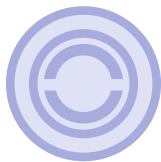
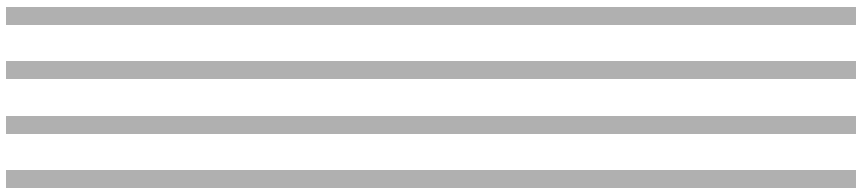


Substance Use Disorder Licensing and Certification Toolkit

Aurrera
HealthGroup >>>



This resource was created by Aurrera Health Group
with support from the Department of Health Care Services

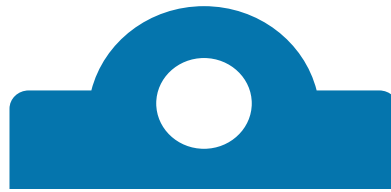


SUBSTANCE USE DISORDER LICENSING AND CERTIFICATION TOOLKIT

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PRE-APPLICATION CHECKLIST

- Check the fee schedule to make sure you know the costs:
[Fee — schedule IN](#)
- Determine your site. You'll need to submit an address as well as information such as zoning, floor plans, water access (if not provided by municipal water source) and fire clearances. Be aware that the process may take some time. You may need to lease the site before providing services and receiving reimbursement. The Department of Health Care Services (DHCS) estimates about 120 days from receipt of complete application to receiving a provisional license.
- Know what zoning documents and fire clearances are needed:
 - ▶ Fire clearances are needed for both residential & outpatient. Fire clearances can be the biggest delay in the process because they require sign-off from your local fire authority. This depends on local ordinances & authorities — DHCS does not have oversight. See [Page 4](#) for more details on the fire clearance process.
 - ▶ Zoning clearance is required for outpatient and for residential facilities over 6 beds. It is not required for residential facilities under 6 beds. Check your local ordinances to make sure there are no issues preventing your site from locating in a certain area. For example, a city may require a conditional use permit, or have rules around how close together sites may be.
- The staffing plan should be present with the application, but staff DO NOT need to be hired, and you may choose to wait until after approval to make any official hires.
 - ▶ Make sure staff are properly licensed/certified/registered depending on the requirements for their position.
 - ▶ Staff will require an up-to-date TB test and First Aid/CPR training.
- Decide whether you will be applying for the DHCS Level of Care (LOC) or a residential American Society of Addiction Medicine (ASAM) LOC Certification.
 - ▶ All initial applicants are required to obtain at least one DHCS LOC Designation and/or at least one residential ASAM LOC Certification consistent with all of their program services, as part of the licensing requirement.

DURING APPLICATION PROCESS

- ▶ Build in enough internal review time before you submit your application. You will want to double and triple check to make sure nothing is incomplete or inaccurate.
- ▶ When everything is ready, submit the application, required fees, and supporting documentation to DHCS ([outlined on Page 5](#)) and be responsive to any inquiries from DHCS as they process the application. Be proactive in reaching out to your assigned staff analyst with any questions.
- ▶ Get started on gathering the necessary materials for the Medi-Cal enrollment process ([outlined on Page 15](#)) if you plan to become a Medi-Cal provider.

AFTER APPLICATION PROCESS

- ▶ DHCS will schedule an Initial Compliance Review to determine that your site meets the requirements for licensure or certification standards and verify DHCS LOC Designation or ASAM LOC Certification.
- ▶ Once you become licensed/certified by DHCS and obtain at least one DHCS LOC Designation and/or at least one residential ASAM LOC Certification, you must become certified as a Medi-Cal provider and have a contract with a county in order to receive reimbursement for Medi-Cal clients.
- ▶ Medi-Cal enrollment is discussed on [Page 15](#). Know the steps for updating your license ([supplemental application](#)) or renewing your license when the time comes ([extension application](#)).

