# Enrollment for Community-Based Organizations, Local Health Jurisdictions, and County Children and Families Commission using PAVE

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

November 2024

# Fee-for-Service Medi-Cal Enrollment

Enrollment as a Fee-for-Service (FFS) Medi-Cal provider is completed by submitting an enrollment application to the Provider Enrollment Division (PED) using the Provider Application and Validation for Enrollment (PAVE) online enrollment system. This process is detailed on the following slides.

# Managed Care Plan Contracting

- Contracting with a Managed Care Plan (MCP) is a separate process from the FFS enrollment completed using PAVE and must be completed separately with each plan.
- MCPs may require providers to complete the enrollment process using PAVE prior to contracting or may have an equivalent process to be completed outside of PAVE.
- For more information on requirements and on available plans in each county, please visit these pages, APL 22-013 and Providers – Managed Care Plan Transition.

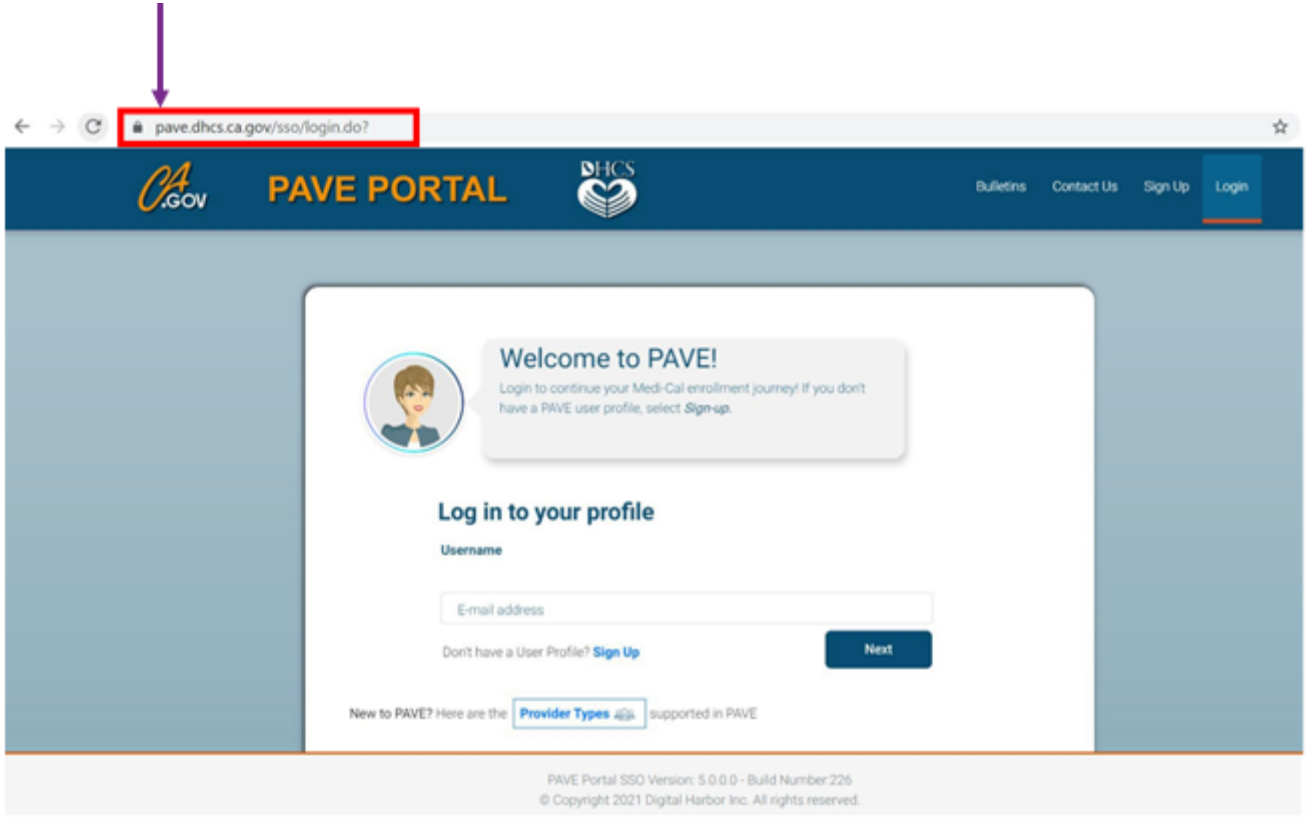
# Topics Covered

1. Getting Set Up in the PAVE Enrollment System
2. PAVE Questionnaire to Start an Application
3. Relevant Medi-Cal Enrollment Requirements
4. Department of Health Care Services (DHCS) Application Review
5. Additional Resources

# Getting Set Up in PAVE for First Time Users

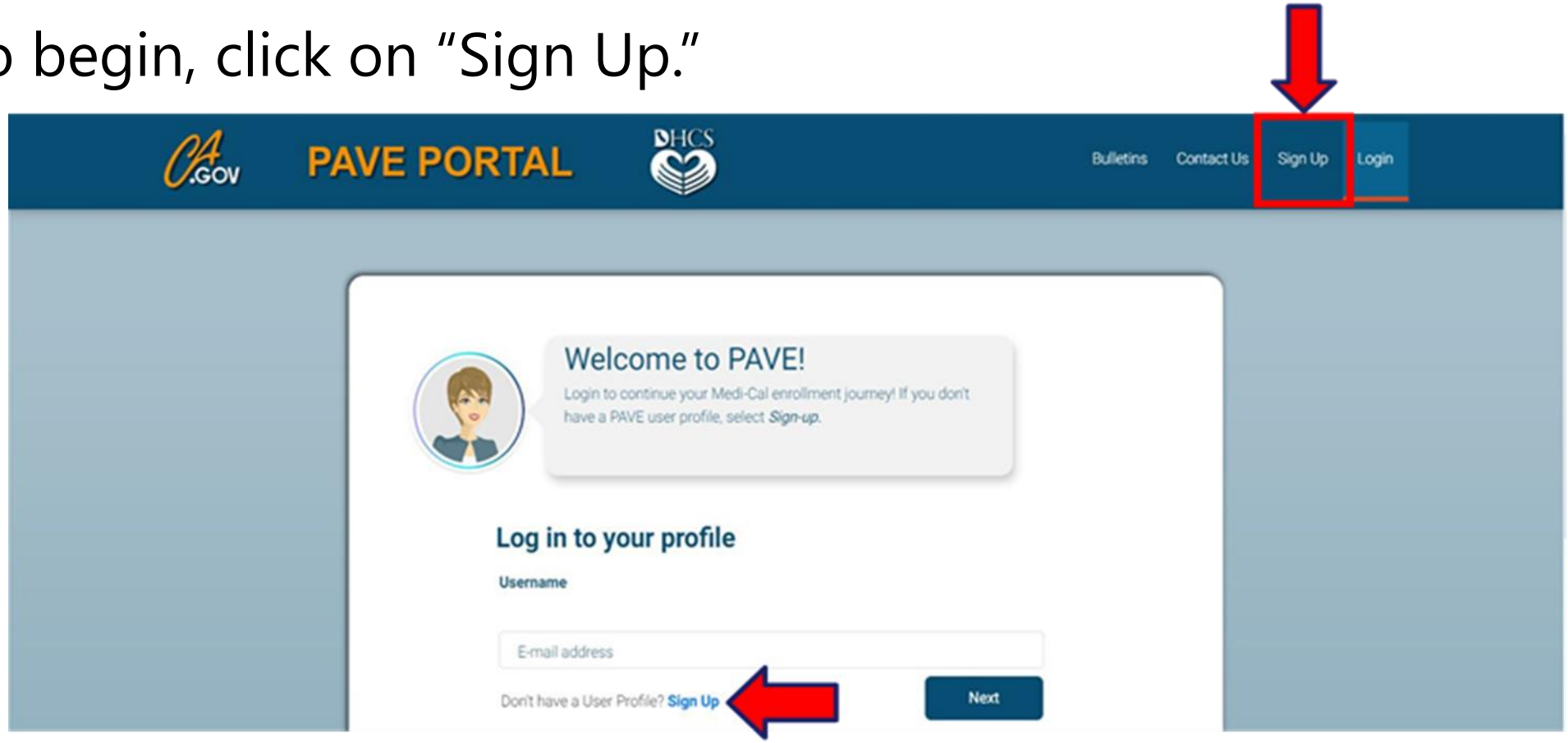
- PAVE 101 Training Slides: https://www.dhcs.ca.gov/provgovpart/Pages/PAVE-101-Training-Slides.aspx

