# MEDI-CAL COMMUNITY BASED ORGANIZATION (CBO) ENROLLMENT REQUIREMENTS AND DOCUMENTATION

Prior to submitting a CBO application in the Medi-Cal Provider Application and Validation for Enrollment (PAVE) system, please see below requirements and have the following documents, certificates, and licenses ready at hand. Depending on what county / counties you will provide services in, you will be requested to upload the following documents in PAVE as part of your application:

# **Section A – Mandatory Requirements**

This section includes all mandatory requirements needed to be submitted as part of your PAVE application.

# Must be a Non-Profit organization

• The CBO must be organized as a non-profit corporation and must also be a 501(c)(3) entity or must be a non-profit corporation that is a sponsored entity that has a 501(c)(3) designation. Note: "For profit" CBOs cannot enroll.

# Must have an Administrative Service Address

• The Administrative Address reported on the application must be a physical location and must NOT be a residential home, virtual office, PO Box, or mailbox store.

# Must have a Federal Employer Identification Number (FEIN)

• The only acceptable documents include an IRS-generated Letter 147-C, <u>IRS-generated Form 941</u>, IRS-generated Form 8109-C, or <u>IRS-generated Form SS-4</u> (only the official Confirmation Notification of FEIN/ITIN assignment).

# Must provide Community Health Worker (CHW), Asthma Preventive Services (APS), and/or Justice Involved (JI) services

- If you intend to bill for CHW services, you must report the name of at least one CHW as part of your application.
- If you intend to bill for APS, you must report the name of at least one APS provider, either licensed or unlicensed.



 If you intend to bill for JI services, you must provide the name, NPI, professional license number and Social Security Number or Individual Tax Identification Number (ITIN) (except CHWs) of at least one provider as part of the application. If CHWs will provide JI services, you must provide the name of the CHW.

Note: CBOs may only provide CHW, APS, and/or JI services at this time. If you are not providing any of these services, you cannot enroll as a CBO. Should the scope of CBO services change in the future, DHCS will release updated guidance.

#### Must satisfy all Non-profit entities disclosure requirements

Non-profit entities must report ALL board members and ALL officers of the non-profit as required by California Code of Regulations Section 51000.35(b)(1)(D) and provide all federally required information for each individual reported. Board members or officers who are part-time or who are volunteers are not exempt from this requirement. All Board Members and all Officers must provide their personal residence address, date of birth, social security number, and all other required information as outlined in the Provider Enrollment Regulations.

# **Section B– Mandatory Documentation**

This section includes all mandatory documentation needed to be submitted as part of your PAVE application.

#### Must provide 501(c)(3) supporting documentation

• Proof that the CBO meets the 501(c)(3) status. Ex: IRS determination letter that the entity is a 501(c)(3) exempt entity.

# Must provide your Business License, Tax Certificate, or Permit

- Most cities require all businesses to obtain a business license. This is true even if the business is a non-profit organization, does not have any employees, and/or is operated by one person.
- In some cities, the business license may be called a business tax certificate or business registration certificate.
- If you do not already have a business license, review the website for your city and obtain a business license before submitting your application.
- If your city does not require a business license, you may note this on your application. Please note that most cities require these for all business types.



• If you do not live within the limits of an incorporated city, your county may require a business license. Check the website for your county to verify requirements.

**Note:** The name and address on the business license must match the name and service address reported on the application.

# Must provide Certificate of Commercial General Liability Insurance documentation

 Include a certificate in an amount of not less than \$100,000 per claim and a minimum annual aggregate of \$300,000. Acceptable verification is either evidence of being self-insured or a certificate of insurance or declaration sheet issued by the insurance company that contains the name of the insurance company, the name and business address of the insured, effective dates, and limits of coverage.

# Must provide Certificate of Workers' Compensation Insurance documentation (as required by state law)

- Workers' Compensation Insurance is required for some businesses. If California state law requires your business to have Workers' Compensation Insurance, then you must attach proof of coverage with your application.
- If you are not otherwise required to have Workers' Compensation insurance, you do not need to obtain insurance to enroll as a Medi-Cal provider.
- For more information on Workers' Compensation Insurance, visit the <u>Workers'</u> <u>Compensation Insurance</u> website.

# **Must provide Signed Lease Agreement**

• Include a signed lease agreement if the applicant does not own the premises. For CBOs, a written verification may be provided from the space owner that the space is being donated for the purposes of operating a CBO at no cost.

# **Must provide Articles of Incorporation**

- A copy of the Articles of Incorporation that has been filed with the Secretary of State is required. The document must show that the organization is a non-profit corporation and the name on the Articles of Incorporation must match the legal name of the applicant.
  - To file Articles of Incorporation prior to submitting your application, visit the <u>Secretary of State (SOS) Forms, Samples and Fees</u> webpage.

