

Drug Medi-Cal Enrollment (DMC) Using the Provider Application and Validation for Enrollment (PAVE) System

Topics Covered

1. Getting set up in the PAVE enrollment system – new to PAVE and not enrolled
2. Accessing PAVE from an existing / enrolled account
3. PAVE questionnaire to start a DMC application
4. Medi-Cal program requirements

Enrollment Process

The Process:

Step 1: Accessing PAVE

Step 2: Questionnaire

Program Requirements

Getting set up in the PAVE enrollment system

- » PAVE is the name of the online application system to submit DMC applications for Medi-Cal enrollment.
- » If the Tax ID for your clinic is not currently associated with a Medi-Cal enrollment, then you must create an account in PAVE.
- » If you already have a PAVE account, [Click here](#) to skip ahead to how to access PAVE through an existing account.

Enrollment Process

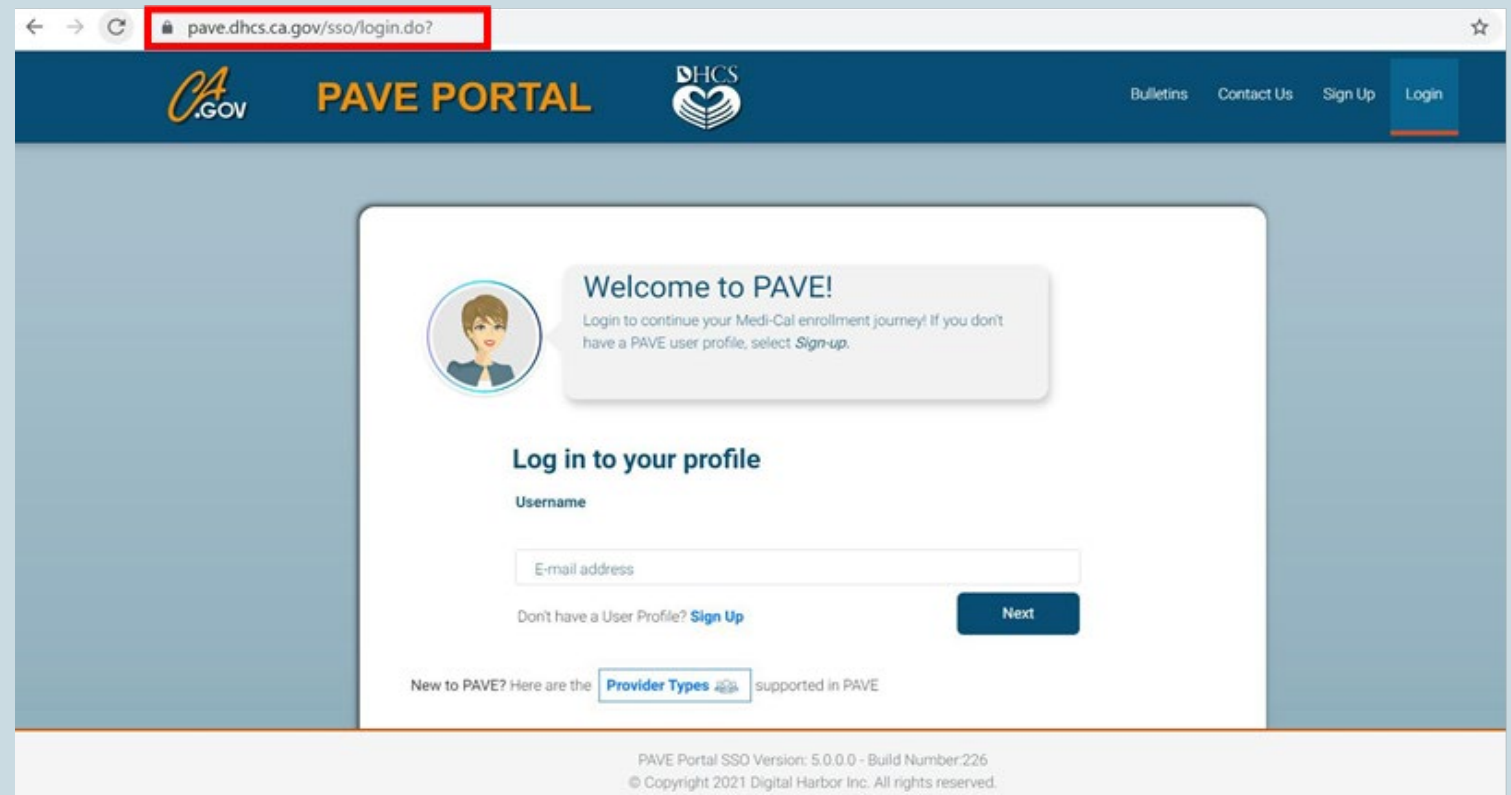
The Process

Step 1: Accessing PAVE:

Step 2: Questionnaire

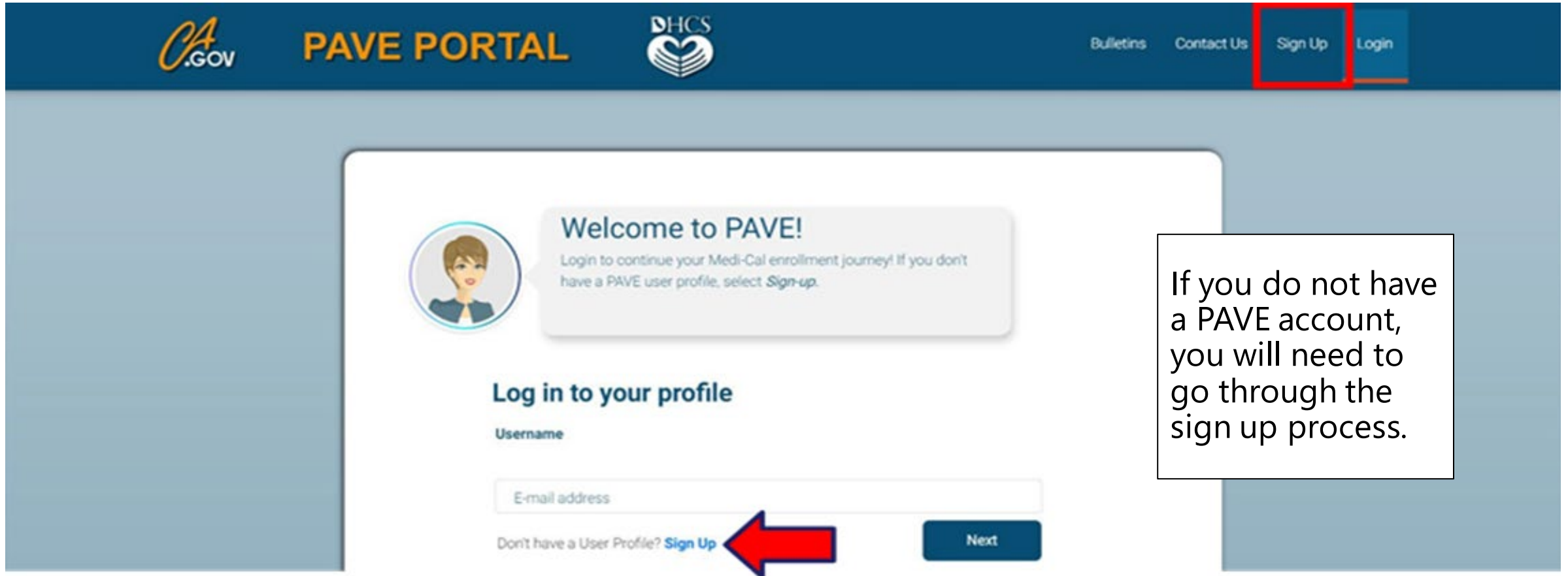
Program Requirements

Access PAVE at <https://pave.dhcs.ca.gov>



The screenshot shows the PAVE Portal login page. The browser address bar displays pave.dhcs.ca.gov/sso/login.do?. The page header includes the CA.GOV logo, the text "PAVE PORTAL", the DHCS logo, and links for "Bulletins", "Contact Us", "Sign Up", and "Login". The main content area features a "Welcome to PAVE!" message with a user profile icon and instructions to login or sign up. Below this is a "Log in to your profile" section with input fields for "Username" and "E-mail address", a "Next" button, and a "Sign Up" link. At the bottom, it states "New to PAVE? Here are the [Provider Types](#) supported in PAVE". The footer contains the version information: "PAVE Portal SSO Version: 5.0.0.0 - Build Number:226" and the copyright notice: "© Copyright 2021 Digital Harbor Inc. All rights reserved."


Click “Sign Up”



The screenshot shows the PAVE PORTAL website. The header is dark blue with the CA.GOV logo, the text "PAVE PORTAL", and the DHCS logo. On the right side of the header, there are links for "Bulletins", "Contact Us", "Sign Up", and "Login". The "Sign Up" link is highlighted with a red box. Below the header, there is a white box with a blue border. Inside this box, on the left, is a circular profile picture of a woman. To the right of the profile picture is a speech bubble that says "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, the text "Log in to your profile" is displayed. Underneath, there are two input fields: "Username" and "E-mail address". Below the "E-mail address" field, there is a link that says "Don't have a User Profile? [Sign Up](#)" and a blue button labeled "Next". A large red arrow points to the "Sign Up" link.

CA.GOV PAVE PORTAL DHCS

Bulletins Contact Us **Sign Up** Login

 **Welcome to PAVE!**
Login to continue your Medi-Cal enrollment journey! If you don't have a PAVE user profile, select [Sign-up](#).