# Access PAVE


pave.dhcs.ca.gov/sso/login.do?
PAVE PORTAL
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
New to PAVE? Here are the Provider Types supported in PAVE
PAVE Portal SSO Version: 5.0.0.0 - Build Number:226
© Copyright 2021 Digital Harbor Inc. All rights reserved.

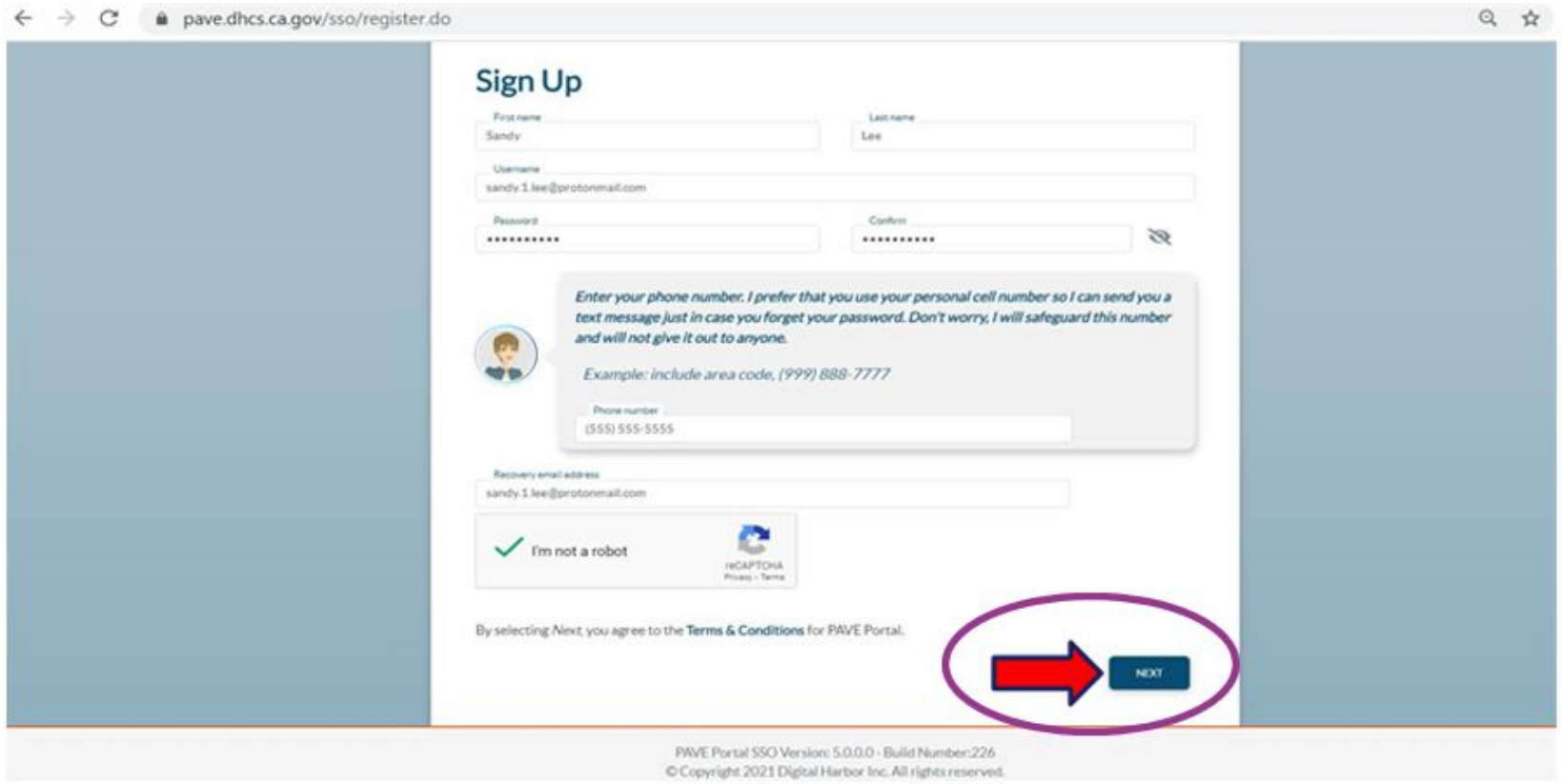
# PAVE User Sign-Up Process

- To begin, click on “Sign Up.”



