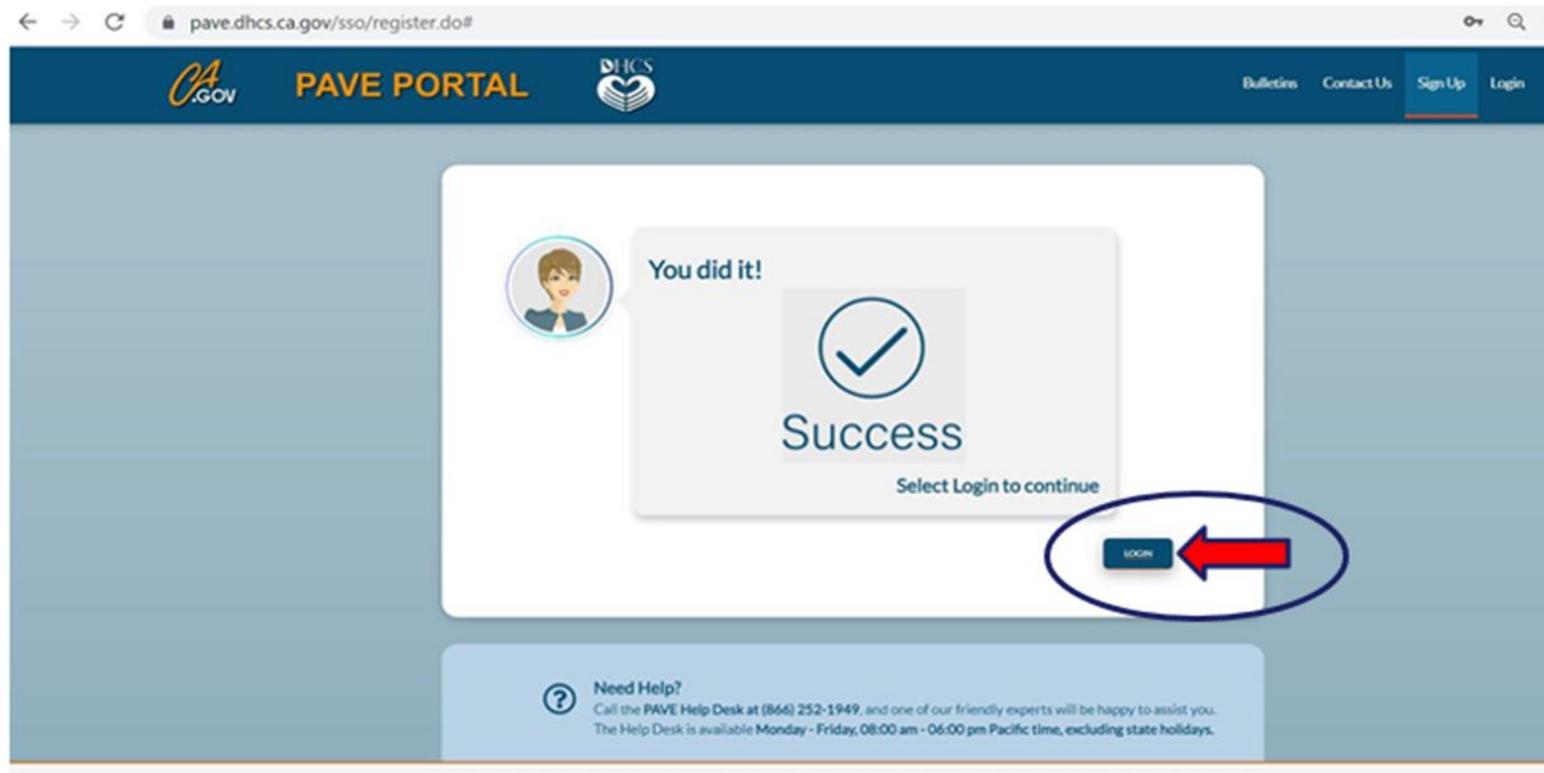
» Enter the six-digit verification code and click “VERIFY.”



The screenshot shows a web browser window with the URL `pave.dhcs.ca.gov/sso/register.do#`. The page header includes the CA.GOV logo, the text "PAVE PORTAL", the DHCS logo, and navigation links for "Bulletins", "Contact Us", "Sign Up", and "Login". The main content area features a white card with a user profile icon on the left. The card contains the text "Please enter your 6-digit verification code." and "Sent via email to Sandy.1.lee@protonmail.com". Below this is a "Verification Code" input field with a single digit "1" entered. A note states "This code will expire in 15 minutes and can be sent up to 5 times per day." At the bottom of the card are three buttons: "BACK", "CALL INSTEAD", and "VERIFY". A red arrow points to the "VERIFY" button, which is also circled in blue. Below the card is a "Need Help?" section with a question mark icon and contact information for the PAVE Help Desk.