Log in to your profile

Username

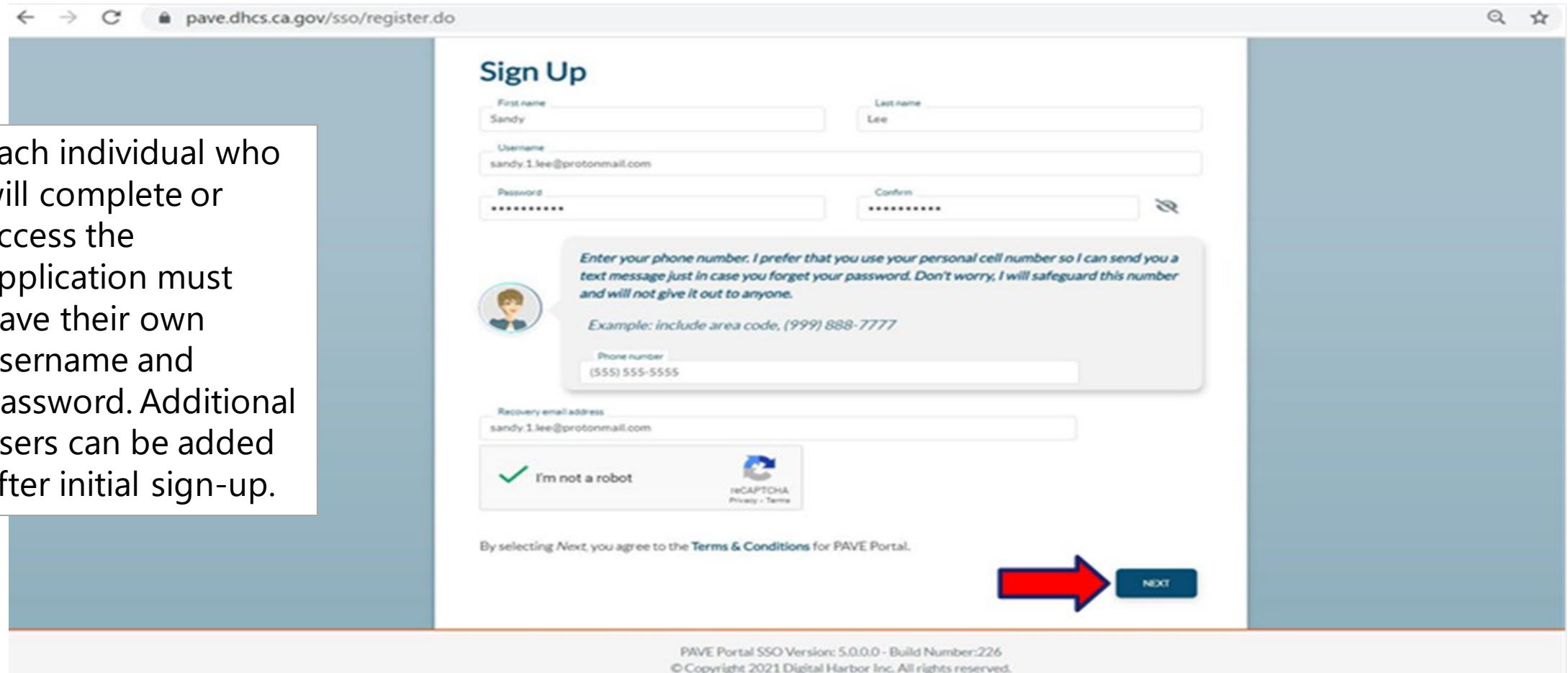
E-mail address

Don't have a User Profile? [Sign Up](#) **Next**

If you do not have a PAVE account, you will need to go through the sign up process.

Enter Required Information and Click "Next"

Each individual who will complete or access the application must have their own username and password. Additional users can be added after initial sign-up.



The screenshot shows a web browser window with the URL `pave.dhcs.ca.gov/sso/register.do`. The page is titled "Sign Up" and contains the following fields and elements:

- First name:** Input field with "Sandy".
- Last name:** Input field with "Lee".
- Username:** Input field with "sandy.1.lee@protonmail.com".
- Password:** Input field with masked characters "*****".
- Confirm:** Input field with masked characters "*****" and a toggle icon.
- Phone number:** A callout box with a speech bubble icon containing the text: "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." Below this is an example: "Example: include area code, (999) 888-7777" and an input field with "(555) 555-5555".
- Recovery email address:** Input field with "sandy.1.lee@protonmail.com".
- reCAPTCHA:** A box with a green checkmark, the text "I'm not a robot", and the reCAPTCHA logo.
- Agreement:** Text stating "By selecting Next, you agree to the [Terms & Conditions](#) for PAVE Portal."
- Next Button:** A blue button labeled "NEXT" with a large red arrow pointing to it.

At the bottom of the page, the footer text reads: "PAVE Portal SSO Version: 5.0.0.0 - Build Number:226 © Copyright 2021 Digital Harbor Inc. All rights reserved."

Choose Your Verification Method and Click “Next”

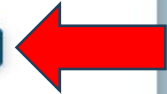


Last step. Select the location where I can send you the 6-digit verification code. Once you enter the code, select Verify. Once the correct code is entered, I will log you in.

- ☒ Send text message to my phone number
- ☐ Call my phone number
- ☐ Send to my recovery email address

BACK

NEXT



Need Help?

Call the **PAVE Help Desk at (866) 252-1949**, and one of our friendly experts will be happy to assist you. The Help Desk is available **Monday - Friday, 08:00 am - 06:00 pm Pacific time, excluding state holidays.**

Verification Code is Valid for 15 minutes

On Wednesday, August 25th, 2021 at 11:58 AM, <PAVE-DHCS@dhcs.ca.gov> wrote:

Your six digit verification code for PAVE is: 963803





This verification code will expire in **15** minutes.


PAVE Portal Administration

Please note: This email was sent from an auto-notification system that cannot accept incoming email. Please do not reply to this message.

Enter Code and Click “Verify”

**PAVE PORTAL** 

[Bulletins](#) [Contact Us](#) [Sign Up](#) [Login](#)



Please enter your 6-digit verification code.

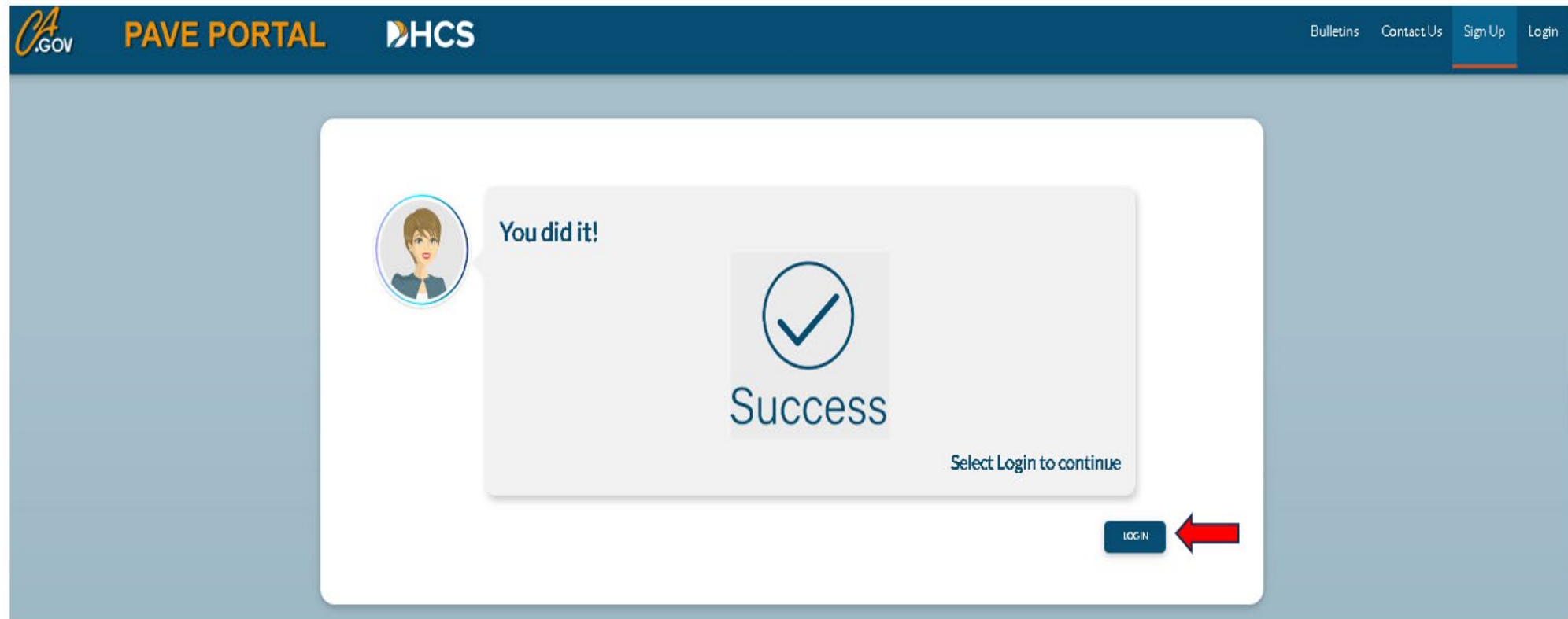
Sent via

Verification Code

This code will expire in 15 minutes and can be sent up to 5 times per day.