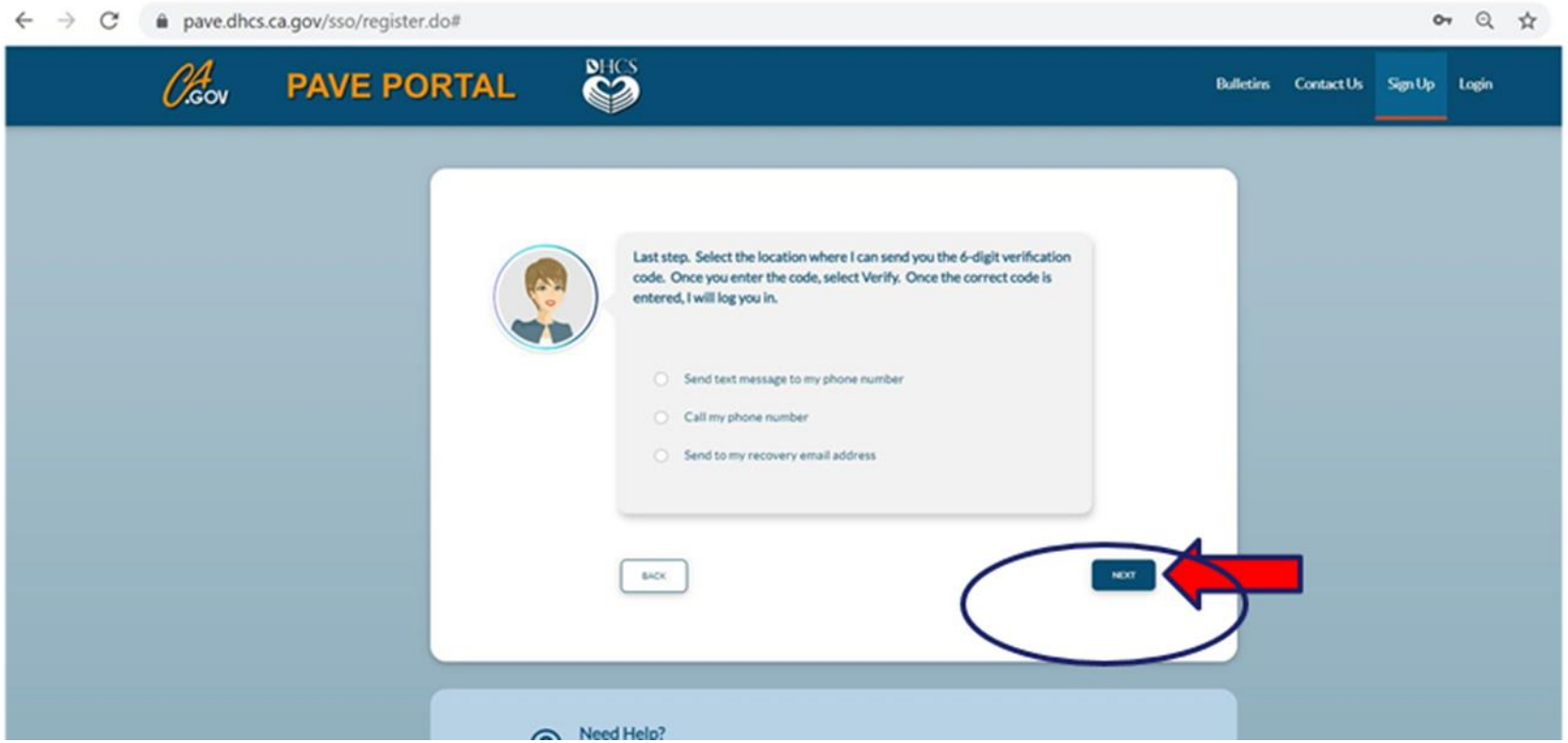
# PAVE User Sign-Up Process

» Complete the required information and click “NEXT.”



