

UPDATED MEDI-CAL ENROLLMENT REQUIREMENTS AND PROCEDURES FOR QUALIFIED AUTISM SERVICE PROVIDER ORGANIZATIONS AND INDIVIDUALS OFFERING BEHAVIORAL HEALTH TREATMENT SERVICES

The Department of Health Care Services (DHCS) is establishing updated Medi-Cal provider enrollment requirements and procedures for Qualified Autism Service (QAS) provider organizations and individuals offering behavioral health treatment services.

In accordance with Welfare & Institutions Code (W&I) Section 14043.75(b), the DHCS Director is establishing the specific application and enrollment requirements for QAS provider organizations and individuals who apply for enrollment in the Medi-Cal program to be reimbursed for the covered behavioral health treatment services they provide to Medi-Cal members. These requirements implement and make specific W&I Code Sections 14043.15 and 14043.26, and as such have the full force and effect of law. Also, this bulletin does not substitute for, or eliminate, all other enrollment requirements set forth in W&I Code Section 14043.26.

Effective May 5, 2025, QAS provider organizations and individuals offering behavioral health treatment services may apply for enrollment in the Medi-Cal program. QAS provider organizations and individual applicants must apply to enroll in the Medi-Cal program by submitting an electronic application through the Medi-Cal provider enrollment online application, along with all supporting documentation. Applications received after June 30, 2025, have an effective date of enrollment based on the date their application is received, if all program requirements are met at the time of submission. Providers can access more information about the online application portal on the DHCS Provider Enrollment Division's (PED) [webpage](#). Enrolled QAS provider organizations and QAS individuals will be able to bill DHCS for behavioral health treatment services provided on or after July 1, 2025, to Medi-Cal members under the age of 21 years who have fee-for-service Medi-Cal.

Effective November 17, 2025, DHCS has updated Medi-Cal provider enrollment requirements and procedures specifically for QAS Applicants comprised of an individual Board-Certified Behavioral Analyst (BCBA) who will only bill the Medi-Cal program, including a Medi-Cal managed care plan, for themselves. The individual BCBA may report their residential address as their administrative location. The administrative location for individual BCBA's is only where services are dispatched or based; no in-person services are provided to Medi-Cal members at the administrative location. Individual BCBA's who meet the requirements of this bulletin will be exempt from certain established place of business requirements set forth in California Code of Regulations (CCR), Title 22, Section 51000.60(c)(9).

Medi-Cal Program Requirements

Behavioral health treatment services consist of Applied Behavioral Analysis and other evidence-based behavioral intervention services. These services include Behavioral-Analytic Assessment and development of behavioral treatment plans. In addition, behavioral health treatment intervention services are identified in the Behavioral Health Treatment Services Chart in the State Plan.*

Behavioral health treatment services must be provided by a QAS provider, a QAS professional, or a QAS paraprofessional as defined in the State Plan.* For the purpose of this bulletin, a QAS provider organization or individual is defined as the applicant that submits the Medi-Cal application for enrollment to provide behavioral health treatment services. QAS providers who currently have an enrollment pathway, including physician and surgeons, psychologists, physical therapists, occupational therapists, licensed marriage and family therapists, licensed clinical social workers, licensed professional clinical counselors, speech-language pathologists, and audiologists, do not need to enroll as a QAS provider to provide and bill for behavioral health treatment services. Individual Board-Certified Behavior Analysts (BCBA's) and educational psychologists may enroll using the QAS provider application. The QAS provider applicant may be an individual or an entity such as a corporation and must meet all of the Medi-Cal enrollment requirements as specified in the [Medi-Cal Enrollment Requirements and Procedures](#) section of this provider bulletin. Additionally, the enrolling QAS provider organization or individual must attest that all individuals providing services meet the qualifications and follow supervision requirements listed in accordance with the State

Plan* for behavioral health treatment services. Please refer to the [Attestation Requirement](#) section of this provider bulletin for more information.

Medi-Cal Enrollment Requirements and Procedures

All QAS provider applicants must meet current Medi-Cal provider enrollment requirements and standards as well as the requirements set forth in this bulletin. Furthermore, Medi-Cal enrollment standards require applicants abide by all state and local laws and ordinances pursuant to CCR, Title 22, Sections 51000.30(e) and 51000.60(c)(4). These requirements and standards include, but are not limited to, obtaining the applicable business license when required by local laws and ordinances, and having a National Provider Identifier (NPI) as required by the January 2008 Regulatory Provider Bulletin titled, "[Provider Enrollment Application Changes Due to NPI.](#)"

To enroll as a Medi-Cal provider, QAS provider applicants must have at least one administrative location in California, which must be reported on their application. For the purpose of this provider bulletin, an "administrative location" is defined as the physical location associated with the provider's operations, which can include where services are dispatched or based. DHCS recognizes that the actual services may occur at administrative locations but may also occur solely in "community settings," which do not have to be separately enrolled. For the purpose of this provider bulletin, a "community setting" is defined as a location where persons employed by or contracted with the provider furnish services outside of their administrative locations. The administrative location reported on the application must not be a private residence, virtual office, or mailbox and may not be reported using a post office box (except in the case of a QAS provider applicant comprised of an individual BCBA as outlined below).