Initial License and/or Certification Application

DHCS licenses facilities providing residential non-medical services to adults in treatment for substance use disorder (SUD), also known as alcohol or other drug (AOD) misuse. DHCS also provides certification for residential facilities and outpatient programs. Certification can be thought of as a stamp of approval that certifies quality to insurance companies, clients or other third-party payers. Most DHCS licensed facilities also hold certification.¹

Both licensing and certification are done through [Form 6002](#), the Initial Treatment Provider Application. The initial application is used for new residential AOD treatment facilities, new non-residential programs seeking AOD certification, change of ownership, or merging two or more existing legal entities. Additional documentation and fees vary dependent upon the intended use of the application. The application process is normally completed within 120 days of DHCS receiving and determining the application packet is complete. Fees are due when the full application is submitted. In addition to the Initial Treatment Provider Application, all initial applicants are also required to obtain at least one DHCS LOC Designation and/or at least one residential ASAM LOC Certification consistent with all of their program services. These applications must be submitted concurrently with the Initial Treatment Provider Application. More information about the DHCS LOC Designation and ASAM LOC Certification can be found on [Page 6](#).







Many counties require that programs under contract be DHCS Certified as a condition of receiving funds

INITIAL APPLICATION DOCUMENTATION

A full application includes the [Initial Treatment Provider Application](#), as well as supporting documentation listed in the additional tabs. Check the applicant content guide chart within the application document to know which tabs need to be completed for each specific application. DHCS supplies templates for many of these tabs, which are listed on the [Applications, Forms, and Fees page](#).



APPLICATION DOCUMENTATION TIPS

-  **Fire Clearance:** Both residential and outpatient programs must have proof of fire clearance from local authorities. This should not be submitted with the application — DHCS will request the fire clearance from your local fire authority.
 -  Fire clearances can be delayed due to pre-existing structural issues or due to the age of the home or building. Providers should check with their local jurisdiction and/or fire authority to make sure there's no record of fire clearance issues with the building that they select prior to leasing the location.
 -  DHCS supplies form [DHCS 5104](#) to be used by your local fire authority to provide written fire clearance. The use of this form is optional but recommended. The form is made to expedite your inspection and approval process. The fire safety inspection and written clearance must be dated no more than 12 months from the date the application is received.
 -  In the application, list the occupancy information for your site, as well as contact information for the local fire authority. DHCS will use this contact information to request the fire clearance from your local fire authority.
-  **Zoning Clearance:** You must check with your local jurisdiction to make sure that there are no local ordinances preventing your site from operating. Some cities may require conditional use permits for SUD treatment facilities, or may not allow them to locate in a certain area, or may have limitations on the number of sites that can be located within a certain area. Residential programs over 6 beds must supply a building use permit, zoning approval, or a letter indicating that zoning approval is not required by the local authorities. Zoning clearance is not required for residential facilities with fewer than 6 beds. DHCS has supplied a sample form ([DHCS 5115](#)) with all information required for the application.
-  **Staffing Information:** Make sure you have up-to-date information on licensing, certification or registration for all staff and that staff TB testing (renewed annually) and First Aid/CPR training requirements (renewed every 2 years) are up to date.

¹ <https://www.dhcs.ca.gov/provgovpart/Pages/Licensing-and-Certification-Facility-Certification.aspx>

APPLICATION SUBMISSION INSTRUCTIONS

The application and supporting documentation should be printed single sided on 8 ½” by 11” white paper with 12-point Arial font. The application should not include plastic sheet or page protectors. The supporting documentation should be numbered and separated by numbered, tabbed dividers. Do not alter third-party documentation. Ensure all required sections of the application are complete. If there is a line or question that does not apply to you, fill in the line with N/A. Only submit a complete application package with all supporting documentation. If the application is missing documentation or is not complete it will be returned, which will delay the approval process.

