



DHCS BEHAVIORAL HEALTH PROVIDER ENROLLMENT WEBINAR

Enrolling as a Specialty Mental Health and Drug Medi-Cal Provider

An Overview of the Requirements to be
Enrolled, Licensed, and Certified
July 8, 2020

*Presented by DHCS' Audits and Investigations Division, Licensing and Certification Division,
Medi-Cal Behavioral Health Division, and Provider Enrollment Division*



AGENDA

- Introduction
- Enrollment in Medi-Cal for Specialty Mental Health Providers (county owned/operated and contracted)
- Enrollment in Medi-Cal for Specialty Mental Health Providers (CURES Act compliance)
- Enrollment for Drug Medi-Cal Providers Using PAVE
- Licensure, Certification and DHCS Level of Care Designation



LIST OF ACRONYMS

- CCR: California Code of Regulations
- CDPH: Department of Public Health
- CMS: Center for Medicare and Medicaid Services
- CSD: Community Services Division
- DMC: Drug Medi-Cal
- DMC-ODS: Drug Medi-Cal Organized Delivery System
- DHCS: Department of Health Care Services
- DSS: Department of Social Services
- FFS: Fee For Service
- HIPAA: Health Insurance Portability and Accountability Act
- IHP-ODS: Indian Health Plan Organized Delivery System
- IHS: Indian Health Service
- LCD: Licensing and Certification Division
- MH: Mental Health
- MHP: Mental Health Plan
- NPI: National Provider Number
- ORP: Ordering, Referring, Prescribing
- PAVE: Provider Application and Validation for Enrollment
- PED: Provider Enrollment Division
- SMHS: Specialty Mental Health Services
- SUD: Substance Use Disorder
- THP: Tribal Health Program



LIST OF DEFINITIONS

- Medi-Cal enrollment:
 - Required by the CURES Act, ensures all state and federal Medicaid requirements are met
- Medi-Cal certification:
 - Ensures that a facility meets the minimum qualifications to provide safe care (e.g., fire safety, licensed staff)
- SUD program certification:
 - Voluntary process to demonstrate that a SUD facility meets minimum standards in terms of quality and best practices
- MH facility licensure:
 - Mandatory requirement for all psychiatric health facilities, mental health rehabilitation centers, narcotic treatment programs, DUI programs, and SUD residential treatment, to ensure a safe physical plant (bricks and mortar inspection)



DHCS MEDI-CAL BEHAVIORAL HEALTH PROGRAMS (MCBHD)

- MCBHD is comprised of the Specialty Mental Services (SMHS) Program, the Drug Medi-Cal (DMC) State Plan Program, and the Drug Medi-Cal Organized Delivery System (DMC-ODS).
- SMHS and DMC State Plan/DMC-ODS are carved out of managed care.
- SMHS are provided under DHCS' 1915(b) SMHS Waiver.
- SUD Treatment is offered in two programs:
 - DMC - State Plan (21 rural counties offering a limited set of services)
 - DMC Organized Delivery System (37 counties including 7 counties operating under a regional model in partnership with a managed care plan, representing 90% of Medi-Cal population, providing a more comprehensive set of services)



PROVIDER ENROLLMENT (PED), LICENSING AND CERTIFICATION (LCD), AND AUDITS AND INVESTIGATIONS (A&I)

- In order to bill Medi-Cal for services, counties and their contracted providers are subject to both provider enrollment, as well as licensing and certification, requirements.
- Multiple divisions within DHCS* are responsible for managing these requirements:
 - Provider Enrollment
 - Audits and Investigation
 - Licensing and Certification

– * See Appendix



GOALS FOR THIS WEBINAR

- To assist providers in navigating the process of Medi-Cal enrollment, licensing, and certification
- To assist counties in supporting providers through the process
- To clarify the responsibilities of each of the three divisions:
 - o Audits and Investigations,
 - o Licensing and Certification, and
 - o Provider Enrollment



CERTIFICATION FOR MEDICAL FOR SPECIALTY MENTAL HEALTH (SMH) PROVIDERS (county-owned/operated and contracted)

Audits & Investigations Division

Medical Review Branch

Behavioral Health Compliance Section

Lanette Castleman, Chief (Presenter)



SPECIALTY MENTAL HEALTH SERVICES

Provider Types

County Owned and Operated Providers

- County staff provide mental health services

Organizational Providers

- Community-based organizations contract with the county mental health plan (MHP) to operate specialty mental health programs including administrative and direct care services

Individual Providers

- An individual licensed provider contracts with the county to provide mental health services



SMHS PROVIDER CERTIFICATION

- **PROVIDER:** For organizational providers, the term “provider” applies to those facilities delivering mental health services.
- A provider **must** have a Provider Number and must also have an National Provider Identifier (NPI) number in order to bill Medi-Cal.
- **NPI:** The NPI is a 10-digit numeric identifier assigned to a service facility location and to each provider number along with the county code, which is used for claiming in the Short-Doyle/Medi-Cal System. NPI information can be found at:
<https://nppes.cms.hhs.gov/NPPES/Welcome.do>
- **LEGAL ENTITY:** “Legal Entity” applies to a corporation, individual, or county that directly owns a facility offering public mental health services. Many providers in California are owned by a corporation or individual (entity) that owns more than one provider.
- Many counties may use the same provider, but each county will have its own provider number for that provider.