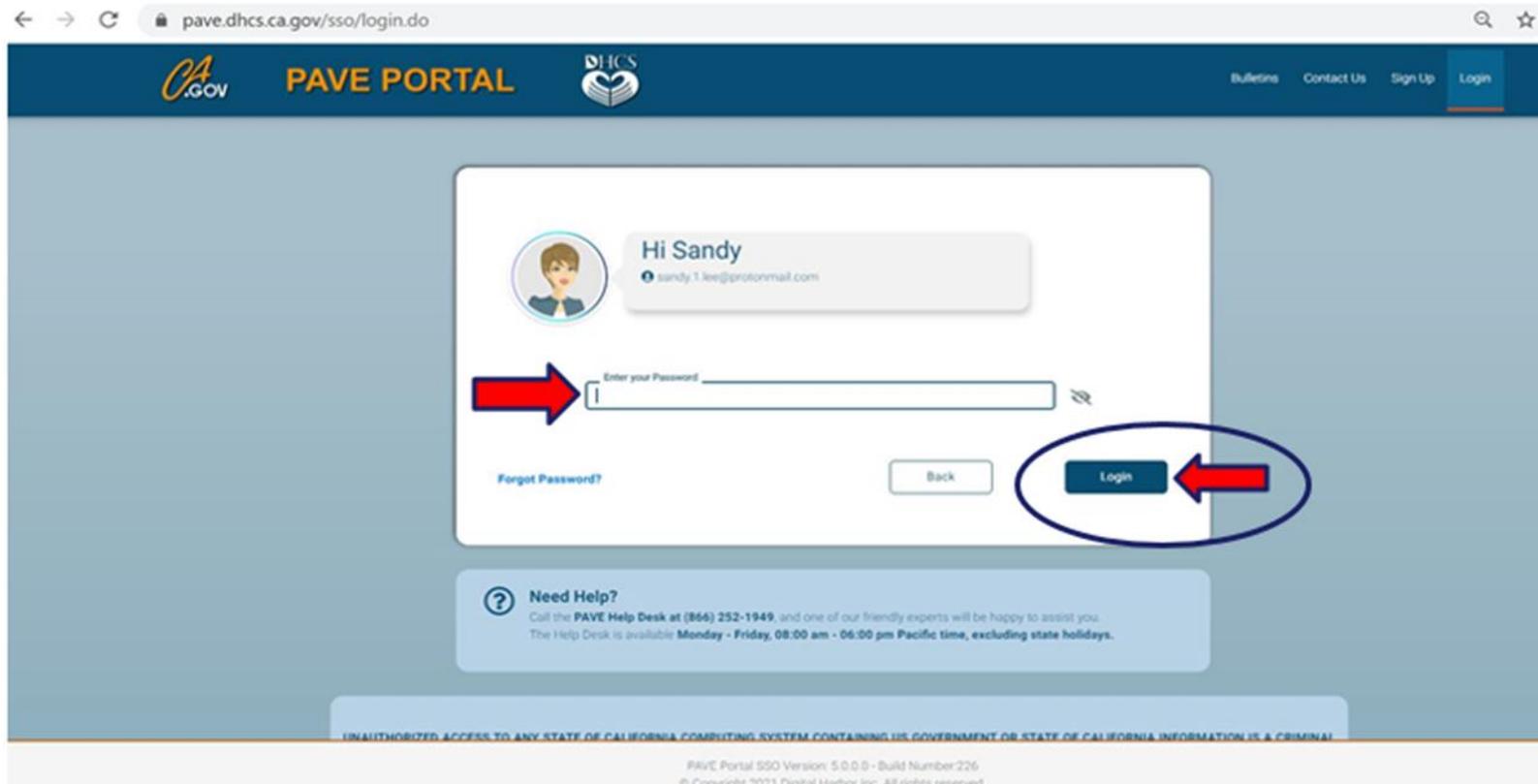
STEP 5 OF PAVE USER SIGN-UP PROCESS

» Once PAVE confirms successful verification, click "LOGIN."



STEP 6 OF PAVE USER SIGN-UP PROCESS

» Now enter your email and your password and click "LOGIN."



The screenshot shows the PAVE Portal login page. The browser address bar displays "pave.dhcs.ca.gov/ssl/login.do". The page header includes the CA.GOV logo, "PAVE PORTAL", and the DHCS logo. Navigation links for "Bulletin", "Contact Us", "Sign Up", and "Login" are visible. The main content area features a user profile for "Hi Sandy" with the email "sandy.lee@protonmail.com". Below the profile is a password input field with a red arrow pointing to it. To the right of the password field is a "Login" button, which is circled in blue and has a red arrow pointing to it. Other buttons include "Forgot Password?" and "Back". A "Need Help?" section provides contact information for the PAVE Help Desk. At the bottom, there is a disclaimer: "UNAUTHORIZED ACCESS TO ANY STATE OF CALIFORNIA COMPUTING SYSTEM CONTAINING US GOVERNMENT OR STATE OF CALIFORNIA INFORMATION IS A CRIMINAL OFFENSE." and footer text: "PAVE Portal SSO Version: 5.0.0.0 - Build Number: 226 © Copyright 2021 Digital Harbor Inc. All rights reserved."