Mail the completed application, and a check or money order to:

Department of Health Care Services

Licensing & Certification Division

Licensing and Certification Section

PO Box 997413, MS 2600

Sacramento, California 95899-7413

WHAT'S NEXT?

Once the application is submitted, DHCS will review it for completeness. If there are missing items in the application, DHCS will send a notice of incomplete license and/or certification application letter. All requested information and/or documents must be submitted within 60 days of the letter date. Make sure to be on the lookout for communications from DHCS and be prompt in responding to any inquiries.

If the application is approved, the next step will be for DHCS to complete a site visit. This is when DHCS will verify that the site meets [Title 9, Chapter 5, California Code of Regulations](#) and/or [Alcohol and/or other Drug Certification Standards](#), ensuring safety and security of the facility, proper staffing, medication and service procedures. The initial compliance review and subsequent compliance reviews are discussed on [Page 9](#).



DHCS Level of Care Designation and ASAM Level of Care Certification

For the purposes of implementing [Senate Bill 823](#), DHCS adopted level of care designations as the minimum standard of care based on ASAM criteria for all licensed adult alcoholism or drug abuse recovery or treatment (AOD) facilities.

DHCS has incorporated the ASAM treatment criteria into the DHCS Level of Care (LOC) Designations program and requires all licensed AOD facilities to obtain at least one DHCS LOC Designation and/or at least one residential ASAM LOC Certification consistent with all of its program services. For more information about this requirement, refer to [BHIN 21-001](#).

To ensure that all licensed AOD facilities are capable of delivering care consistent with the ASAM treatment criteria and meet all of DHCS' requirements, DHCS developed the following DHCS LOC Designations:

- ▶ **DHCS Level 3.1** – Clinically Managed Low-Intensity Residential Services,
- ▶ **DHCS Level 3.2** – Clinically Managed Residential Withdrawal Management,
- ▶ **DHCS Level 3.3** – Clinically Managed Population-Specific High-Intensity Residential Services, and
- ▶ **DHCS Level 3.5** – Clinically Managed High-Intensity Residential Services.

What is ASAM?

The American Society of Addiction Medicine (ASAM) criteria is the nation's most widely used and comprehensive set of guidelines for placement, continued stay, and transfer/discharge of patients with addiction and co-occurring conditions. Under the ASAM criteria, levels of care exist in a continuum from lowest to highest intensity of services, in proportion to the needs of the patient in that level of care. For more information about the specific types of care provided within the levels, visit the [ASAM CONTINUUM website](#).

DHCS LOC Designation






If you choose to obtain a DHCS LOC Designation, you must submit DHCS LOC Designation Application ([DHCS 4022](#)) and required supporting documentation concurrently with the Initial Treatment Provider Application. If you are applying for a LOC Designation for multiple facilities, you must submit an application package for each corresponding facility. Currently, there is no additional fee required to receive a DHCS LOC Designation.

ASAM LOC Certification

If you opt to obtain an ASAM LOC Certification for a particular LOC, then you will not be required to obtain a DHCS LOC Designation for that same LOC. Nothing precludes you from obtaining both a DHCS LOC Designation and [ASAM LOC Certification](#).

REQUIRED SUPPORTING DOCUMENTATION FOR DHCS LOC DESIGNATION APPLICATION

You must submit the following supporting documentation to DHCS in addition to the DHCS LOC Designation Application:

-  Facility Staffing Data ([DHCS 5050](#)), including all facility staff providing direct client services and/or overseeing the program
-  Detailed Monthly Program Staff Schedule
-  Weekly Activities Schedule ([DHCS 5086](#))
-  Detailed Weekly Program Activities Schedule
-  Program's Level of Care Assessment for Residents

In the event a facility ceases providing any of the approved DHCS LOC Designation services, the facility must provide DHCS a written notification within 10 working days.