# 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.”

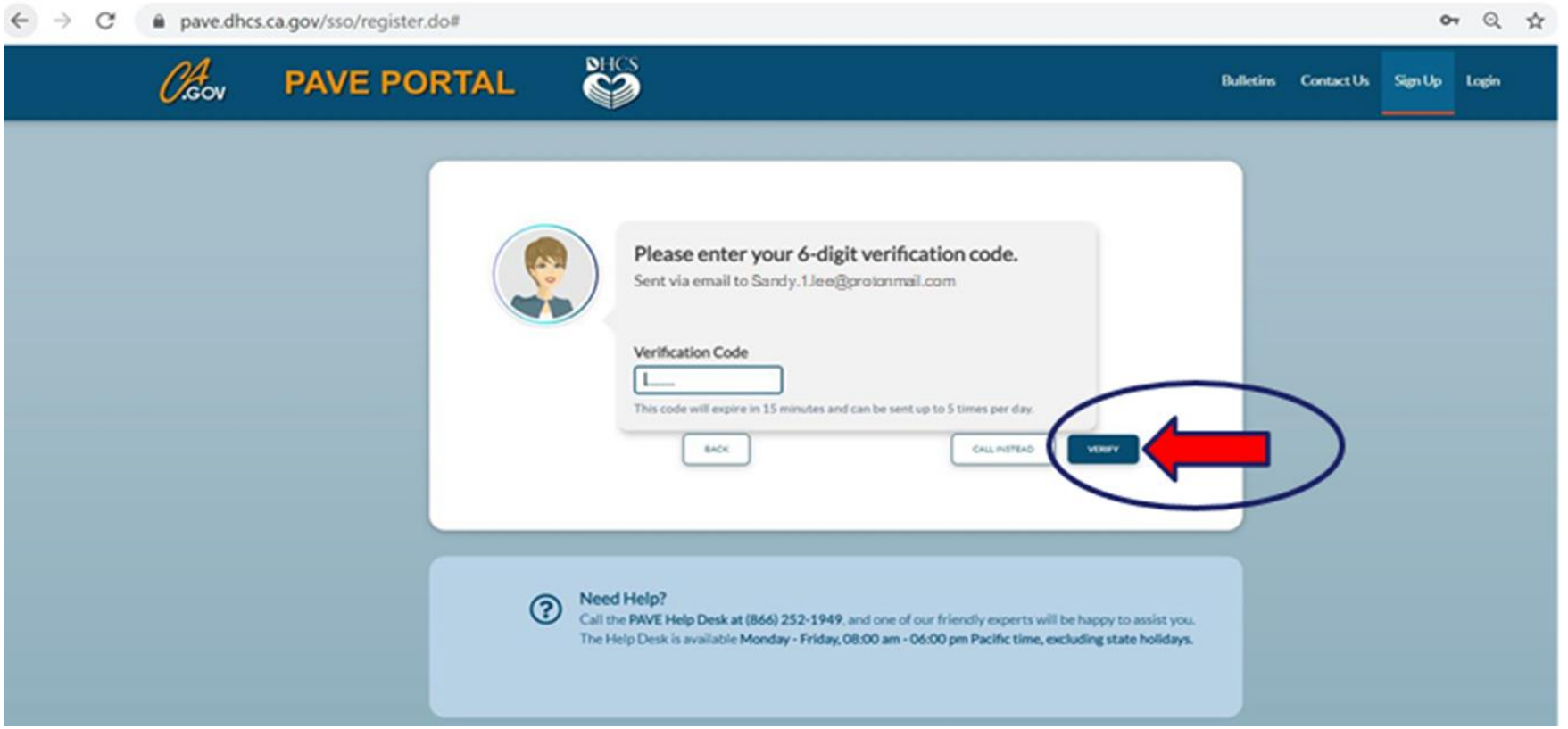


# PAVE User Sign Up Process

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

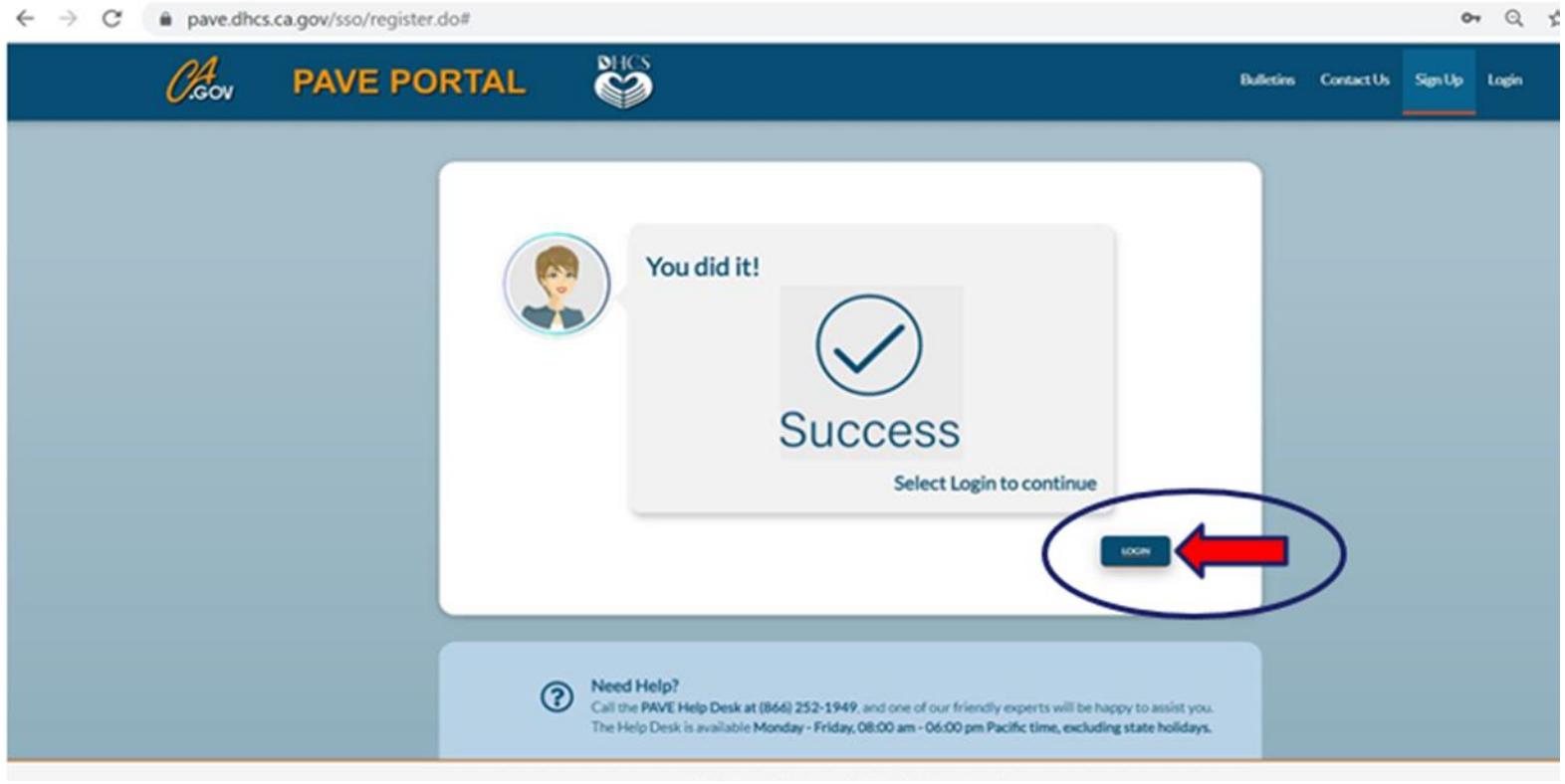
# PAVE User Sign-Up Process

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



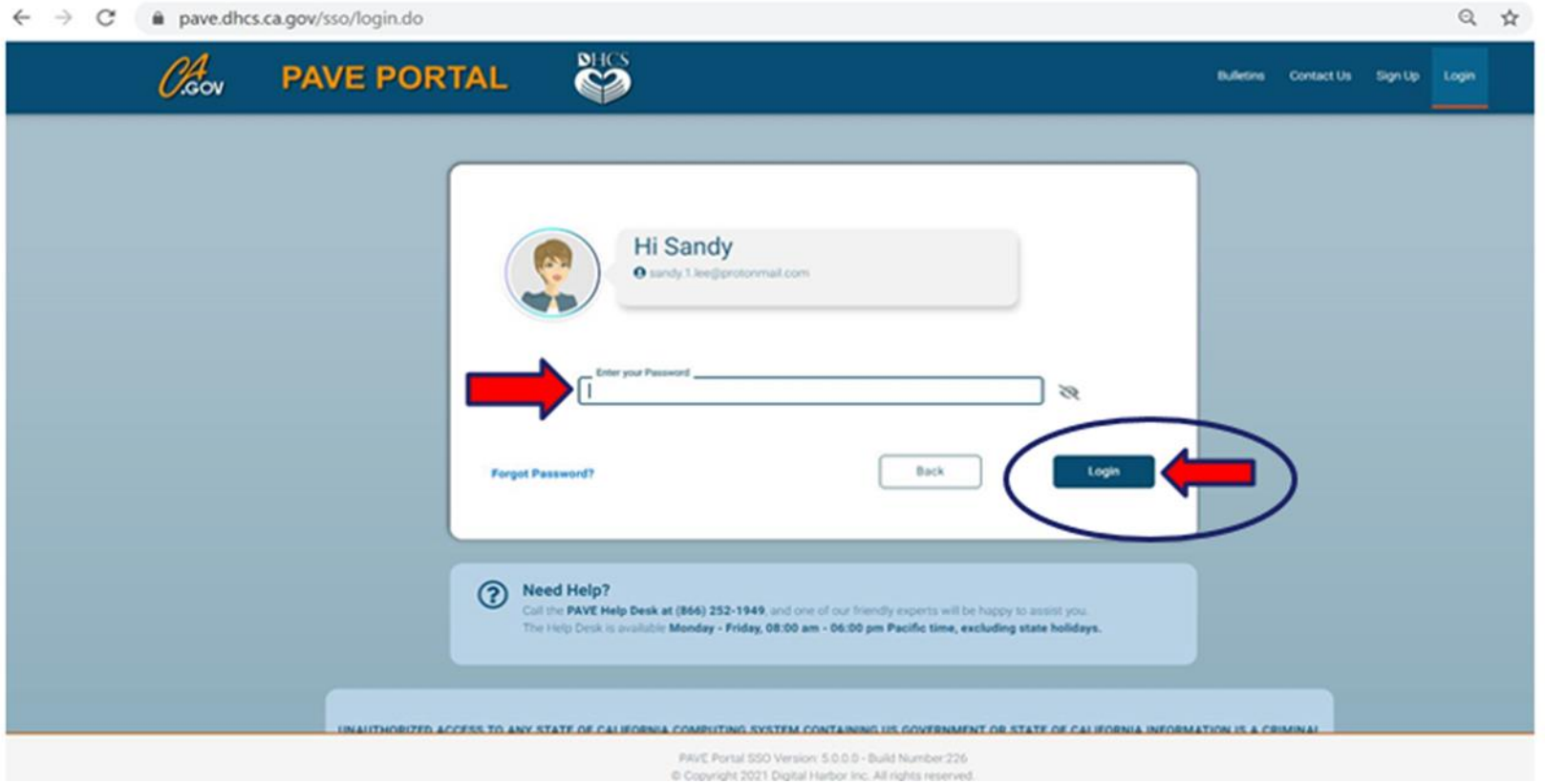
# PAVE User Sign Up Process

» Once PAVE confirms successful verification, click “LOGIN.”



# PAVE User Sign Up Process

» Now enter your email and your password and click “LOGIN.”