PAVE SIGN-UP

- » Each person that needs access to the application must complete the sign-up process and each person must use their **own** unique username and password when accessing PAVE.
 - For example, if two people will be working together to create the application and a third person is the authorized signer, each person will create their **own** username and password. All three users will be able to access the same application.
- » Once the first user is set up, they can create the PAVE profile for the organization. This profile is a workspace where multiple individuals can work together to create or sign applications.

PAVE PROFILE SET UP

- » Make sure that you are logged in with your own username and password.
- » Enter the National Provider Identifier (NPI) for the organization and click "Verify."
- » Once the NPI is verified, you will enter the PAVE profile name that represents your organization and click "Create my PAVE Profile."

PAVE PROFILE

» Arrow points to name of a sample profile



PAVE QUESTIONNAIRE

STARTING A QAS APPLICATION

- » In your PAVE profile, click on “Applications”, then “+ New Application”.
- » You will complete a questionnaire to start the correct application.
- » The following slides are a guide for how to move through the questionnaire to start a new QAS application.

FIRST QUESTIONNAIRE PAGE

- » Important: Do not select “Individual” or “Group”. All QAS organizations, including organizations with one practitioner, must select “Healthcare Business”.

The screenshot shows a progress bar at the top with six steps: Start Application (active), Business Structure, NPI, Provider Type, Language, and Last step. Below the progress bar is a help icon and a text box: "The following questionnaire will help determine the correct type of application for you. Hovering over the options will provide additional help!". A red banner reads "COVID-19 Special Announcement". The main content area contains several radio button options:

- I'm enrolled in Medi-Cal, and I want to create an application
- I'm enrolled in Medi-Cal, and I want to affiliate with another provider
- I'm new to Medi-Cal, and I want to create a new application

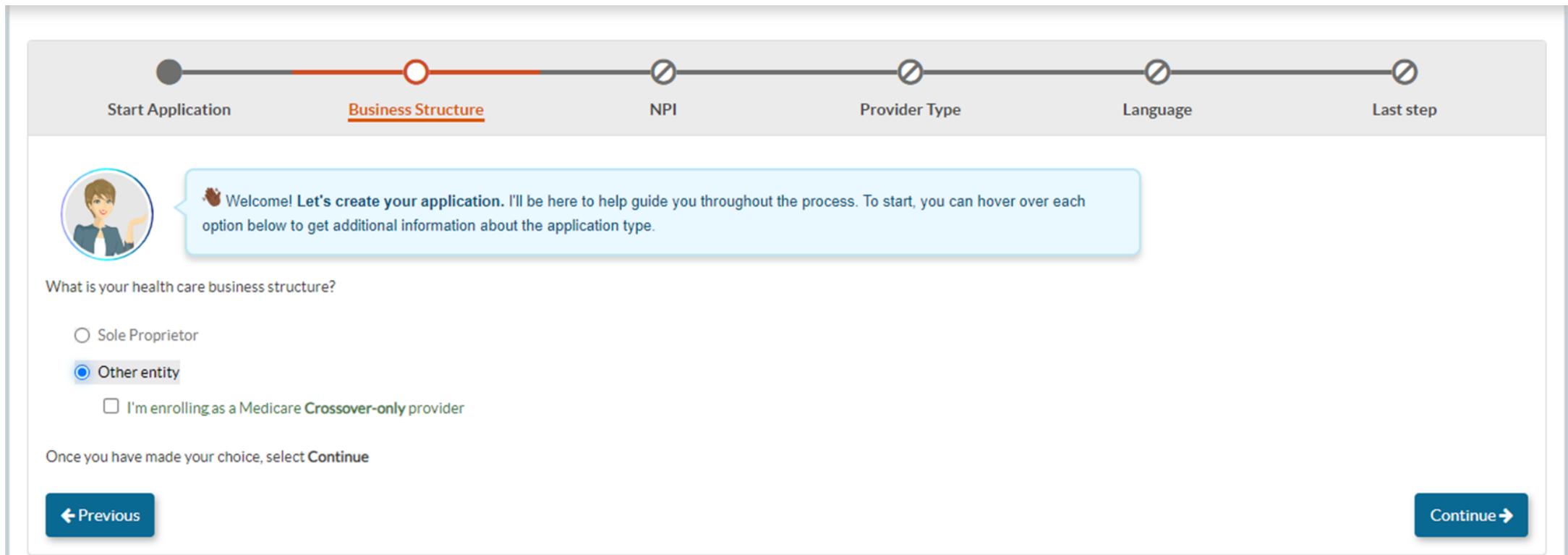
Below these is the question "What type of provider are you?" with three radio button options:

- I'm an individual licensed/certified healthcare practitioner
- I'm a group of licensed/certified healthcare practitioners
- I'm a healthcare business

At the bottom, there is a checkbox for "I need to report Supplemental changes" and a note: "If you want help with any of these options, select the in-context tutorial video icons for assistance." Below this is the instruction "Once you have made your choice, select Continue" and two buttons: "Previous" and "Continue".

YOUR BUSINESS STRUCTURE

- » Select the correct entity type. Sole Proprietors must report a Type 1 NPI. Providers organized as a corporation or LLC must use a Type 2 NPI.



The screenshot shows a multi-step application process. At the top, a progress bar has six steps: 'Start Application', 'Business Structure', 'NPI', 'Provider Type', 'Language', and 'Last step'. The 'Business Structure' step is highlighted with a red circle and underline. Below the progress bar, a light blue speech bubble contains a welcome message from a female avatar: 'Welcome! Let's create your application. I'll be here to help guide you throughout the process. To start, you can hover over each option below to get additional information about the application type.'

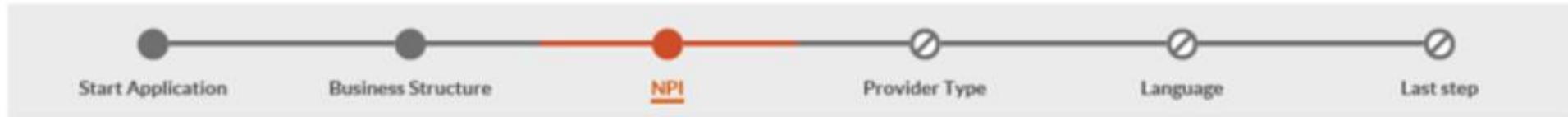
What is your health care business structure?

- Sole Proprietor
- Other entity
- I'm enrolling as a Medicare **Crossover-only** provider

Once you have made your choice, select **Continue**

Navigation buttons: '← Previous' and 'Continue →'

ENTER YOUR NPI AND CLICK VERIFY



Okay, now that I know you want to create a new application, what is the NPI for this new application? Remember, if you selected sole proprietor you must enter a Type 1 NPI. Any other business entity type requires a Type 2 NPI.

I don't have an NPI, and I'd like to continue with the application process.

National Provider Identifier (NPI)

1123456789

Verify →



CONFIRM YOUR INFORMATION



Okay, now that I know you want to create a new application, what is the NPI for this new application? Remember, if you selected sole proprietor you must enter a Type 1 NPI. Any other business entity type requires a Type 2 NPI.

I don't have an NPI, and I'd like to continue with the application process.

National Provider Identifier (NPI) [Verify →](#)

National Provider Identifier (NPI)

Type

Business name LLC

Taxonomy code(s)

NPPES address (registered)



Is this the correct information?

Yes No

Once you have made your choice, select **Continue**

[← Previous](#)

[Continue →](#)