QAS provider applicants who lease their administrative location must provide a signed lease agreement. Additionally, QAS provider applicants are required to maintain valid workers' compensation insurance and comprehensive general liability insurance that cover the reported administrative location and operations per CCR, Title 22, Sections 51000.30(f)(1), 51000.30(f)(2), 51000.60(c)(5), and 51000.60(c)(9)(D) and must have permanently posted signage identifying the name of the QAS applicant and the business hours per CCR, Title 22, Sections 51000.60(c)(9)(B) and 51000.60(c)(9)(C). The administrative address reported in the individual application will appear in provider directories and in the [California Health and Human Services Open Data Portal](#).

Attestation Requirements

QAS provider organizations and individuals (referred to as QAS provider applicants) must attest that all QAS providers, QAS professionals, and QAS paraprofessionals reported to DHCS and for whom they will bill meet the qualifications and follow supervision requirements listed in accordance with the State Plan* for behavioral health treatment services.

Additionally, the QAS provider must attest that they understand that DHCS may audit the QAS provider to verify the QAS provider, QAS professional, and QAS paraprofessional qualifications and/or the services provided, and that the QAS provider organization or individual must supply this documentation at request of DHCS. The QAS provider organization must maintain, at a minimum, and make available the following information for DHCS' review upon request for each QAS provider, QAS professional, and QAS paraprofessional: NPI, first and last name, and any applicable professional license number, certification number, or registration number of the QAS providers providing behavioral health treatment services. These individuals are not required to separately enroll.

This attestation does not supersede any of DHCS' authority to audit or request records from the provider pursuant to state and federal law and the provider agreement.

Administrative Location Requirements for QAS Provider Applicants Comprised of an Individual BCBA

QAS provider applicants comprised of an individual BCBA who provide services in-person at a physical office location are required to meet the Medi-Cal program established place of business requirements pursuant to CCR, Title 22, Section 51000.60.

Alternatively, QAS provider applicants comprised of an individual BCBA who provide services from an administrative location and will only bill the Medi-Cal program for themselves are not required to meet specified established place of business requirements to render services to Medi-Cal members.

Therefore, QAS provider applicants comprised of an individual BCBA who do not have an office where they see Medi-Cal members in-person may use an "administrative location" for the purpose of reporting an address in the e-Form application.

Please note the following requirements for the administrative location:

- It must be a physical address (not a Post Office [PO] Box or virtual office);
- It may be the same as the applicant's mailing address;
- BCBA's are not allowed to provide in-person services at this location, as it is being reported for administrative purposes only;
- The address will appear in public directories such as the [California Health and Human Services Open Data Portal](#);
- The administrative location is defined as the physical site associated with the BCBA's operations, which can include where the BCBA is based or dispatched from.

Waived Requirements Outlined in CCR, Title 22, Section 51000.60 for QAS Applicants Comprised of an Individual BCBA

Established place of business requirements set forth in CCR, Title 22, Section 51000.60(c)(9) will be waived for QAS Applicants comprised of an individual BCBA. The waived requirements are:

- Regular and permanently posted business hours;
- Is identifiable as a medical/health care provider or business, by permanently attached signage that identifies the name of the provider or business as shown on the application;
- Obtains and maintains Liability insurance coverage, that covers premises and operation, in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000, from an authorized insurer pursuant to Section 700 of the Insurance Code.

Attestation Requirement for QAS Provider Applicants Comprised of an Individual BCBA

For the established place of business requirements outlined above to be waived, QAS Provider Applicants comprised of an individual BCBA providing services from their administrative location, must sign and upload the following attestation in the general liability insurance field in lieu of a copy of a general liability insurance policy within the e-Form application. The attestation template language may only be modified in the blank fields as applicable, and the attestation must have been signed within the last 60 days from the date the application is submitted. The attestation must include the language below.

I, _____, attest that the following is true and correct:
(Name of applicant)

I am a Board-Certified Behavioral Analyst that is certified by a national entity, such as the Behavior Analyst Certification Board, that is accredited by the National Commission for Certifying Agencies, and who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the person that is nationally certified.

Consistent with my scope of certification, I provide Qualified Autism Services in community settings as defined in this bulletin.

I attest under penalty of perjury under the laws of the State of California that I do not provide in-person services to Medi-Cal beneficiaries at the administrative location listed in my Medi-Cal enrollment application. The administrative location is used solely for administrative purposes, and is not a site where in-person patient care is rendered.

Attested to on: _____ of _____, _____.
(Day) (Month) (Year)

By: _____
(Printed name and title of applicant)

*The California State Medicaid Plan and all State Plan Amendments can be viewed on the [DHCS Medicaid State Plan webpage](#). For State Plan Amendments regarding behavioral health treatment benefits and requirements, please review SPA 04-0031 for more information.