SMHS PROVIDER CERTIFICATION

- The MHP contacts the Provider Enrollment Division (PED) at ProviderFile@dhcs.ca.gov to obtain a provider number.
- Prior to issuance of a new provider number, all legal entity information must be provided, as well as completion of Provider File Update (PFU) with the Modes of Service and Service Function Codes that will be utilized.
- The Provider name and address information must match the NPI Registry.



MEDI-CAL CERTIFICATION OF SMH PROVIDERS

- Initial Medi-Cal provider site is certified and re-certifications are required every three years (or sooner with address change)
- Minimum certification requirements are provided by DHCS based on the need to comply with federal law, state regulations, and the contract between DHCS and each county mental health plan
- Medi-Cal certification is granted after an on-site review is conducted and all minimum certification requirements are met, this is different from the voluntary certification of substance use disorder treatment programs (covered later)



MEDI-CAL CERTIFICATION OF SMHS PROVIDERS

- Once a Provider File is established, the county submits required documentation to DHCS and a site certification must be conducted.
- A “Head of Service” (lead clinician), fire clearance, and program description must be in place prior to the provision of services.
- For county-owned and operated providers, DHCS performs the site certifications and completes the required documentation.
- For county-contracted organizational providers, the county MHP performs the site certification and submits the required documentation to DHCS following the site review.
- Upon the Provider Compliance Unit (PCU) review of required documentation submitted by the MHP, PCU submits the documentation to PED at ProviderFile@dhcs.ca.gov to activate the new provider, enabling them to claim Medi-Cal for the SMHS services they are certified to provide.



ORGANIZATIONAL PROVIDER CERTIFICATION ELEMENTS

- Head of Service: licensed mental health professional or other appropriate individual in charge of clinical services
- Fire Clearance
- Program Description: services provided with the hours of operation, location, and contact information
- Beneficiary Informing Materials: include required posted notices, brochures, and problem resolution process
- Physical plant review/tour (e.g., clean, sanitary, and in good repair)

* CCR, Title 9, Section 1810.435 (c) (3)



ORGANIZATIONAL PROVIDER CERTIFICATION ELEMENTS

- Policies and Procedures (e.g., general operating procedures; disaster/evacuation; unusual occurrence reporting; confidentiality/HIPAA; service delivery (assessment, intake, discharge), maintenance; and referral to a psychiatrist)
- Additional requirements specific to type(s) of services being certified (e.g., medication support, day treatment, juvenile detention, and crisis stabilization)



HEAD OF SERVICE REQUIREMENTS

- Physicians **
- Licensed/Waivered Psychologists **
- Licensed/Registered/Waivered Clinical Social Workers **
- Licensed/Registered/Waivered Marriage and Family Therapists **
- Licensed/Registered/Waivered Professional Clinical Counselors **
- Registered Nurse **
- Certified Nurse Specialist
- Nurse Practitioner
- Physician Assistant
- Pharmacist
- Licensed Vocational Nurse (LVN) **
- Licensed Psychiatric Technician (LPT) **
- Mental Health Rehabilitation Specialist (MHRS) **
- Occupational Therapist
- Other Qualified Provider

Note:

If an LVN, LPT, or MHRS is the Head of Service, they must be under the direction of a physician or a licensed, waived or registered or psychologist, LCSW, LMFT, or LPCC, RN, Certified Nurse Specialist, or a Nurse Practitioner within their scope of practice.

If under the direction of a waived or registered professional, the waived or registered professional must be under the direction of a Licensed Professional of the Healing Arts (LPHA).



ENROLLMENT IN MEDI-CAL FOR SPECIALTY MENTAL HEALTH (SMH) PROVIDERS CURES ACT COMPLIANCE

Provider Enrollment Division

Jenny Tudesko, Chief

Kristina Fernandez, Lindsey Hausman, Presenters



MEDI-CAL FEE-FOR-SERVICE ORP PROVIDER APPLICATION

- The entire application process is done online in the [PAVE](#) online enrollment system.

There are no paper applications.



COVERED TOPICS

1. Background and requirements
2. Who can and cannot use the ORP* application for County Specialty Mental Health Plans
3. Information required in the ORP application
4. Documents to attach in the ORP application
5. Overview of the PED enrollment process
6. Getting set up in the PAVE enrollment system
7. Additional resources and contacts
8. Requirements and laws (Appendix A)

* ORP: Ordering, Referring, Prescribing application pathway



BACKGROUND ON ORP TYPE OF ENROLLMENT

- Established by Affordable Care Act and based in State law since January 2013.
- Providers already enrolled in Medicare or Medi-Cal as an individual with their Type 1 NPI are not required to enroll again.