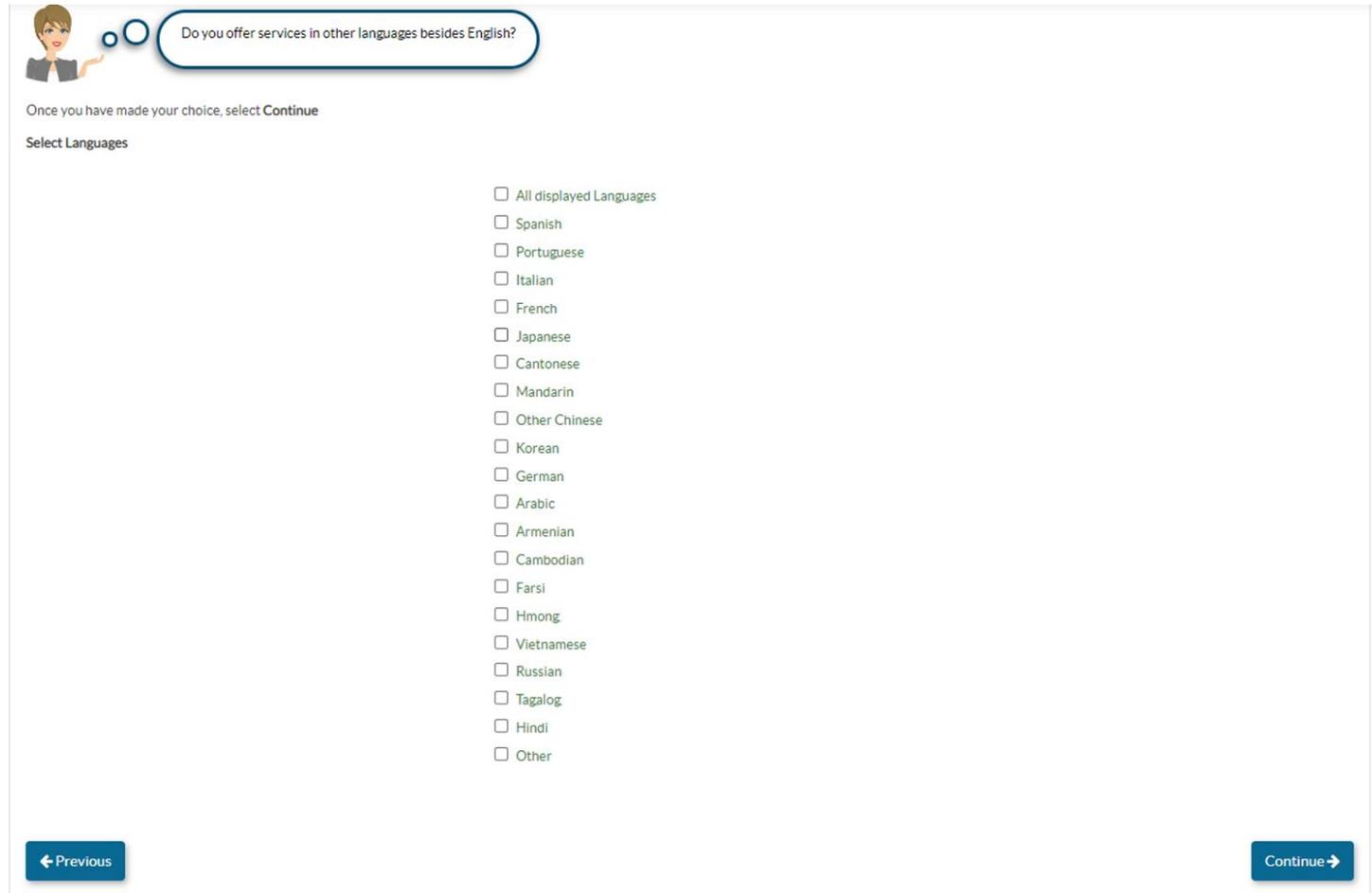
Check that this information belongs to your business before continuing. If you make an error keying in your NPI, you can click “Previous” and re-enter it on the page before.

SELECT PROVIDER TYPE

» Select "Qualified Autism Service Provider" from the list.

The screenshot displays the PAVE Portal interface. At the top, there are logos for CA.GOV, PAVE PORTAL, and HCS, along with user information for 'JI DMC Test' and 'Roger'. The main navigation includes 'My Messages', 'Applications' (highlighted), 'Accounts', 'My Tools', and 'Help'. A progress bar indicates the current step is 'Provider Type'. A message box instructs the user to select a provider type from a dropdown menu. The dropdown menu is open, showing a list of provider types. A red arrow points to 'Qualified Autism Service Provider'. A 'Continue' button is located at the bottom right of the form area. The footer contains the text: 'PAVE Provider Portal Version: 3.42.0 Build: #2150 © Copyright 2025 Digital Harbor Inc. All rights reserved.'

SELECT LANGUAGES OFFERED



The screenshot shows a web form titled "SELECT LANGUAGES OFFERED". At the top left, there is a small cartoon icon of a woman with brown hair, wearing a black blazer, pointing towards a speech bubble. The speech bubble contains the question: "Do you offer services in other languages besides English?". Below the question, there is a line of text: "Once you have made your choice, select Continue". Underneath that, the heading "Select Languages" is followed by a list of 18 language options, each with an unchecked checkbox. The languages listed are: All displayed Languages, Spanish, Portuguese, Italian, French, Japanese, Cantonese, Mandarin, Other Chinese, Korean, German, Arabic, Armenian, Cambodian, Farsi, Hmong, Vietnamese, Russian, Tagalog, Hindi, and Other. At the bottom left of the form is a blue button with a left-pointing arrow and the text "Previous". At the bottom right is a blue button with a right-pointing arrow and the text "Continue".

Do you offer services in other languages besides English?

Once you have made your choice, select Continue

Select Languages

- All displayed Languages
- Spanish
- Portuguese
- Italian
- French
- Japanese
- Cantonese
- Mandarin
- Other Chinese
- Korean
- German
- Arabic
- Armenian
- Cambodian
- Farsi
- Hmong
- Vietnamese
- Russian
- Tagalog
- Hindi
- Other

← Previous

Continue →

SUMMARY PAGE- LAST STEP

- » Review all information to ensure it is accurate as it cannot be changed after the application is generated. Click “continue” once confirmed.