# 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

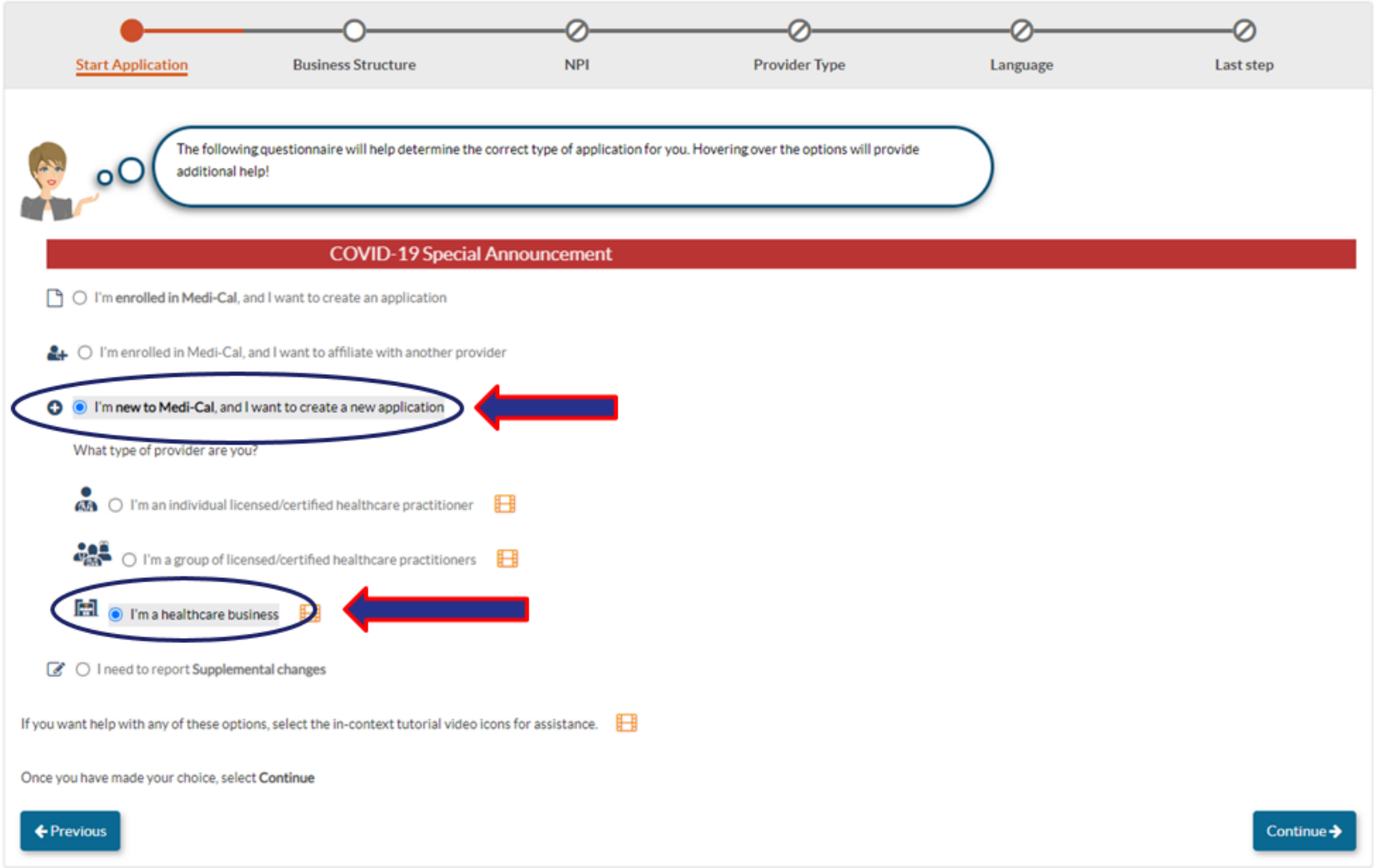
- Make sure that you are logged in with your own username and password.
- Enter the National Provider Identifier (NPI) for the organization and click “Verify.”
- Once the NPI is verified, you will enter the PAVE profile name that represents your organization and click “Create my PAVE Profile.”

# PAVE Profile

# Starting an Application

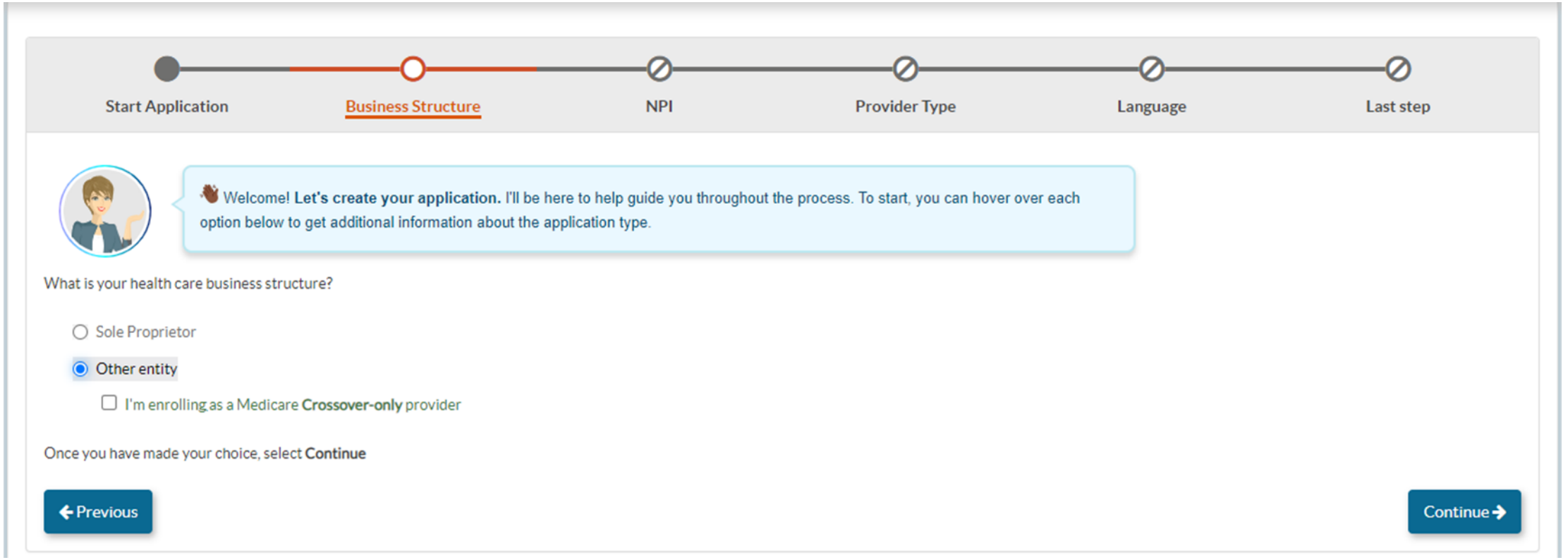
- In your PAVE profile, click on “Applications”, then “+ New Application.”
- You will complete a questionnaire to start the correct application.
- The following slides are a guide for how to move through the questionnaire to start a new application.

# First Questionnaire Page



# Your Business Structure

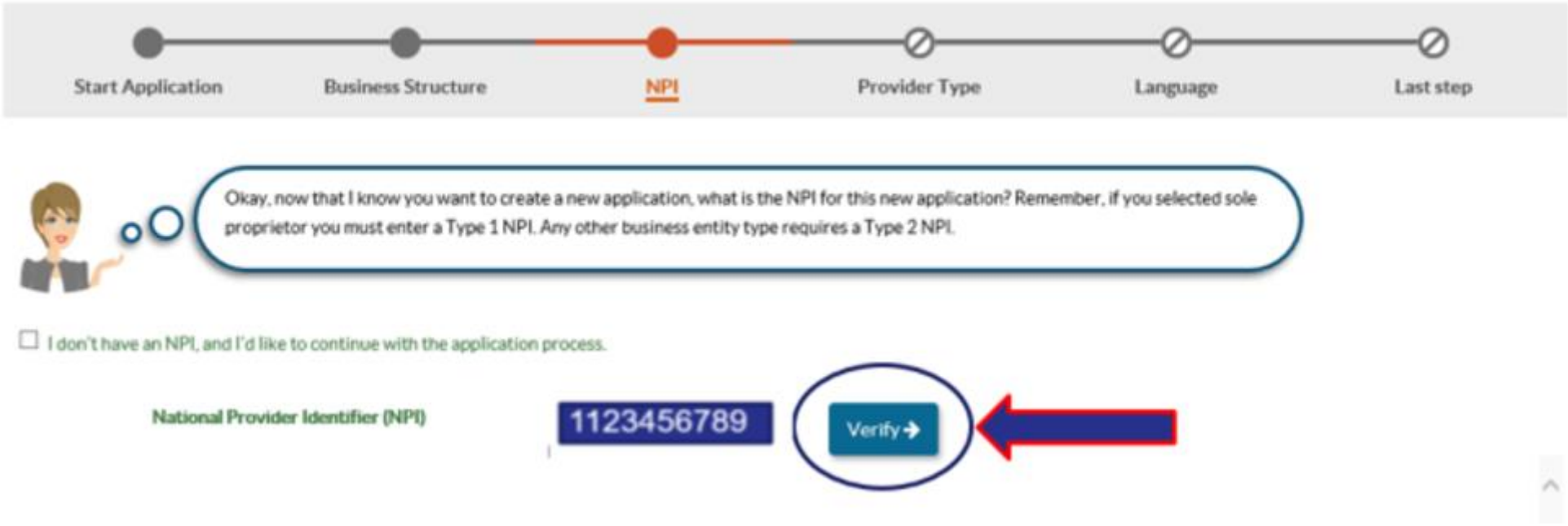
» Select “Other entity” and click “Continue.”