BASIC REQUIREMENTS

- Applicants must use their Type 1 (Individual) NPI on the application to enroll.
- Applicants must have current active professional licenses.
- Applicants must choose the ORP application package in PAVE to enroll for CURES Act Compliance.



WHICH INDIVIDUAL PROVIDERS MUST ENROLL?

Examples of provider types that must enroll:

- Certified Nurse Practitioner
- Licensed Clinical Social Worker
- Licensed Educational Psychologist
- Licensed Marriage and Family Therapist
- Licensed Professional Clinical Counselor
- Physician (MD)
- Physician Assistant
- Psychologist
- Registered Pharmacist/Pharmacist



WHICH PROVIDER ENTITIES MUST ENROLL?

Additional provider types that must enroll:

- Psychiatric Hospital (CDPH)
- General Hospital (CDPH)
- Psychiatric Health Facility (CDPH)
- Skilled Nursing Facility/Special Treatment Program (CDPH)
- Outpatient Clinic (CDPH)
- Mixed Practice Specialty (CDPH)
- Mental Health Rehabilitation Center (CDPH)
- Federally Qualified Health Center (CDPH/PED)
- Rural Health Clinic (CDPH)
- County Owned and Operated Exempt from Licensure Clinic (PED)
- Social Rehab Facility/Center that also operate Drug Medi-Cal (PED)



FOR COUNTY SPECIALTY MENTAL HEALTH PLANS, WHO SHOULD NOT APPLY?

These provider types do not need to submit the ORP application to continue to participate in a County Specialty Mental Health Plan.

- Associate Marriage and Family Therapist (interns)
- Associate Professional Clinical Counselor (interns)
- Associate Clinical Social Worker (interns)
- Psychiatric Technician
- Associate Clinical Social Worker
- Speech-Language Pathology Assistant
- Vocational Nurse
- Behavior Analyst
- Counselor Intern
- Clinical Nurse Specialist
- Clinical Specialist
- Psychologist Associate (intern)
- Residential Program Services
- Registered Vocational Nurse
- Speech Pathologist Assistant (intern)



MEDI-CAL ORP APPLICATION

Required information:

- Legal Name
- Date of Birth and Gender
- Residential Address – *cannot be a P.O. Box*
- Social Security Number
- Driver's License Number or State-Issued Identification Card Number – *a copy must be attached to the application.*



MEDI-CAL ORP APPLICATION BUSINESS INFORMATION

- Addresses of all practices and/or clinics where provider gives services to Medi-Cal beneficiaries
- Mailing address where provider wishes to receive correspondence
- Provider's Professional License/Certificate Number and a copy of the document – *this must be the applicant's current pocket license or a copy of the applicant's original wall certificate. An attachment from the applicant's licensing board website, or California Breeze, is not an acceptable form of verification.*



MEDI-CAL ORP APPLICATION DISCLOSURE INFORMATION

The provider must provide complete information regarding ownership in other healthcare entities, their past/current program participation, and their license history. Failure to disclose this information is cause for denial of the application.

Examples of these questions include:

- Do you currently participate or have you ever participated as a provider in the Medi-Cal program or in another States' Medicaid program?
- Have you ever been suspended from a Medicare, Medicaid, or Medi-Cal program?
- Have any licenses, certificates, or other approvals to provide health care ever been disciplined by any licensing authority for the provider?



SIGNING THE APPLICATION

- The provider must attest to the information in the application and then e-sign the application, using their own email.
- Credentialers or employers can assist with completing the application, but cannot sign on behalf of the provider.



REQUIRED DOCUMENTS

- Only two documents required to upload and attach:
 - A Copy of the current Driver's License or State-Issued Identification Card
 - A Copy of the Professional License
 - *This must be the applicant's current pocket license or a copy of the applicant's original wall certificate. **An attachment from the applicant's licensing board website, or California Breeze, is not an acceptable form of verification.***



THE ENROLLMENT PROCESS

INITIAL STEPS AND REVIEW

- Complete your application in PAVE portal.
- Submit your application.
- DHCS reviews in 'date order received.'
- The legal allowance for the initial review period is 90 days for physicians and 180 days for non-physicians, but DHCS strives to complete initial reviews much sooner.



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 will need to go into the application and make the corrections and then resubmit your application to PED within 60 days.
- If you fail to resubmit your application in 60 days, your application will be denied automatically and you will need to start a new application.



THE ENROLLMENT PROCESS

ONSITE INSPECTIONS

- It is possible that your application may get referred to the Audits and Investigations Division of DHCS for an onsite inspection.
- If this happens, you will be notified through PAVE.