[BACK](#) [CALL INSTEAD](#) [VERIFY](#)

Login Once PAVE Confirms Successful Verification




Login With Your Email Address and Password

The screenshot shows the login interface of the PAVE Portal. At the top, the browser address bar displays `pave.dhcs.ca.gov/sso/login.do`. The header includes the **CA.GOV** logo, **PAVE PORTAL** text, the **DHCS** logo, and navigation links for **Bulletins**, **Contact Us**, **Sign Up**, and **Login**. The main content area features a user profile card for "Hi Sandy" with the email `sandy.1.lee@protonmail.com`. Below the card is a password input field labeled "Enter your Password" with a red arrow pointing to it. To the left of the field is a **Forgot Password?** link. To the right are **Back** and **Login** buttons, with a red arrow pointing to the **Login** button and a blue circle around it. A **Need Help?** section provides contact information for the PAVE Help Desk. The footer contains a disclaimer about unauthorized access to state information and version details.

← → ↻ `pave.dhcs.ca.gov/sso/login.do` 🔍 ☆

CA.GOV **PAVE PORTAL** **DHCS** **Bulletins** **Contact Us** **Sign Up** **Login**

 **Hi Sandy**
sandy.1.lee@protonmail.com

Enter your Password 🔊

[Forgot Password?](#)

Need Help?
Call the **PAVE Help Desk** at (866) 252-1949, and one of our friendly experts will be happy to assist you.
The Help Desk is available **Monday - Friday, 08:00 am - 06:00 pm Pacific time, excluding state holidays.**

UNAUTHORIZED ACCESS TO ANY STATE OF CALIFORNIA COMPUTING SYSTEM CONTAINING US GOVERNMENT OR STATE OF CALIFORNIA INFORMATION IS A CRIMINAL OFFENSE.

PAVE Portal SSO Version: 5.0.0.0 - Build Number 226
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PAVE User Sign Up is Complete

- » Now that you are set up as a PAVE user, you must create your PAVE profile, which is a workspace where you and others in your organization can work to create applications for your organization and manage accounts.

Enter the National Provider Identifier (NPI) for the Clinic and Click “Verify”

Create your PAVE Profile

A PAVE Profile is a workspace for groups or individual providers where applications and accounts are created.
Please enter your NPI number or select I don't have an NPI number.



☐ I don't have an NPI number


Not sure which NPI number to use? [View the PAVE Profile Setup Guide](#)

Enter the Profile Name

Profile name is typically the legal name of the clinic. If you are unable to create a PAVE profile, [click here](#) to go to existing accounts.

Create your PAVE Profile

NPI Number



Thank you! It looks like your organization is new to PAVE. Enter the PAVE Profile name that represents your organization, *Create PAVE Profile*

PAVE Profile Name

Do you have an application in progress with California Department of Public Health?

☐ Yes ☒ No

PAVE Profile Set Up

- » Make sure you are logged in with your own user email and password. Each person who accesses PAVE must use a unique log-in credential. Usernames and passwords cannot be shared.
- » If the clinic is an entity, enter the Type 2 NPI for the clinic and click "Verify." If the clinic is a sole proprietorship, enter the Type 1 NPI. Additional information on obtaining an NPI can be found in the Appendix.
- » There can only be one PAVE profile per Tax ID. However, multiple NPIs, provider types, and/or locations must be in the same PAVE profile if all are associated with the same Tax ID.
- » Once the NPI is verified, you will enter your organization's PAVE Profile (e.g., substance use disorder clinic). Next, click "Create my PAVE Profile."

PAVE Profile

[Click here](#) to go to how to start a new application.



The arrow points to the name of the sample profile.

Accessing PAVE from an Existing/Enrolled Account


- » If you are using a Tax ID already associated with a Medi-Cal enrollment, but do not have access rights to the existing account, you must request permission from an authorized person within your organization.
- » Do not create separate PAVE profiles for the same Tax ID.

PAVE Profile

If account already exists, request to join.

Create your PAVE Profile

A PAVE Profile is a workspace for groups or individual providers where applications and accounts are created.
Please enter your NPI number or select I don't have an NPI number.



NPI Number

Verify

NPI 1342345345 is associated with PAVE Profile.

ABC Clinic belongs to this PAVE Profile

What would you like to do?

Do you want to join this profile? Send a Request to Admin **Jean Smith**

Request to join as a guest

PAVE Profile

Enter why you require access to a PAVE profile and send the request. You will not gain access until the administrator within your organization grants your rights.

Request to be part of ABC Clinic Business Profile ✕

Why would you like to be part of ABC Clinic Business Profile?

I am an administrator at the Sacramento Office - please grant PAVE profile access. I can be reached at abc2@abcmedical.org, 916-555-5555.

Thank you,
Sandy Lee

The message above will be included in the Request to Join ABC Clinic business profile.

✕ Cancel

➤ Send Request



Enrollment Process

The Process

The PAVE questionnaire is the initial path to start a DMC Clinic application

Step 1: Accessing PAVE

- » In your organization's PAVE profile, click on "Applications" and then "+ New Application".

Step 2: Questionnaire:

- » You will complete a questionnaire to start the correct application.

Program Requirements

- » The following slides will guide you through the questionnaire to start a DMC clinic application.