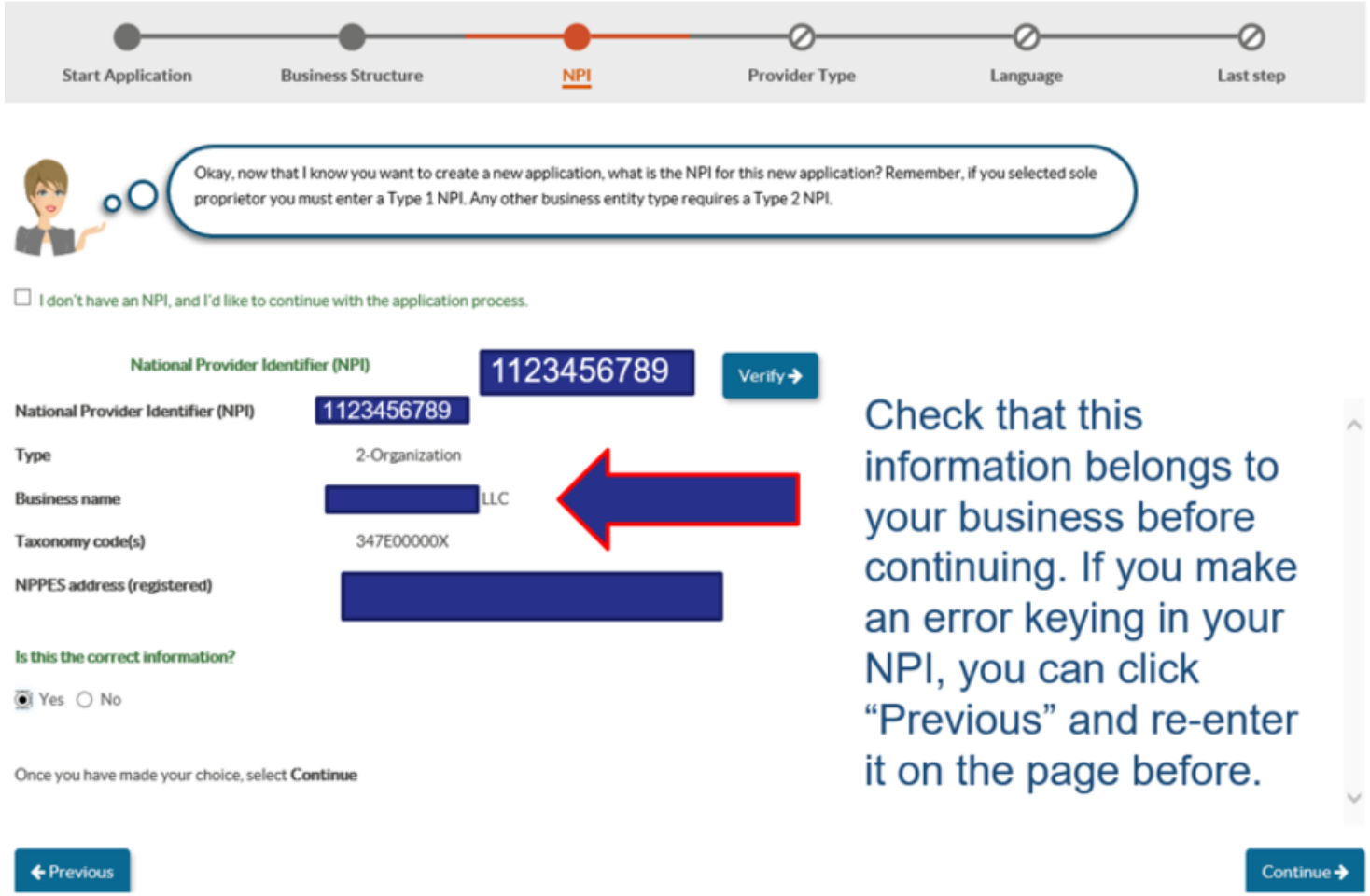
# Correct NPI Type Depends on Your Business Structure

- Be sure that your organization has obtained a Type 2 NPI.
  - **Counties and non-profit corporations must obtain Type 2 NPIs.**
  - **Type 1 NPIs** are used by sole proprietor businesses and are not appropriate for this type of enrollment.