THE ENROLLMENT PROCESS

ONSITE INSPECTIONS

- DHCS has authority to conduct onsite inspections and comprehensive reviews to validate information in any application package.
- The findings of the onsite inspection are sent to the Provider Enrollment Division. If discrepancies are found at the onsite visit, your application may be returned to you again for corrections, or a final decision of denial or approval will be made.
- It is possible that your application may get referred to the Audits and Investigations Division of DHCS for an onsite inspection.
- If this happens, you will be notified through PAVE.



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.



THE ENROLLMENT PROCESS APPLICATION WITHDRAWAL

- If you decide to withdraw your application in the PAVE system, the DHCS review will be cancelled and your application will close.
- The Withdraw option is not available once an application is referred.



GETTING SET UP IN PAVE FOR FIRST TIME USERS

PAVE 101 Training Slides

This website offers valuable information for first-time users in PAVE including how to set up a new user and business profile. Please click on the link or copy it into your browser window to direct you to the PAVE 101 Training Slides webpage.

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



GETTING SET UP IN PAVE FOR FIRST TIME USERS

- Here is the link to PAVE Portal where you will create and submit your application and manage your account:

<https://pave.dhcs.ca.gov/sso/login.do?>



ADDITIONAL RESOURCES

For technical assistance with the PAVE system, please direct questions to the PAVE Help Desk at 1.866.252.1949.

For Medi-Cal enrollment questions, please email PEDCorr@dhcs.ca.gov or call 1.916.323.1945.

For additional help in PAVE, click on the link below to take you to the PAVE homepage to access Provider Training videos and other tutorials.

<https://www.dhcs.ca.gov/provgovpart/Pages/PAVE.aspx>



ENROLLMENT FOR DRUG MEDI-CAL PROVIDERS USING PAVE

Provider Enrollment Division
Jenny Tudesko, Chief
Maria Serrano - Presenter



DRUG MEDI-CAL (DMC-ODS) PROVIDER ENROLLMENT

- This is an overview of the requirements for substance use disorder treatment providers to enroll in Drug Medi-Cal.
- The application process is done online in the PAVE enrollment system at:
<https://pave.dhcs.ca.gov/sso/login.do>
- As of March 5, 2019, paper applications are no longer accepted.



DMC ENROLLMENT

Location Specific

- Drug Medi-Cal enrollment is location specific. Providers must submit applications for each location, even if they are all under the same legal name and ownership.
- Each location must meet all of the requirements in order to be approved for Drug Medi-Cal enrollment.



DMC PROVIDERS

Located on a School Site

- A “School Site Clinic” is a DMC provider that provides the DMC treatment services inside a building located within the premises of a school.
- Information on the specific requirements for school site DMC providers can be found on the provider bulletin titled, “Requirements and Procedures for Enrollment as a Substance Use Disorder Clinic Located on a School Site:”

http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/PED_School_Site_Clinic_Exemption_24207.pdf



AUTHORIZED SIGNERS

- **Sole Proprietor Owners** (for sole proprietorship Drug Medi-Cal providers)
- **Partners** (if owned by a partnership)
- **Corporate Officers** (if owned by a corporation)
- **Official Government Representatives** (if operated by a government agency)
- **Official representatives of non-profit organizations** (such as Board Members, Directors and Operational Officers)



APPLICATION FEE

- Application fee for calendar year 2020 is \$595.00, determined annually by CMS, paid electronically in PAVE.
- For government entities that unable to pay the fee electronically, see bulletin for alternatives: “Informational Bulletin Regarding Medi-Cal Application Fee Requirements for Governmental Agencies:” http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/PED_GOV_App_Fee_24818.pdf
- Exceptions will be made for providers who cannot pay electronically. Application fees are used to offset the cost of conducting the required screenings.
- Applications without an application fee, waiver request or verification that they are enrolled in Medicare in another State’s Medicaid will be denied.



APPLICATION FEE WAIVER REQUESTS

Fee Waiver Requests:

- Include with application a letter that describes: 1) the hardship and 2) the justification for an exception.
- DHCS will forward application fee waiver requests to CMS for approval.
- Acceptable justification documents may include:
 1. Historical Cost Reports
 2. Recent financial reports such as balance sheet and income statements
 3. Cash flow statements
 4. Most recent tax returns
 5. Other profit and loss statements for the location that supports the provider's hardship claim
- The applicant may submit both an application fee and a fee waiver request to allow their application to be processed without waiting for the CMS approval. If the waiver is granted, a refund will be issued.