The screenshot displays a summary page for an application. At the top, a progress bar shows six steps: Start Application, Business Structure, NPI, Provider Type, Language, and Last step. The 'Last step' is highlighted with a red circle. Below the progress bar, a blue callout box with a person icon contains the text: "Before you can continue, please review the summary below. It contains all your previous selections to create this application. You can select the Previous button to go to the previous sections and make any changes you need." Below this, a paragraph reads: "Please review the summary of information that you've entered so far. If everything looks correct, select *continue* to proceed forward creating this application or select *previous* to make any necessary changes." The summary is organized into sections: "Start Application" with options "I'm new to Medi-Cal or Medi-Cal Dental, and I want to create a new application" and "I'm a healthcare business"; "Business Structure" with "Other entity"; "NPI of the application" with "1770127250" and a "View Details" link; "Provider Type" with "Qualified Autism Service Provider"; and "Language" with a text box containing "Spanish". At the bottom, there are two buttons: "← Previous" and "Continue →".

RELEVANT MEDI-CAL ENROLLMENT REQUIREMENTS

MEDI-CAL ENROLLMENT REQUIREMENTS

- » The next sections of the application will prompt you to provide the required information and documents for Medi-Cal enrollment.
- » The next few slides show some of these requirements.

ADMINISTRATIVE LOCATION

- » The QAS provider must have at least one administrative location in California. This is defined as the physical location associated with the provider's operations, which can include where services are dispatched or based.
 - This location may not be a private residence, virtual office or mailbox, and may not be a P.O. Box.
 - Services may be provided at this location or may solely be provided in community settings.
 - The administrative address reported in the application will appear in public provider directories and in the [California Health and Human Services Open Data Portal](#).
- » Signage – the administrative location must have permanently posted signage that identifies the name of the QAS applicant and the hours of operation.

REQUIRED DOCUMENTS (1 OF 3)

- » Lease Agreement – if the administrative location is leased, a signed lease agreement must be provided.
- » Business License – most cities require all businesses to obtain a business license (sometimes called a business tax certificate). If your city requires a business license, then a copy of the license for the reported administrative location must be submitted with your application. Please contact your city directly for requirements. If the address is located outside of an incorporated area, please refer to county requirements.

REQUIRED DOCUMENTS (2 OF 3)

- » Worker's Compensation Insurance – if the organization is required to have workers' compensation insurance, a copy of the current policy in the applicant's name must be submitted.
- » Verification of TIN/EIN with one of these accepted documents: IRS Form 8109-C, Form 941, Letter 147-C, or Form SS-4 (Confirmation Notification)
- » If incorporated, a copy of the Articles of Incorporation.

REQUIRED DOCUMENTS (3 OF 3)

- » If required, a copy of the applicant's Fictitious Business Name Statement (FBNS).
 - You must obtain an FBNS when:
 - You are operating as a sole proprietor and using a name for your business that does not include your last name.
 - You are operating as an LLC or corporation and using a business name that does not exactly match the name stated in the Articles of Incorporation or Articles of Organization filed with the California Secretary of State.
 - You are operating as a partnership and using a business name that does not include the last name of each partner.
 - The requirement to obtain an FBNS is in state law. However, the process to obtain an FBNS is through the county. If a person lives within a city and needs both a business license and an FBNS, they need to obtain the business license from the city and the FBNS from the county. Visit the website for your county for more information and instructions on obtaining an FBNS.

ATTESTATION REQUIREMENTS

- » QAS applicants must attest that all QAS providers, QAS professionals, and QAS paraprofessionals reported to the DHCS and for whom they will bill meet the qualifications and follow supervision requirements listed in accordance with the State Plan for BHT Services.
- » QAS applicants must attest that they understand that DHCS may audit to verify the QAS provider, QAS professional, and QAS paraprofessional qualifications and the services provided, and that the QAS organization or individual provider must supply documentation upon request of DHCS.

COMPLETING ATTESTATION

- » Read and review the attestation in this section. If you agree, you can confirm by checking the box.