# Enter Your NPI and Click Verify



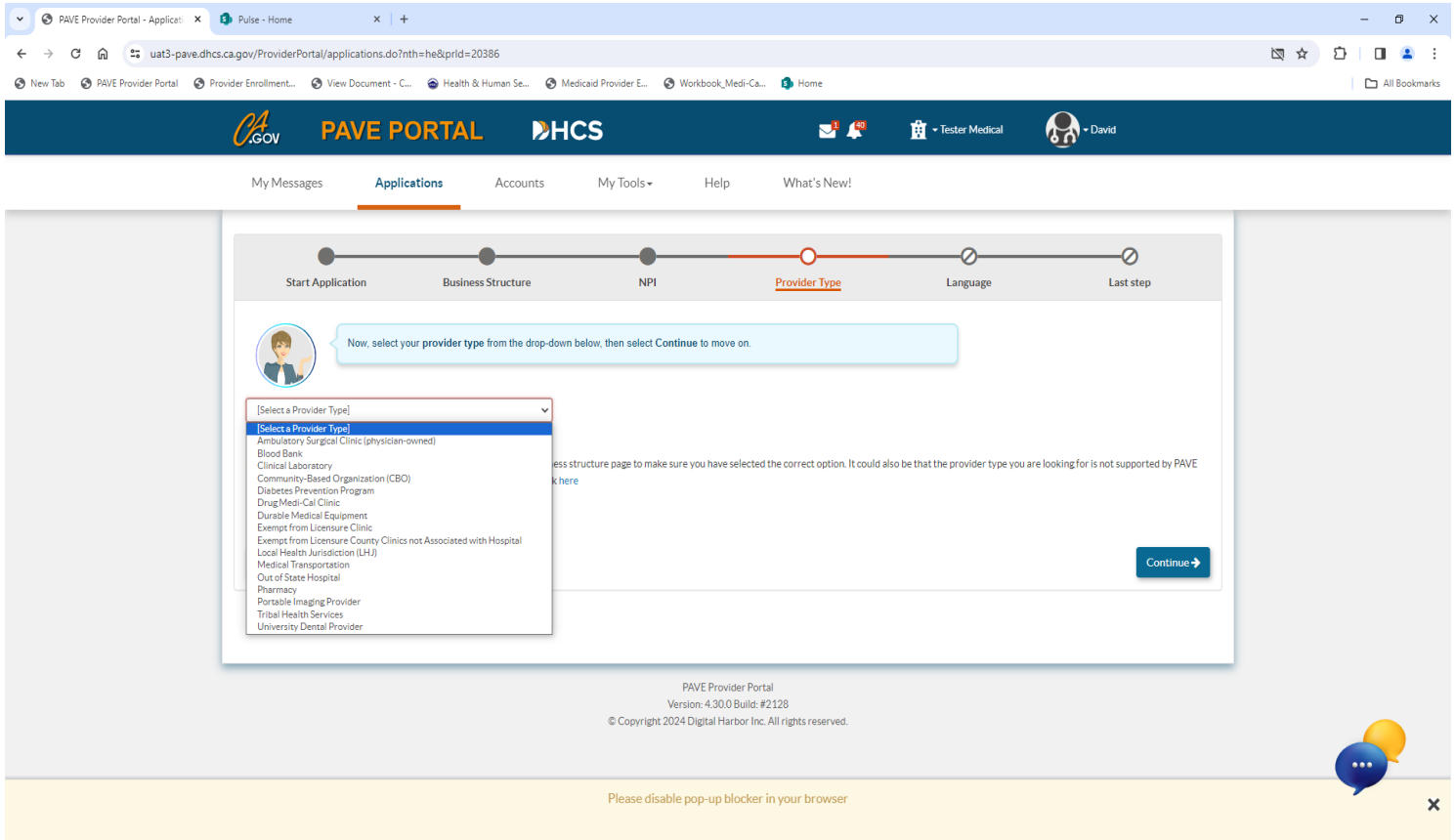
# Confirm Your Information



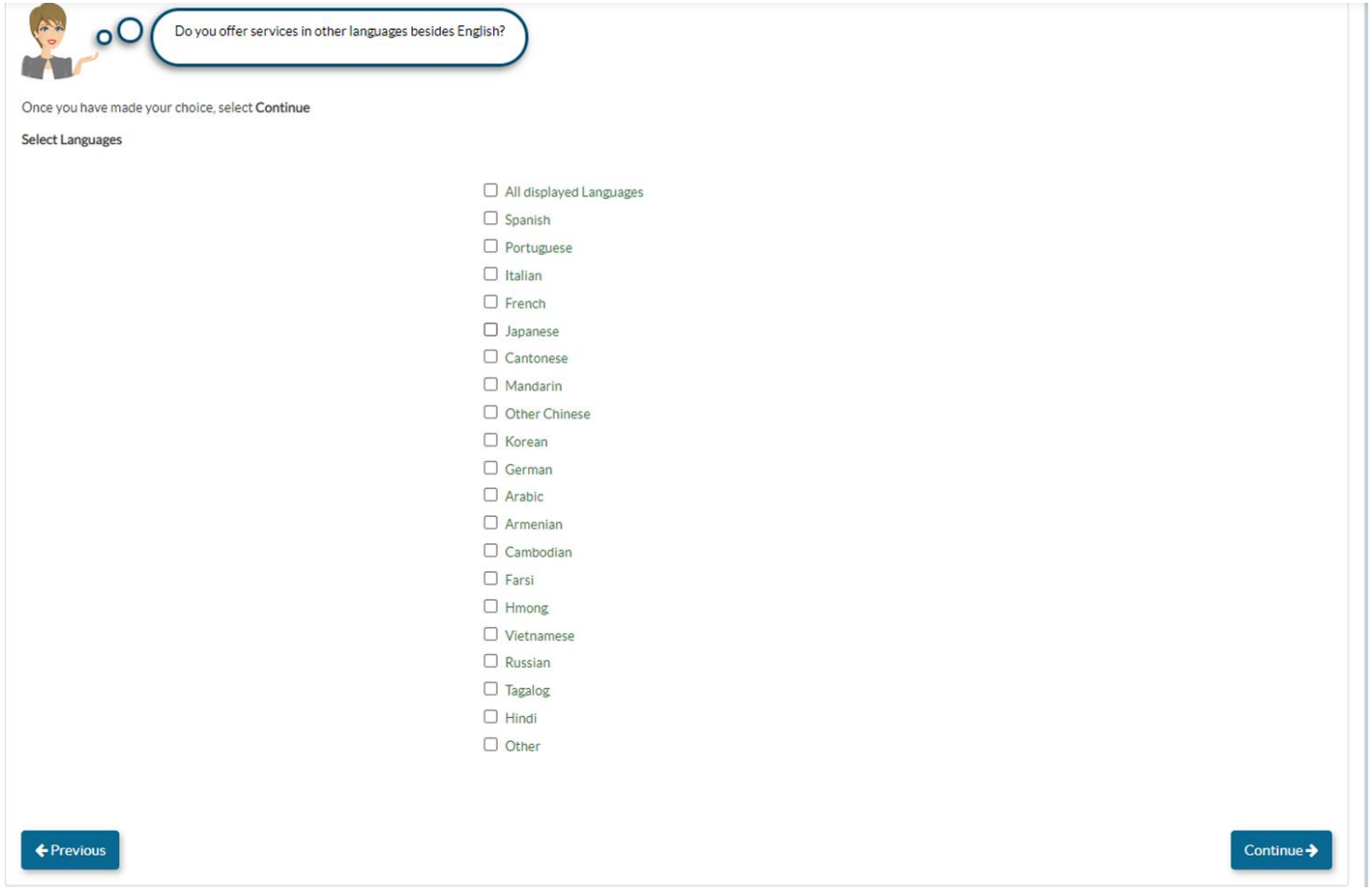

Check that this information belongs to your business before continuing. If you make an error keying in your NPI, you can click "Previous" and re-enter it on the page before.

# Select Provider Type – CBO or LHJ

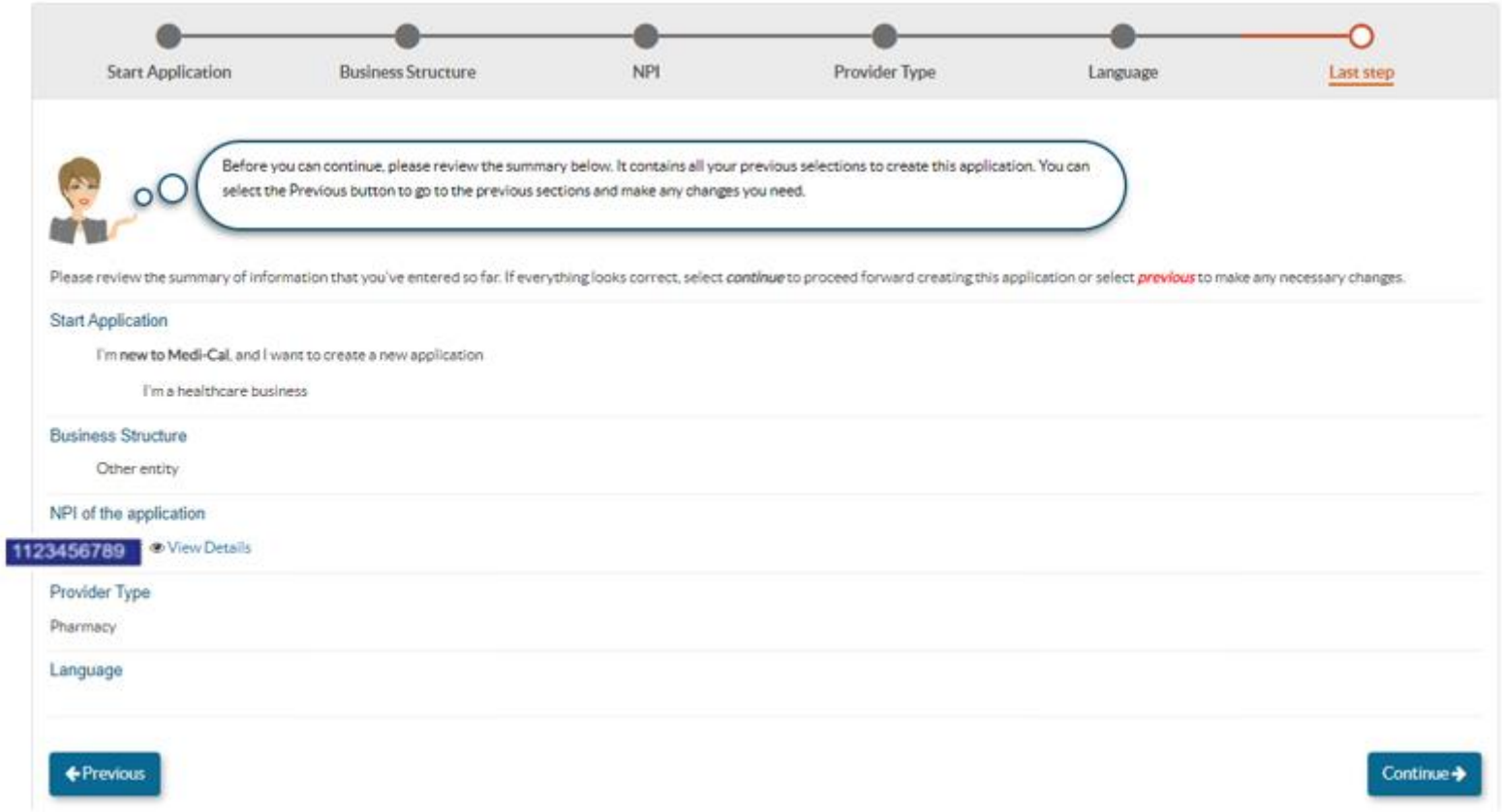
- County children and families commission providers may select LHJ from the dropdown menu.