FINGERPRINT REQUIREMENT FOR HIGH RISK PROVIDERS

- If DHCS determines your facility is at the “high” categorical risk screening level, a criminal background check and fingerprints submission is required for providers and for any person with a 5% direct or indirect ownership interest in the provider within 30 days of the request.
- To obtain the required fingerprints, present a prefilled Department of Justice Request for Live Scan Service (BCIA 8016) form to a Live Scan operator and pay all applicable fees. Please include verification that all fees have been paid (“PAID” stamp from the Live Scan operator or a receipt).
- For more information plus instructions for Individuals who are located **out of state**:
http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/PED_Fingerprinting_and_Criminal_Background_Check_CJI_S9004.pdf



DMC CERTIFICATION

For those DMC providers wishing to be Medi-Cal reimbursed, DMC certification is required. The following is a list of facilities that can be DMC-certified:

- Narcotic Treatment Programs (NTP)
- Adult Residential Treatment Facilities
- Outpatient, Intensive Outpatient Treatment & Partial Hospitalization
- Adolescent Residential Treatment Facility
- Chemical Dependency Recovery Hospital
- Freestanding Psychiatric and General Acute Hospital



DMC PAVE APPLICATION

To enroll in PAVE, providers may select the following on the DMC application:

- Narcotic Treatment Programs (NTP)
- Adult & Adolescent Residential Treatment Facilities
- Intensive Outpatient Treatment (IOT)
- Outpatient Drug Free (ODF)
- Naltrexone
- Heroin Detoxification



COMMON REQUIRED DOCUMENTS

This slide lists common documents that you will need to attach to the DMC application. Depending upon your specific application, additional documents may be required.

- Articles of Incorporation (only for corporations)
- State-Issued Identification
- Verification of TIN/EIN with one of the following accepted documents: IRS Form 8109-C, Form 941, Letter 147-C, or Form SS-4 (Confirmation Notification)
- Lease agreement (if leasing the service location)
- Proof of Comprehensive (General) Liability Insurance
- Proof of Professional Liability (Malpractice) Insurance
- Residential and/or NTP License from DHCS Licensing and Certification (if providing these service modalities)
- Business License /Tax Certificate (if required by local government)
- FBNS (if using a fictitious name)
- Workers' Compensation Insurance



TRIBAL HEALTH DMC PROVIDER CONSIDERATIONS

- Providers serving Medi-Cal Beneficiaries in tribal facilities must be enrolled in Medi-Cal through the PAVE system
- Providers may submit evidence of reliance on Federal Torts Claims Coverage in lieu of other insurance requirement
- Providers may be eligible for other exemptions:
 - Primary care clinics may be exempt from licensure requirements (Health and Safety Code 1206 (c))
 - If not a primary care clinic, further licensure exemptions are available if serving exclusively American Indian Medi-Cal beneficiaries (25 U.S. Code § 1647a)
 - DMC-NTP services may be exempt from state licensure, but must seek DMC certification including applying and receiving approval from the DEA and SAMHSA before submitting a DMC-NTP provider application
 - Exemption from a business license is possible for federally recognized entities; need to submit written documentation from the Department of the Treasury
 - Providers employed by tribal health programs are not required to obtain licensure as long as they are licensed in another state (B & P Code 719)



INDIAN HEALTH PROGRAMS- ORGANIZED DELIVERY SYSTEM

Provider contracting:

- DMC-ODS counties are obligated to reimburse Indian Health Care Providers even when the provider is not contracted with the county, and DMC-ODS counties are obligated to contract with an adequate network of Indian Health Care Providers.



TRIBAL HEALTH DMC PAVE ENROLLMENT

- In order to apply as a DMC Tribal Health Provider, please choose the following when applying in PAVE:
 - Provider Type: Drug Medi-Cal Clinic
 - Package Type: Other Health Care Business
- To get started as a first time user, please refer to the PAVE 101 Training Slides:

<https://www.dhcs.ca.gov/provgovpart/Pages/PAVE.aspx>



THE ENROLLMENT PROCESS

Initial Review

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



THE ENROLLMENT PROCESS

Correcting Deficiencies

- If your application is incomplete, PED will return it to the provider to correct the deficiencies found in the initial review of the application.
- You will be notified via email to log into the PAVE system to fix the noted deficiencies in your application.
- Corrections must be made on the application and resubmitted to PED within 60 days of the notice.



THE ENROLLMENT PROCESS

Onsite Inspections

- Drug Medi-Cal Providers are considered Limited Risk Providers as of June 13, 2019, therefore an onsite inspection is not required.
- However, your application may be referred for an onsite inspection.
- You will be notified through PAVE if this occurs.



THE ENROLLMENT PROCESS

Onsite Inspections

- DHCS has authority to conduct on-site inspections and comprehensive reviews to validate information in any application package.
- The findings of the on-site inspection are sent to the Provider Enrollment Division. If discrepancies are found at the on-site visit, your application may be returned to you again for corrections, or a final decision of denial or approval will be made.



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.



THE ENROLLMENT PROCESS

Application Withdrawal

- If you decide to withdraw your application in the PAVE system, the DHCS review will be cancelled and your application will close.
- The Withdraw option is not available once an application has been referred for an onsite review.