The screenshot shows a web application interface for completing an attestation. On the left is a sidebar menu with the following items: 'Content' (with an 'Expand All' button), 'Getting Started', 'Business Information', 'Practice Information', 'NPI/Taxonomy', 'QAS Information' (highlighted with a red circle), 'Disclosure Information', 'Claim Payment', 'Signature', and 'Submit Application'. The main content area is titled 'QAS Information' and has a progress indicator at the top. A callout box with a person icon says: 'Please provide information on the individuals who are providing Qualified Autism Services and review the required attestation'. Below this is a section titled 'Read and check that you agree with the following attestation:' containing a text box with the following text: 'I, NHU Group Medical, attest that all Qualified Autism Service (QAS) providers are enrolled with the Department of Health Care Services (DHCS) and that QAS professionals and QAS paraprofessionals for whom I will bill either DHCS or a managed care plan contracted with DHCS for the delivery of Behavioral Health Treatment (BHT) services provided to members enrolled in Medi-Cal, meet the qualifications and follow supervision requirements listed in the State Plan for BHT providers. I understand that there may be an audit by DHCS for proof of QAS provider, professional, and paraprofessional qualifications and the services provided, and I must supply documentation upon request of DHCS.' Below the text is a checkbox that is checked, with the text 'By checking this box, I have read and agree to the above attestation.' At the bottom of the main content area is a section titled 'Qualified Autism Service Provider Individuals' with a '+ Add Individual' button and the text 'At least one required'. At the very bottom are 'Previous' and 'Continue' buttons.

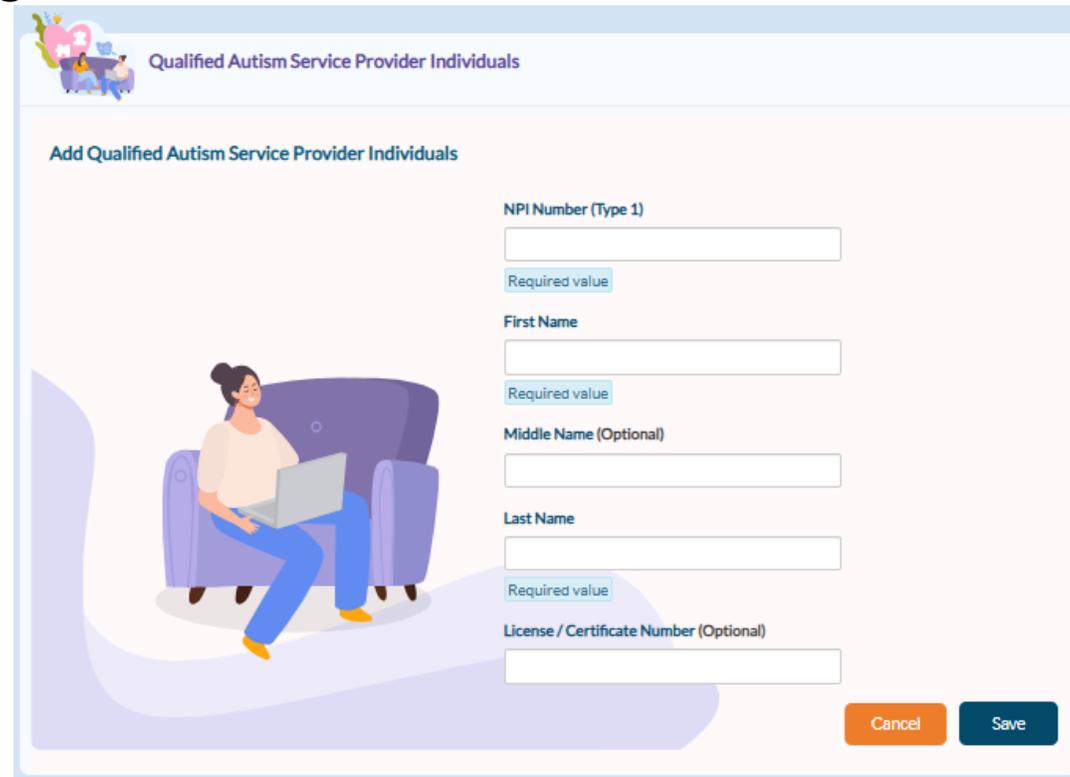
ADDING QAS PROVIDER(S)

- » Once the box indicating the attestation has been read and agreed to is checked, select “+ Add Individual”

The screenshot displays a web application interface for adding QAS providers. On the left is a navigation menu with the following items: 'Getting Started', 'Business Information', 'Practice Information', 'NPI/Taxonomy', 'QAS Information' (highlighted in orange), 'Disclosure Information', 'Claim Payment', 'Signature', and 'Submit Application'. The main content area is titled 'QAS Information' and features a progress bar at the top with 'QAS Information' and 'Summary' tabs. A blue callout box with a person icon contains the instruction: 'Please provide information on the individuals who are providing Qualified Autism Services and review the required attestation'. Below this is a large text box for an attestation, starting with 'Read and check that you agree with the following attestation:' and containing a sample text block. A checkbox with a checkmark is labeled 'By checking this box, I have read and agree to the above attestation.' At the bottom of the main content area, there is a section titled 'Qualified Autism Service Provider Individuals' with a '+ Add Individual' button highlighted by a red arrow. Below this section, it says 'At least one required'. At the very bottom of the page are 'Previous' and 'Continue' navigation buttons.