Questionnaire – New Start of Application

If new, select the "I'm new..." option and then "I'm a health care business".

Start Application Business Structure NPI Provider Type Language Last step

The following questionnaire will help determine the correct type of application for you. Hovering over the options will provide additional help!

☐ I'm enrolled in Medi-Cal or Medi-Cal Dental, and I want to create an application

☐ I'm enrolled in Medi-Cal or Medi-Cal Dental, and I want to affiliate with another provider

☒ I'm new to Medi-Cal or Medi-Cal Dental, and I want to create a new application

What type of provider are you?

☐ I'm an individual provider

☐ I'm a group of individual providers

☒ I'm a healthcare business

☐ I need to report Supplemental changes

If you want help with any of these options, select the in-context tutorial video icons for assistance.

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

[← Previous](#) [Continue →](#)

Questionnaire – Existing Start of Application

If existing, select the "I'm enrolled..." option and then select one the applicable options below it. For instance, if adding an additional location, select "My business is expanding to an additional location."

The screenshot shows a questionnaire interface with a progress bar at the top. The progress bar has six steps: 'Start Application' (active), 'Business Structure', 'NPI', 'Provider Type', 'Language', and 'Last step'. Below the progress bar is a light blue box with a cartoon character and the text: 'The following questionnaire will help determine the correct type of application for you. Hovering over the options will provide additional help!'. Below this box is a list of options, each with a radio button and a document icon. Two red arrows point to the first two options. The options are: 'I'm enrolled in Medi-Cal or Medi-Cal Dental, and I want to create an application', 'My business is expanding to an additional location', 'I want to add a new provider type to an existing service location', 'I want to report a change of service address', 'I want to report either a change of ownership of more than 50% or the purchase of a healthcare business', 'I'm enrolled in Medi-Cal or Medi-Cal Dental, and I want to affiliate with another provider', 'I'm new to Medi-Cal or Medi-Cal Dental, and I want to create a new application', and 'I need to report Supplemental changes'. At the bottom, there is a text box with the instruction: 'If you want help with any of these options, select the in-context tutorial video icons for assistance.' and a video icon. Below this is another text box: 'Once you have made your choice, select Continue'. At the bottom left is a 'Previous' button, and at the bottom right is a 'Continue' button with a red arrow pointing to it.

Start Application Business Structure NPI Provider Type Language Last step

The following questionnaire will help determine the correct type of application for you. Hovering over the options will provide additional help!

☒ I'm enrolled in Medi-Cal or Medi-Cal Dental, and I want to create an application

☒ My business is expanding to an additional location

☐ I want to add a new provider type to an existing service location

☐ I want to report a change of service address

☐ I want to report either a change of ownership of more than 50% or the purchase of a healthcare business

☐ I'm enrolled in Medi-Cal or Medi-Cal Dental, and I want to affiliate with another provider

☐ I'm new to Medi-Cal or Medi-Cal Dental, and I want to create a new application

☐ I need to report Supplemental changes

If you want help with any of these options, select the in-context tutorial video icons for assistance.

Once you have made your choice, select Continue

Previous Continue

Questionnaire – New Business Structure

For a DMC clinic, select “Other entity” if you are organized as an entity (i.e., corporation, nonprofit, partnership, etc.) or select “Sole Proprietor” if that applies and then click “continue.”

The screenshot shows a questionnaire interface with a progress bar at the top. The progress bar has six steps: Start Application, Business Structure, NPI, Provider Type, Language, and Last step. The 'Business Structure' step is currently active and highlighted in orange. Below the progress bar, there is a welcome message from a cartoon character: '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.' The main question is 'What is your health care business structure?'. There are three radio button options: 'Sole Proprietor', 'Other entity' (which is selected), and 'I'm enrolling as a Medicare Crossover-only provider'. Below the options, it says 'Once you have made your choice, select Continue'. At the bottom left is a 'Previous' button with a left arrow, and at the bottom right is a 'Continue' button with a right arrow. A large red arrow points towards the 'Continue' button.

Start Application **Business Structure** NPI Provider Type Language Last step

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

← Previous

Continue →

Questionnaire – Existing Business Structure

For a DMC clinic, select “I’m a health care business” and then “Other entity” if you are organized as an entity (i.e., corporation, nonprofit, partnership, etc) or select “Sole proprietor” if that applies and then click “continue.”

The screenshot shows a multi-step questionnaire interface. At the top, a progress bar indicates the current step is 'Business Structure', which is highlighted with an orange line and a red circle. The other steps are 'Start Application', 'NPI', 'Provider Type', 'Language', and 'Last step', each marked with a grey circle and a slash. Below the progress bar, a welcome message from a cartoon character says: '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.' The main question is 'What is your health care business structure?'. There are five radio button options: 'I'm an individual licensed/certified health care practitioner', 'I'm a group of licensed/certified health care practitioners', 'I'm a health care business' (which is selected and highlighted with a grey background), 'Sole proprietor', and 'Other entity'. Below these options, there is a text prompt: 'Once you have made your choice, select Continue'. At the bottom left is a 'Previous' button with a left arrow, and at the bottom right is a 'Continue' button with a right arrow. A large red arrow points from the text box on the left to the 'I'm a health care business' option. Another large red arrow points from the 'Continue' button to the right.

Start Application **Business Structure** NPI Provider Type Language Last step

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?