SUBSTANCE USE DISORDER MEDICAL DIRECTOR AND TREATMENT PROFESSIONALS

- Each DMC Clinic location is required to report and submit an affiliation application* for the following:
 - ✓ Medical Director at that facility.
 - ✓ All Licensed Substance Use Disorder Treatment Professionals who are providing services at the facility such as LMFTs and LCSWs.
- The affiliation applications are easily done through PAVE.

** Affiliation applications are used for individuals providing services as a member of a provider group and billing through the group NPI number.*



DMC APPLICATION

Common Mistakes

- Failing to list all treatment modalities and their components
- Listing treatment professionals under the counselor section
- Failing to list all individuals with ownership/control interest
- Failing to update the summary section of the individuals with ownership/control interest (for already reported individuals)
- Not submitting linked applications for the Substance Use Disorder Medical Director/Substance Use Disorder Treatment Professional listed
- Individual signing the application is not authorized to sign
- Supporting documentation such as business license, general liability insurance, etc., are expired or not for the service address listed on the application
- Failing to list an executive director
- Failing to submit an application fee



GETTING SET UP IN PAVE FOR FIRST TIME USERS

PAVE 101 Training Slides

This website offers valuable information for first-time users in PAVE including how to set up a new user and business profile:

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



GETTING SET UP IN PAVE FOR FIRST TIME USERS

- Here is the link to PAVE Portal where you will create and submit your application and manage your account:

<https://pave.dhcs.ca.gov/sso/login.do>



ADDITIONAL RESOURCES

For technical assistance with the PAVE system, please direct questions to the PAVE Help Desk at 1-866-252-1949.

For Drug Medi-Cal enrollment questions, please email DHCSDMCRecert@dhcs.ca.gov

For general Medi-Cal enrollment questions, please email PEDCorr@dhcs.ca.gov or call 1 (916)323-1945.

For additional help in PAVE, visit the PAVE homepage where you can access Provider Training videos and other tutorials:

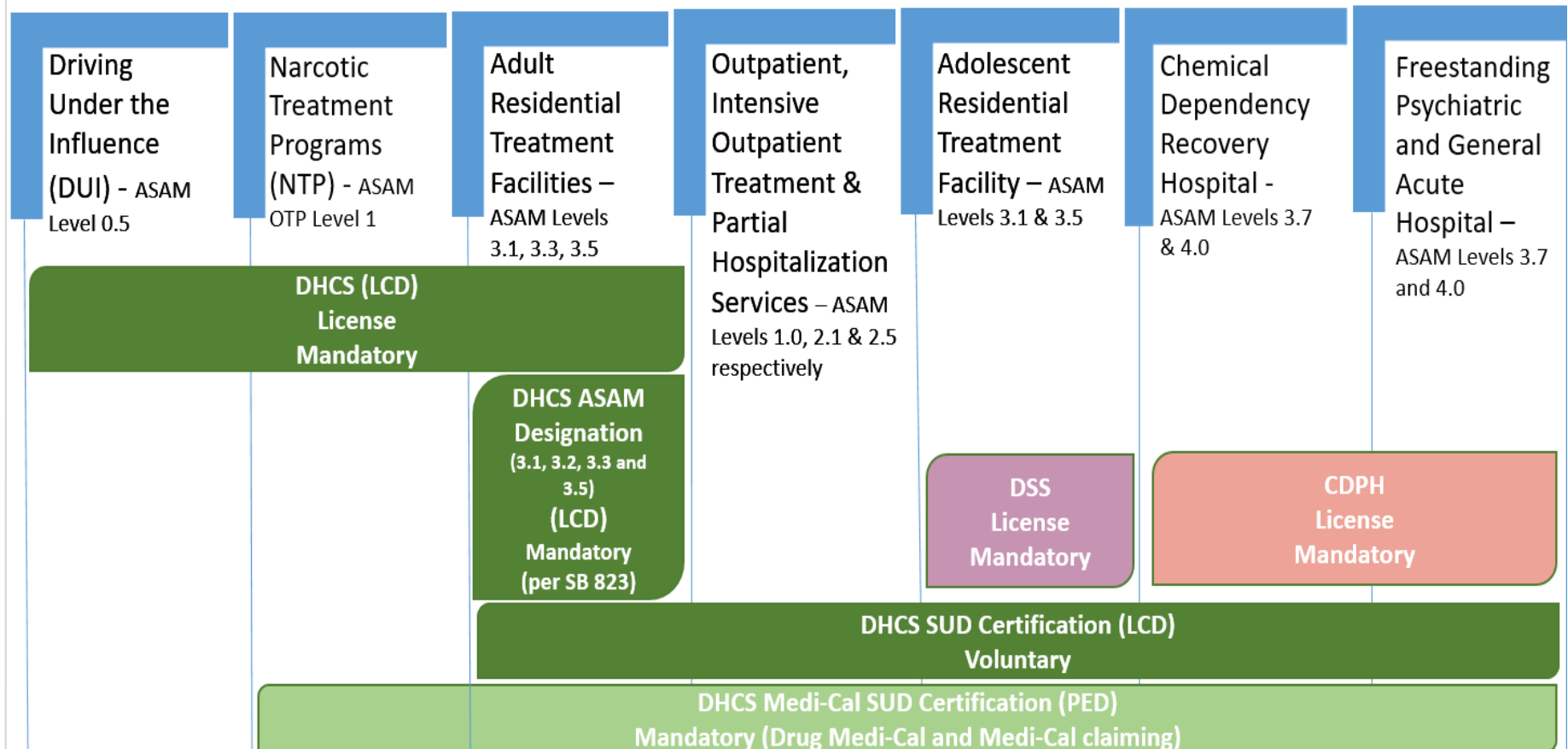
<https://www.dhcs.ca.gov/provgovpart/Pages/PAVE.aspx>