# Select Languages Offered



# Summary Page – Double Check!



# 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. For complete information, please view the provider bulletin titled, "Updated Medi-Cal Enrollment Requirements and Procedures for Community-Based Organizations, Local Health Jurisdictions and County Children and Families Commissions."

# Entity Type

- If enrolling as a CBO, the organization 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.  Other entity types do not qualify for this enrollment.

# Administrative Location

- CBOs, LHJs, and county children and families commissions must have at least one administrative location in California, which must be reported on their application.
- For 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 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.

# Administrative Location

- 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.
- The administrative address reported in the application will appear in public provider directories and in the California Health and Human Services Open Data Portal.
- Applicants who lease their administrative location must provide a signed lease agreement.
  - 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.

# Administrative Location

- General Liability Insurance – proof of general liability insurance in the provider's name and covering the reported administrative location must be attached to the application.
- If the organization is required to have workers' compensation insurance, a copy of the current policy in the applicant's name is also required.
- The administrative location must have permanently posted signage that includes the business name of the provider and the hours of operation.
- Most cities require businesses, including nonprofit corporations, to obtain a business license. If your city requires a business license, then a copy of the license for the reported administrative location must be submitted with your application. This requirement generally applies to non-profit organizations and organizations operated by volunteers. Please contact your city/county directly for specific requirements.

# CBOs, LHJs and County Children and Families Commissions Offering Community Health Worker Services

CBOs, LHJs and county children and families commissions must attest that all of their community health workers (CHWs) for whom they will bill either DHCS or an MCP contracted with DHCS for the delivery of CHW services provided to Medi-Cal members meet the qualifications listed in the State Plan for CHWs. Additionally, the applicants must attest that they understand that DHCS may audit CHW qualifications and services provided and that the CBOs, LHJs and county children and families commissions must supply documentation upon DHCS' request. 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. CBOs, LHJs and county children and families commissions must report the name of each individual providing CHW services in the application.

# CBOs, LHJs, and County Children and Families Commissions Offering Asthma Preventive Services

CBOs, LHJs and county children and families commissions must attest that all unlicensed Asthma Preventive (AP) service providers for whom they will bill either DHCS or an MCP contracted with DHCS for the delivery of AP services provided to Medi-Cal members meet the qualifications listed in the State Plan for AP Services. Additionally, the applicants must attest they understand that DHCS may audit unlicensed AP service provider qualifications and AP services provided and that the CBOs, LHJs and county children and families commissions must supply documentation upon DHCS' request. 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. CBOs, LHJs and county children and families commissions must report the name of each individual providing AP services in the application.

# CBO Applicants Providing Justice-Involved Services through CHWs

Effective November 25, 2024, CBO applicants and currently enrolled CBO providers submitting a supplemental application to add Justice-Involved (JI) services to their enrollment must attest that all of their CHWs, for whom they will bill either DHCS or an MCP contracted with DHCS for the delivery of JI services provided to Medi-Cal members, meet the qualifications listed in the State Plan for CHWs. Additionally, the CBO applicant must attest that they understand that DHCS may audit the CBO to verify CHW qualifications and services provided, and that the CBO must supply documentation upon DHCS' request. 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. CBO applicants must report the name of each individual providing JI services in the application.

# CBO Applicants Providing Justice-Involved Services through Other Healthcare Providers

Effective November 25, 2024, CBO applicants and currently enrolled CBO providers submitting a supplemental application to add JI services to their enrollment must report all licensed individuals that will render care management services and attest that any unlicensed individual rendering care management services will work under the supervision of a licensed behavioral health provider as allowed by state law. CBO applicants must report the NPI, professional license number (if applicable) and Social Security Number or Individual Taxpayer Identification Number (ITIN) of the licensed or unlicensed individual for whom they will bill either DHCS or an MCP contracted with DHCS for the delivery of JI services provided to Medi-Cal members. Additionally, the CBO applicant must attest that they understand that DHCS may audit the CBO to verify provider qualifications and services provided, and that the CBO must supply documentation upon DHCS' request. 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. CBO applicants must report the name of each individual providing JI services in the application.

# Disclosure Requirements

- Counties and Non-profit organizations are **not** exempt from disclosure requirements.
- Counties must report persons with day-to-day control over the services being provided. This includes all directors and all persons who meet the definition of an agent or a managing employee.
- 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.  This includes part-time or volunteer board members and officers.
- All disclosed persons must provide all required information including personal residence address, social security number, and date of birth.

# Disclosure Requirements

- Title 22, CCR, Section 51000. Agent. “Agent” means a person who has been delegated the authority to obligate or act on behalf of an applicant or provider.
- 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 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 **and provide a copy of their driver's license or state-issued identification card**. Signatures cannot be delegated."

# The Enrollment Process

**Initial Review**

- Complete your application in the PAVE portal.
- Submit your application.
- DHCS reviews in order of date received.
- The legal allowance for the initial review period is 180 days, but DHCS strives to complete initial reviews in a timely manner.

# The Enrollment Process

## Correcting Deficiencies

- If your application is incomplete, PED will return it to you for corrections.
- You will be notified via email to log into the PAVE system to fix the noted deficiencies in your application.
- You need to go into the application and make the corrections and then resubmit your application to PED within 60 days.

# Common Denial Reasons

- Failing to report at least one individual offering either CHW, AP, or JI services on the application.
- Failure to report ALL board members and ALL managing employees.
- The entity requesting to enroll is not organized as a non-profit organization.

# The Enrollment Process

## Approval and Denial

- If your application is approved, you will be notified via email to log into the PAVE system to receive your approval letter.
- If your application is denied, you will be notified via email to log into the PAVE system to receive your denial letter with appeal rights.

# 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.