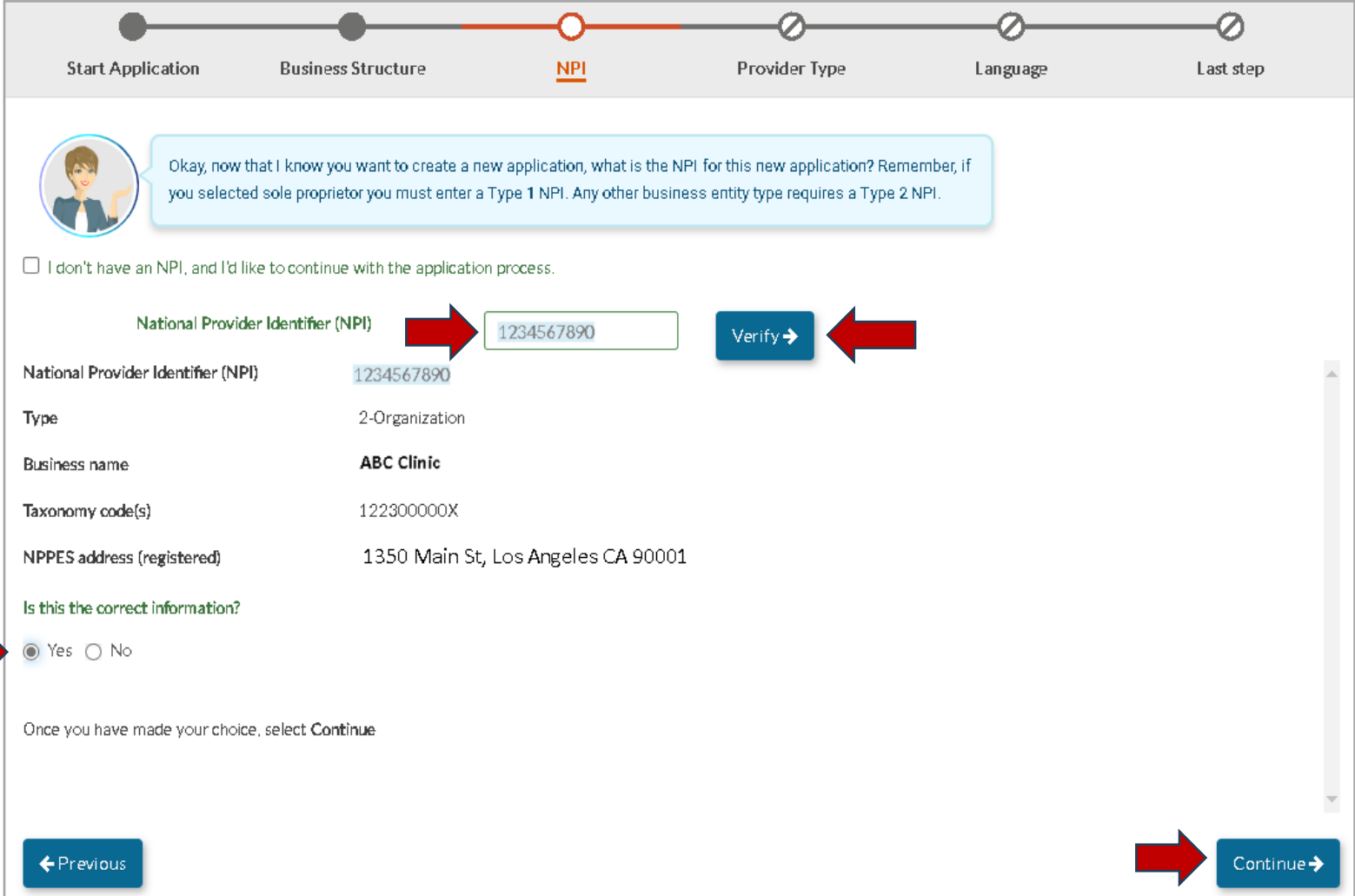
- ☐ I'm an individual licensed/certified health care practitioner
- ☐ I'm a group of licensed/certified health care practitioners
- ☒ I'm a health care business
 - ☐ Sole proprietor
 - ☒ Other entity
- ☐ I'm a Medicare Crossover-only provider

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

← Previous Continue →

Questionnaire – NPI

Enter the Type 2 NPI that will be used for billing if you are organized as an entity or enter the Type 1 NPI if you are organized as a sole proprietor and then click "verify." Validate that the information displayed is correct and click "continue."



The screenshot shows a multi-step questionnaire interface. At the top, a progress bar indicates the current step is 'NPI', with previous steps 'Start Application' and 'Business Structure' completed, and subsequent steps 'Provider Type', 'Language', and 'Last step' pending. A blue speech bubble from a female avatar provides instructions: '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.'

Below the instructions, there is a checkbox labeled 'I don't have an NPI, and I'd like to continue with the application process.' The main form area contains the following fields:

- National Provider Identifier (NPI)**: A text input field containing '1234567890'. A red arrow points from this field to a 'Verify →' button.
- National Provider Identifier (NPI)**: A read-only field displaying '1234567890'.
- Type**: A read-only field displaying '2-Organization'.
- Business name**: A read-only field displaying 'ABC Clinic'.
- Taxonomy code(s)**: A read-only field displaying '122300000X'.
- NPPES address (registered)**: A read-only field displaying '1350 Main St, Los Angeles CA 90001'.

Below these fields, a green text prompt asks 'Is this the correct information?'. There are two radio buttons: 'Yes' (which is selected) and 'No'. A red arrow points from the left towards the 'Yes' radio button. At the bottom of the form, there is a '← Previous' button on the left and a 'Continue →' button on the right. A red arrow points from the 'Continue →' button towards the right edge of the screen.

Questionnaire – Provider Type

To enroll a DMC clinic, select “Drug Medi-Cal Clinic” from the drop-down list.

The screenshot displays the 'Provider Type' step of a six-step enrollment questionnaire. The progress bar at the top shows the following steps: 'Start Application', 'Business Structure', 'NPI', 'Provider Type' (highlighted with a red circle and underline), 'Language', and 'Last step'. Below the progress bar, a light blue instruction box with a female avatar icon states: 'Now, select your **provider type** from the drop-down below, then select **Continue** to move on.' A drop-down menu is shown with 'Drug Medi-Cal Clinic' selected; a red arrow points to this menu. Below the menu, a blue information icon is followed by the text: 'If you can not find the provider type in this list, please review the business structure page to make sure you have selected the correct option. It could also be that the provider type you are looking for is not supported by PAVE Portal. To see a complete list of provider types by business structure, click [here](#)'. Below this text, it says 'Once you have made your choice, select **Continue**'. At the bottom left is a '← Previous' button, and at the bottom right is a 'Continue →' button, with a red arrow pointing to the 'Continue' button.