LICENSURE, CERTIFICATION, AND DHCS LEVEL OF CARE DESIGNATION

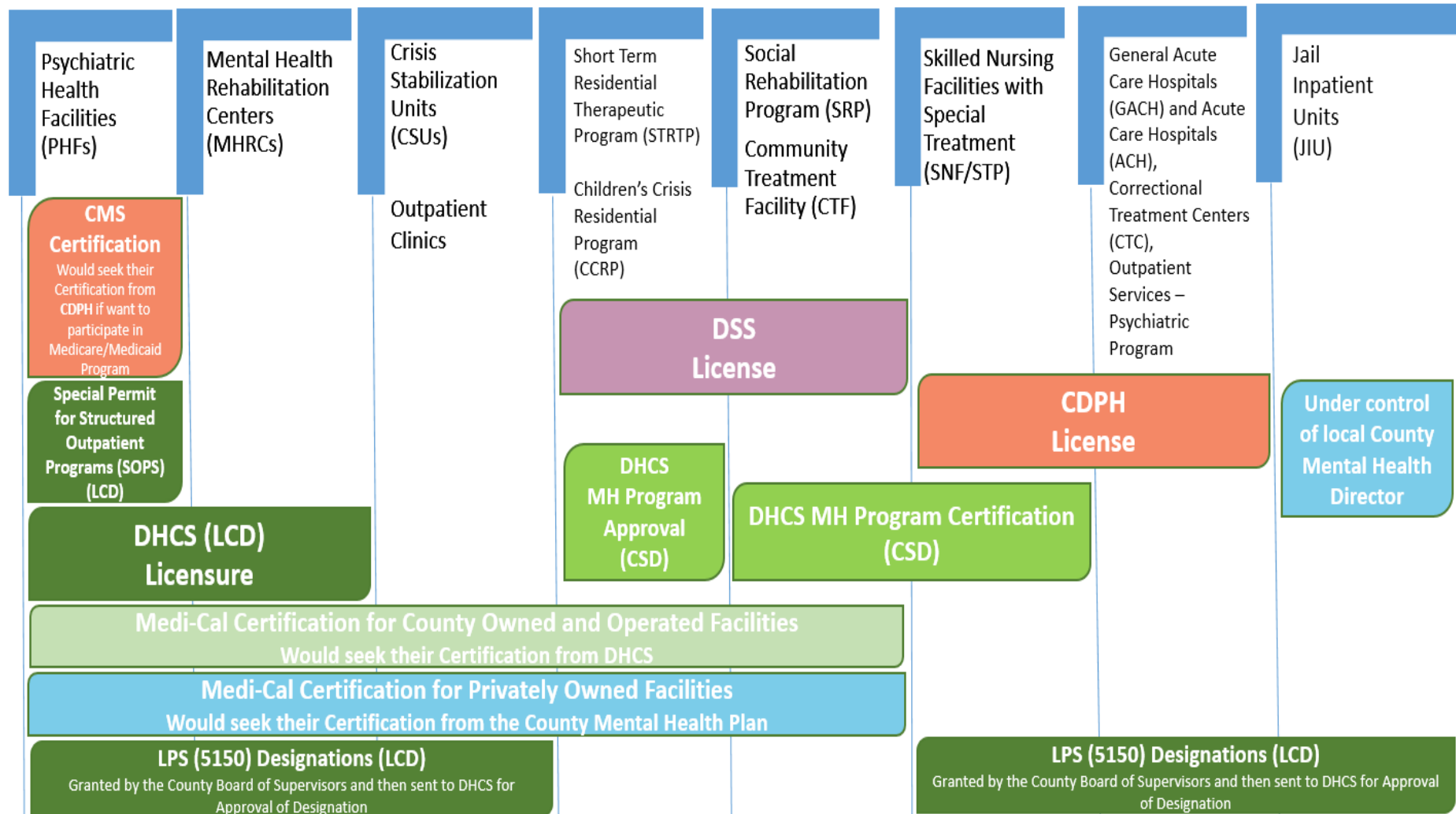
Behavioral Health Licensing and Certification Division
Janelle Ito-Orille, Chief
Michael Freeman - Presenter

