

MEDI-CAL ENROLLMENT REQUIREMENTS AND PROCEDURES FOR COMMUNITY-BASED ORGANIZATIONS (CBO) AND LOCAL HEALTH JURISDICTIONS (LHJ)

QUESTIONS AND ANSWERS FROM THE STAKEHOLDER HEARING HELD
ON NOVEMBER 17, 2023

1. Question: Is there a link to the provider bulletin?

Answer: The provider bulletin titled, "[Community-Based Organizations and Local Health Jurisdictions Enrollment](#)" is now available.

2. Question: Will a recording of this webinar and slides become available?

Answer: The webinar can be viewed via the [Department of Health Care Services \(DHCS\) YouTube](#) page.

3. Question: What is the application processing timeframe?

Answer: State law generally requires the DHCS to take an action on an application for provider enrollment within 180 days. If an application is returned to a provider to make corrections, the provider has 60 days to resubmit the application. DHCS will have an additional 60 days to review the application once it has been resubmitted. If the application is referred for a comprehensive review, the review timeframe will be extended. Submitting a complete and correct application will reduce DHCS' overall application processing time.

4. Question: What is the enrollment process for "Justice-Involved" provider types?

Answer: DHCS is in the process of implementing a [CalAIM](#) initiative to assist [Justice-Involved individuals](#) including people who have spent time in jails, youth correctional facilities, or prisons and who are at higher risk for injury and death than the general public. The CalAIM Justice-Involved initiative will implement October 1, 2024, and CBOs will be able to update their application to receive a Category of Service that will allow them to bill for Justice-Involved services provided on or after that date. The qualifications for a CBO to enroll as a Medi-Cal provider to bill for Justice-Involved services are the same as enrolling to provide community health worker (CHW) or asthma preventive (AP) services. To contact DHCS directly regarding Justice-Involved provider enrollment and participation, please email: CalAIMJusticeAdvisoryGroup@dhcs.ca.gov.

5. Question: How will the CBOs and LHJs be screened?

Answer: CBOs and LHJs will be screened at the limited level. Providers screened at the limited level require verification of provider licenses, as applicable, and federal database checks. For more information, please refer to the provider bulletin titled, "[Medi-Cal Screening Level Requirements for Compliance with 42 Code of Federal Regulations Section 455.450.](#)"

6. Question: Will there be a checklist available to help providers be ready?

Answer: The [Community-Based Organizations and Local Health Jurisdictions Application Information](#) webpage outlines the enrollment requirements for CBOs and LHJs.

7. Question: Are home health or hospice agencies considered CBO provider types?

Answer: Home health and hospice agencies may apply for enrollment as a CBO if they meet the requirements set forth in the provider bulletin titled, "[Community-Based Organizations and Local Health Jurisdictions Enrollment.](#)"

8. Question: Is this for new providers only or do current Drug Medi-Cal (DMC) providers have to reapply by January 9th? Is this different from DMC enrollment in PAVE?

Answer: The enrollment requirements outlined only apply to CBOs and LHJs. Currently enrolled DMC providers or other providers supervising CHWs or AP service providers do not need to re-apply. Please visit the [Community Health Workers](#) webpage for the latest updates on CHWs.

9. Question: How extensive will the application be? Do each of the plans have their own provider enrollment process too? Or is there a standardized process for all plans to follow?

Answer: The Medi-Cal application complies with State and federal requirements for all provider types. Please visit the [PAVE Provider Portal](#) site for more information on the application process. Here is a link to the [Applications by Provider Type](#) page.

Please see DHCS' Managed Care All Plan letters for updated information about CBO and LHJ requirements.

10. Question: Will assistance be provided by DHCS to smaller CBOs with no experience being a Medi-Cal provider?

Answer: DHCS has published several [different types of training presentations](#) to assist providers when submitting an application which includes helpful information

for smaller CBOs.

11. Question: What qualifies as a CBO? Does a 501(c)(3) non-profit mental health group qualify as a CBO?

Answer: A CBO serves hard-to-reach, marginalized Medi-Cal populations and performs a variety of activities to connect with these populations. As a fiscally sponsored entity, a CBO organized as a 501(c)(3) is eligible for enrollment.

12. Question: Is there an enrollment pathway for non-profits because of this new change?

Answer: Non-profit corporations are eligible to enroll as many different Medi-Cal provider types. However, this provider bulletin does not create a new pathway for provider groups of mental health practitioners who are organized as non-profit corporations. Please note, provider groups of licensed mental health practitioners are required to be professional corporations and are generally not eligible for enrollment.

13. Question: Upon approval, would this allow us to bill Managed Care Plans for services rendered as a group provider?

Answer: CBOs and LHJs must reach out directly to the Managed Care Organization they seek to contract with. Please note, pursuant to the provider bulletin titled, "[Community-Based Organizations and Local Health Jurisdictions Enrollment](#)," CBOs and LHJs will not be enrolled as a provider group.