Start Application Business Structure NPI Provider Type Language Last step

Now, select your **provider type** from the drop-down below, then select **Continue** to move on.

Drug Medi-Cal Clinic

i If you can not find the provider type in this list, please review the business structure page to make sure you have selected the correct option. It could also be that the provider type you are looking for is not supported by PAVE Portal. To see a complete list of provider types by business structure, click [here](#)

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

← Previous Continue →

Questionnaire – Language

Select the applicable languages and click "continue"

The screenshot shows a questionnaire interface with a progress bar at the top. The steps are: Start Application, Business Structure, NPI, Provider Type, Exempt from Licensure, Language (highlighted in orange), and Last step. Below the progress bar, there is a light blue box with a question: "Do you offer services in other languages besides English?". Below this, a text prompt says "Once you have made your choice, select Continue". Underneath, it says "Select Language(s)". A list of languages with checkboxes is provided: All displayed Languages, Spanish, Portuguese, Italian, French, Japanese, Cantonese, Mandarin, Other Chinese, Korean, German, Arabic, Armenian, Cambodian, Farsi, Hmong, Vietnamese, Russian, Tagalog, Hindi, Taiwanese, Mongolian, Laotian, Punjabi, Thai, and Other. At the bottom left is a "Previous" button with a left arrow, and at the bottom right is a "Continue" button with a right arrow. A large red arrow points to the "Continue" button.

Start Application Business Structure NPI Provider Type Exempt from Licensure **Language** Last step

Do you offer services in other languages besides English?

Once you have made your choice, select Continue

Select Language(s)

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

← Previous Continue →

Questionnaire – Last Step

Review that all information is accurate as it cannot be changed after the application is generated. Click "continue" once confirmed or "previous" if corrections are needed.

●

●

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●

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Start ApplicationBusiness StructureNPIProvider TypeExempt from LicensureLanguageLast step



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.

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.

Start Application

I'm new to Medi-Cal or Medi-Cal Dental, and I want to create a new application

I'm a healthcare business

Business Structure

Other entity

NPI of the application

1912342544 [View Details](#)

Provider Type

Exempt from Licensure Clinic

Language

← Previous

Continue →

Enrollment Process

The Process

Step 1: Accessing PAVE

Step 2: Questionnaire

Program Requirements:

Medi-Cal Program Requirements - Specific for DMC

- » The Medi-Cal program requirements are included in the application process. The next few slides will cover:
 - » Application Fee
 - » Opioid Treatment & Risk Level
 - » Modalities & Treatment Components
 - » Treatment Professional Affiliations & Counselors
 - » Required Documents
 - » Disclosure Requirements
 - » Authorized Signers

Application Fee Requirements

- » In accordance with the directives of the Patient Protection and Affordable Care Act (ACA), DHCS established Medi-Cal application fee requirements to implement 42 Code of Federal Regulations (CFR) Sections 455.460, 405, 424, 447 et al., and 72 Federal Register Sections 5862-5971 [Feb. 2, 2011].
- » The application fee requirements were set forth in Welfare & Institutions (W&I) Code Section 14043.25(d) and the regulatory provider bulletin entitled, "Medi-Cal Application Fee Requirements for Compliance with 42 Code of Federal Regulations Section 455.460." The Medi-Cal application fee requirements applied to enrollment applications received on or after January 1, 2013.

Additional Application Fee Requirements

- » The application fee collected must be used to offset the cost of conducting the required screening as specified in 42 CFR 455 Subpart E. DHCS' imposition of the application fee is necessary to comply with the ACA and 42 CFR Section 455.460.
- » DHCS will deny applications in which the applicant fails to pay the required application fee (W&I Code Section 14043.26(f)(4)(F)).
- » The application fee amount for calendar year 2024 is \$709. It is required with any applicable enrollment application submitted on or after January 1, 2024, and on or before December 31, 2024.
- » Each year, the federal Center for Medicare & Medicaid Services (CMS) determines the new application fee requirement. The new application fee will be posted on the [Application Fee webpage](#) once determined by CMS.

Application Fee Options

1. Submit the application fee and provide the confirmation number within the PAVE application.
2. Request an exemption and provide the required documents.
 - Application Fee Waiver OR Medicare / Medicaid / Children's Health Insurance Program (CHIP) Verification.
3. Submit application fee and exemption documents within PAVE.
 - Confirmation Number Listed and Application Fee Waiver OR Medicare / Medicaid / CHIP Verification.

Opioid Treatment Risk Level

- » Effective April 10, 2022, superseding the June 2019 bulletin establishing all DMC providers as low categorical risk, DHCS issued: "Designation of Categorical Risk Levels for the Drug Medi-Cal Program's Narcotic Treatment Programs and Heroin Detoxification Programs."
- » CMS designated newly enrolling opioid treatment programs as "moderate" or "high" categorical risk levels that require providers of these services to undergo additional screening requirements.

Moderate Risk Level

- » Newly enrolling DMC providers with Narcotic Treatment Program (NTP) or Heroin Detoxification Program (HDP) service modalities or existing DMC providers adding NTP or HDP service modalities if they have been fully and continuously certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) since October 23, 2018, or are revalidating.
- » Moderate risk requirements:
 - » Verify that a provider meets any applicable federal regulations or state requirements for the provider type prior to making an enrollment determination.
 - » Conduct license verifications, including state licensure verifications in states other than where the provider is enrolling, in accordance with Section 455.412.
 - » Conduct database checks on a pre- and post-enrollment basis to ensure providers continue to meet the enrollment criteria for their provider type, in accordance with Section 455.436.
 - » Conduct onsite visits in accordance with Section 432.

High Risk Level

- Newly enrolling DMC providers with NTP or HDP service modalities or existing DMC providers adding NTP or DHP that have not been fully and continuously certified by SAMHSA since October 23, 2018.
- High risk requirements:
 - Verify that a provider meets any applicable federal regulations or state requirements for the provider type prior to making an enrollment determination.
 - Conduct license verifications, including state licensure verifications in states other than where the provider is enrolling, in accordance with Section 455.412.
 - Conduct database checks on a pre- and post-enrollment basis to ensure that providers continue to meet the enrollment criteria for their provider type, in accordance with Section 455.436.
 - Conduct onsite visits in accordance with Section 432.
 - Conduct a criminal background check.
 - Require the submission of a set of fingerprints in accordance with Section 434 and Welfare & Institutions Code Section 14043.38.