DHCS Substance Use Disorder Licensing, Certifications and Designations



DHCS Mental Health Facilities

Licensing, Certifications, Approvals and Designations





HOW TO GET LICENSED

- Residential programs seeking licensure should read the instructions and procedures contained within the Initial Treatment Provider Application [DHCS Form 6002](#), complete the application and submit all required documentation.
- Submit the appropriate fees as specified in [Information Notice 14-022](#).
- A fee waiver or reduction is available during the emergency.
 - Public Number: (916) 322-2911
 - Email: LCDQuestions@dhcs.ca.gov
- An Emergency Licensure process is currently available with expedited processes.
- Additional guidance can be found through the [Behavioral Health Information Notice 20-017](#).



CERTIFICATION

- Certification identifies facilities (residential and nonresidential programs) that exceed minimum levels of service quality and are in compliance specifically the Alcohol and/or Other Drug Certification Standards.
- DHCS certifies residential facilities licensed by the Department of Social Services, Community Care Licensing Division, and facilities operated by the Department of Corrections.



LICENSURE FOR SUD FACILITIES

- Licensure is required for facilities providing SUD residential treatment services to adults including one or more of the following services:
 - Detoxification
 - Individual sessions
 - Group sessions
 - Educational sessions
 - Alcoholism or drug abuse recovery or treatment planning
 - Incidental Medical Services



HOW TO GET CERTIFIED

- Residential and non-residential (outpatient) programs seeking a certification should read the instructions and procedures contained within the Initial Treatment Provider Application [DHCS Form 6002](#), complete the application and submit all required documentation.
- Submit the appropriate fees as specified in [Information Notice 14-022](#)
- A fee waiver or reduction is available during the emergency.
 - Public Number: (916) 322-2911
 - Email: LCDQuestions@dhcs.ca.gov



DHCS LEVEL OF CARE DESIGNATION

- SB 823 enacted in 2018, requires DHCS to adopt the ASAM treatment criteria, or an equivalent evidence-based standard, as a minimum standard of care for all licensed adult alcoholism or drug abuse recovery or treatment facilities.
- DHCS developed a designation program for the following levels of care (LOC) :
 - 3.1: Clinically Managed Low-Intensity Residential Services
 - 3.3: Clinically Managed Population-Specific High-Intensity Residential Services
 - 3.5: Clinically Managed High-Intensity Residential Services
 - 3.2-Withdrawal Management (WM): Clinically Managed Residential Withdrawal Management



HOW TO ENROLL FOR DHCS LEVEL OF CARE DESIGNATION

- Residential treatment facilities must first receive a DHCS license.
- To initiate the DHCS LOC Designation process, the authorized facility individual must submit the completed [questionnaire package](#).
- DHCS LOC Designation is not certified as an ASAM Level of Care or endorsed by or affiliated with ASAM©. Licensees must contact ASAM directly for certification requirements.



QUESTIONS





APPENDIX:

Background information

- DHCS is the Single State Agency (SSA) responsible for California's Medicaid Program, called Medi-Cal.
- DHCS administers approximately \$100 billion annually in public funds that support the health of about 13 Million Californians.



Provider Enrollment Division Governance

- Provider Enrollment regulations levels of authority:
 - Federal Medicaid Laws
 - State Medicaid Statutes
 - State regulations
 - DHCS Regulatory Provider Bulletins
- Federal Medicaid Law
 - The Federal Medicaid laws are contained in Title 19 of the Social Security Act and Title 42 of the Code of Federal Regulations, Chapters I, IV, and V.
 - Federal law makes DHCS responsible for collecting specific information from providers about ownership, control, adverse actions and participation.
 - State agencies shall not enroll anyone excluded from Medicare or other state Medicaid programs.



Provider Enrollment Division Governance

- California Law-Statutes
 - The California Welfare and Institutions (W&I) Code contains rules for social welfare and government health care programs.
 - The W&I Code Sections 14043 – 14045 govern FFS Medi-Cal Provider Enrollment.
- Additional Governance
 - The Business and Professions Code contains the laws that govern the professions in California.
 - The Corporations Code contains laws for the structure and operation of legal entities in California.
 - The Health and Safety Code governs physical safety standards for Drug Medi-Cal clinics in California.
- California Law-Regulations
 - The Provider Enrollment Regulations for fee-for-service Medi-Cal are contained in California Code of Regulations Title 22, Sections 51000-51451
- In addition, DHCS has published regulatory provider bulletins that can be found on the Provider Enrollment Division webpage of the DHCS website.