ADDING QAS PROVIDER(S) - CONTINUED

- » The QAS applicant must report the NPI, first and last name, and any applicable professional license number or certification number or registration number of the individuals providing behavioral health treatment services.



Qualified Autism Service Provider Individuals

Add Qualified Autism Service Provider Individuals

NPI Number (Type 1)

Required value

First Name

Required value

Middle Name (Optional)

Last Name

Required value

License / Certificate Number (Optional)

Cancel Save

DISCLOSURE REQUIREMENTS

- » For-profit organizations must report all persons with direct and/or indirect ownership or control interest in the applicant totaling 5 percent or more.
 - In addition, corporations must disclose all officers, directors, and managing employees.
- » Non-profit organizations must report all persons who meet the definition of agent or managing employee. All officers and all board members must also be reported, including volunteer board members and officers.
- » All disclosed persons must provide all required information.

DISCLOSURE REQUIREMENTS - CONTINUED

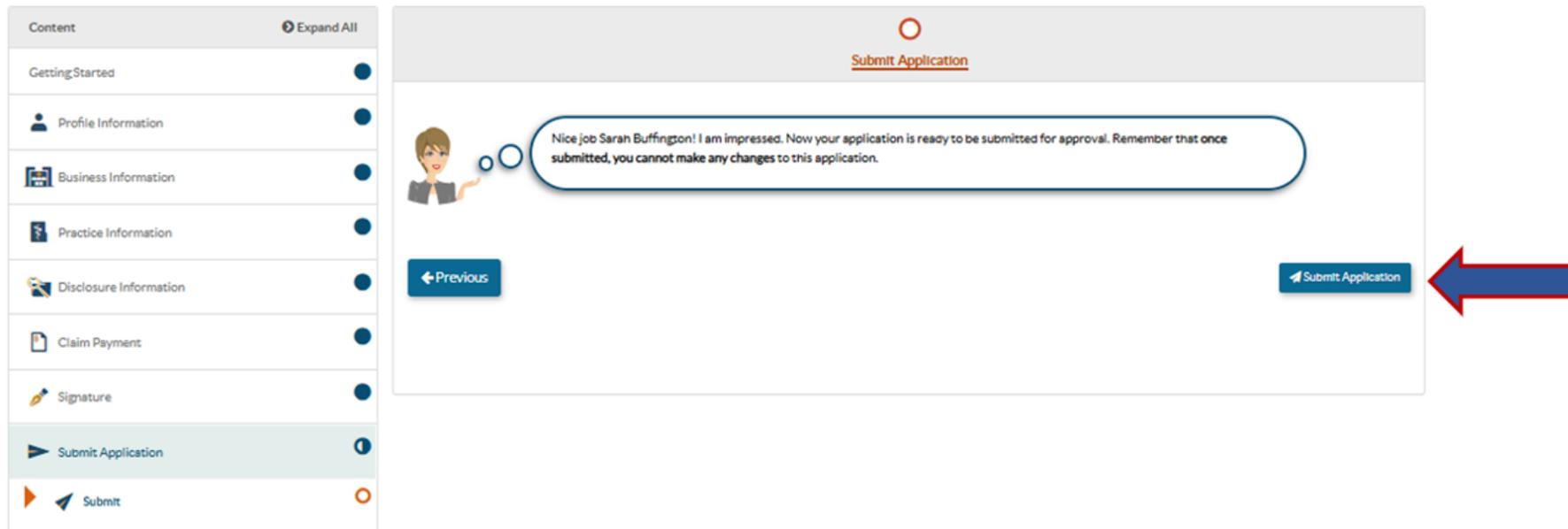
- » Title 22, CCR, Section 51000.12. Managing Employee. “Managing employee” means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an applicant or provider.

WHO CAN SIGN APPLICATIONS?

- » CCR, Title 22, Section 51000.30(a)(2)(B)
 - Applications shall... “Be signed...by an individual who is the sole proprietor, partner, corporate officer, or by an official representative of a governmental entity or non-profit organization, who has the authority to legally bind the applicant...”
- » The person signing the application must be reported in the Disclosure section. Signatures cannot be delegated.

SUBMISSION

- » Once application is complete, select “Submit Application” button to submit application. You will receive a response in PAVE confirming the application has been submitted.
- » The response will not include a list of the individuals reported in the application.



ADDITIONAL RESOURCES

- » For technical assistance with the PAVE system, please direct questions to the PAVE Help Desk at (866) 252-1949.
- » For Medi-Cal enrollment questions, you can send an email inquiry by following this link [Provider Enrollment Division](#) and then click on “Inquiry Form” under the Provider Resources section, or call (916) 323-1945.
- » For additional help in PAVE, click on the link below to take you to the PAVE homepage where you can access provider training videos and other tutorials:
<https://www.dhcs.ca.gov/provgovpart/Pages/PAVE.aspx>.