Modalities and Treatment Components

- » Service modalities are services provided by a substance use disorder clinic.
- » The types of modalities include:
 - Residential
 - NTP
 - HDP
 - Intensive Outpatient Treatment (IOT)
 - Outpatient Drug Free (ODF)
 - Naltrexone
- » Treatment components include:
 - Perinatal (services provided to pregnant and postpartum women)
 - Non-Perinatal
 - Both Perinatal and Non-Perinatal

Treatment Professional Affiliations

- » Licensed substance use disorder treatment professionals will submit the following types of rendering applications:
 - » Substance Use Disorder Medical Director (SUD-MD)
 - » Substance Use Disorder Treatment Professional (SUD-TP)
 - » Substance Use Disorder Non-Physician Medical Practitioner

Substance Use Disorder Medical Director

- » As defined in California Code of Regulations (CCR) Title 22, Division 3, Section 51000.24.4, "Substance Use Disorder Medical Director" means a physician who is licensed by the Medical Board of California or the Osteopathic Medical Board of California and who meets the requirements in Sections 51000.70 and 51341.1(b)(28).
- » The DMC is required to submit at least one linked application for the Substance Use Disorder Medical Director who is an agent of the substance use disorder clinic.

Substance Use Disorder Treatment Professional

- » As defined in CCR, Title 22, Division 3, Section 51000.9.5: “Licensed Substance Use Disorder Treatment Professional” means an individual who provides medically necessary, clinical services prescribed for members admitted, registered, or accepted for care by the substance use disorder clinic and is either:
- (a) A physician licensed by the Medical Board of California or by the Osteopathic Medical Board of California; or
 - (b) A psychologist licensed by the Board of Psychology; or
 - (c) A clinical social worker or marriage and family therapist licensed by the California Board of Behavioral Health Sciences.

Substance Use Disorder Nonphysician Medical Practitioner

- » As defined in CCR, Title 22, Division 3, 51000.24.4.1: “Substance Use Disorder Nonphysician Medical Practitioner” means an individual who provides medically necessary, clinical services prescribed for members admitted, registered, or accepted for care by the substance use disorder clinic and is either:
 - (a) A registered nurse practitioner; or
 - (b) A physician assistant.
- » NOTE: all other licensed individuals can be included in the counselor section.

Some Required Documents

- » Fictitious Business Name Statement (as required by the city or county)
- » Articles of Incorporation (entities organized as a for-profit or nonprofit corporation)
- » Partnership Agreement and Amendments (entities organized as a partnership)
- » Verification of Taxpayer Identification Number/Employer Identification Number (TIN/EIN) with one of these accepted IRS-generated documents: IRS Form 8109-C, Form 941, Letter 147-C, or Form SS-4 (confirmation notification)
- » Business License or Business Tax Certificate (as required by the city or county)
- » Copy of the Workers' Compensation Insurance Certificate (if applicable)
- » Copy of the Comprehensive (General) Liability Insurance Certificate

Additional Required Documents

- » If the DMC clinic space is leased or rented, then attach a copy of the signed lease agreement.
 - If the space is donated or located on a school site, then attestation letter(s) are required.
- » Residential, NTP, or HDP license (if these services are provided)
- » Outpatient Drug-Free or Intensive Outpatient Treatment certification (if these services are provided)
- » State-issued identification of the person who signs the application and any owner with 5% or more ownership or control.

** Note: This list is not an exhaustive list of all requirements.*

Medi-Cal Disclosure Requirements

- » For governmental agencies or counties, the individuals who must be reported under the Disclosure Information section of the application are those individuals who meet the definition of managing employees and/or the behavioral health director.
- » For nonprofits, the individuals who must be reported under the Disclosure Information section of the application are those individuals who meet the definition of managing employees, directors, officers, board members, and the individual who holds the position of either the Executive or Clinical Director.
- » For-profit clinics, the individuals who must be reported under the Disclosure Information section of the application are those individuals who meet the definition of managing employees, directors, officers, owners, and the individual who holds the position of either the Executive or Clinical Director.

Additional Disclosure Requirements

- » Managing employees are individuals who exercise operational or managerial control over, or who directly or indirectly conduct the day-to-day operations at the clinic.
- » Behavioral Health Director oversees the DMC clinic for the county.
- » Executive or Clinical Director oversees the DMC for nonprofit and for-profit clinics.
- » All disclosure information, including for managing employees and the Behavioral Health Director, are for the entity and not for each location. This means that for every application that has the same Tax-ID, the disclosure information, including managing employees and Behavioral Health Director, must be the same.

Who Can Sign the Applications

- » CCR, Title 22, Section 51000.30(a)(2)(B) states...
 - Applications shall... “Be signed under penalty of perjury by an individual who is the sole proprietor, partner, corporate officer, or by an official representative of a governmental entity (who is disclosed as such in the application) or official representative of a non-profit organization, who has the authority to legally bind the applicant seeking enrollment, or the provider seeking continued enrollment, or the provider seeking enrollment at a new, additional, or change in location, as a Medi-Cal provider.”
- » Signatures cannot be delegated.
- » Signer attaches a copy of their driver’s license or state-issued identification.

Appendix



NPI Resources

Please visit the below CMS and U.S. Department of Health and Human Services (HHS) resources for information on obtaining an NPI:

- » [NPI \(CMS.gov\)](https://www.cms.gov/npi)
- » [NPPES \(hhs.gov\)](https://www.hhs.gov/nppes)
- » [NPPES FAQs — NPPES Documentation \(hhs.gov\)](https://www.hhs.gov/nppes/faq)
- » [Welcome to the NPPES Help — NPPES Documentation \(hhs.gov\)](https://www.hhs.gov/nppes/help)