DHCS will review the DHCS LOC Designation Application and related documentation according to the following guidelines and timeline:

- 1** DHCS will review the documents, determine compliance, and notify the AOD facility whether the application is complete. You will have 60 calendar days from the date of the notification of an incomplete application to submit the missing information and/or documentation.
- 2** If the application has been determined to be complete, DHCS will issue a revised license reflecting the DHCS Provisional LOC Designation(s).
- 3** All DHCS LOC Designation(s) shall remain provisional until DHCS has completed an on-site or virtual level of care compliance review of the AOD facility.
- 4** At the completion of the level of care compliance review, DHCS will provide a written license report specifying deficiencies by mail within 10 working days of the completion of the compliance review. You will need to correct deficiencies and submit a written verification to DHCS within 30 calendar days of the date of the license report unless DHCS determines that the deficiency jeopardizes the health and safety of clients and requires correction within a shorter period of time. Once deficiencies are corrected, DHCS will notify you of the approval in writing by first class mail. DHCS shall issue a revised license reflecting the removal of the provisional status.
- 5** The DHCS website will be updated to reflect each licensed AOD facility's DHCS LOC Designation(s).

PROCESS FOR NOTIFYING DHCS OF ASAM LEVEL OF CARE CERTIFICATION

In addition to the Initial Treatment Provider Application, initial applicants that choose to only obtain an ASAM Level of Care Certification are required to submit to DHCS:

- ✔ A New Provider Attestation Statement ([DHCS 4030](#)), and either:
 - ▶ A copy of the ASAM LOC Certification, **OR**
 - ▶ Documentation demonstrating that you have applied for an ASAM LOC.

If you have additional questions, contact the DHCS LOC Designation Unit at LCDLOC-Desig@dhcs.ca.gov.

If at any time you make changes to your application for an ASAM LOC Certification, you must notify DHCS of that change within 10 working days of submission to ASAM. In that notice, you must include a copy of the updated application for ASAM LOC Certification and any related documentation.

You must also submit copies of all ASAM LOC Certification approvals or denials within 10 working days of receiving them.

If at any point in time ASAM/Commission on Accreditation of Rehabilitation Facilities (CARF) takes action on a licensed AOD facility's ASAM LOC Certification (e.g., a citation, corrective action plan, suspension, or revocation), then you must notify DHCS of that action within 10 working days of receiving notice of that action. In that notice, you must include all documentation provided by ASAM/CARF supporting the certification action. If your ASAM LOC Certification is suspended or revoked, then you must immediately cease providing that level of care at your facility and may not resume providing that level of care until your ASAM LOC Certification is reinstated, or you have obtained a DHCS LOC Designation.

Questions about the DHCS LOC Designation?

Check the [DHCS LOC Designation Website](#) for updates.

Want more information about how to apply for an ASAM LOC Certification?

For more information about applying for an ASAM LOC Certification, visit the [ASAM website](#).



Compliance Reviews

INITIAL SITE REVIEW FOR LICENSEES

Once the application has been approved, DHCS will perform an initial compliance review to ensure program adherence to [Title 9, Chapter 5, California Code of Regulations](#) and/or [Alcohol and/or other Drug Certification Standards](#). This is very similar to the compliance reviews for already established facilities, but without real client files or client interviews since the program is not yet able to provide services.

The site review will consist of:


- 1 Entrance conference:** During the entrance conference, the analyst will meet with the program director and explain the compliance review process and ask for an overview of the program.
- 2 Inspection of the facility:** This is a physical observation of the entire facility including ensuring that the facility and grounds are secure and that all bedrooms, bathrooms, kitchens and common areas are complete, clean and free of any health and safety risks.
- 3 Review of personnel files:** The analyst will review the program's personnel files. They will be checking to make sure the file contains each staff member's:
 - Application for employment and resume
 - Employment confirmation statement
 - Job description and duty statement
 - Salary schedule and salary adjustment information
 - Employee performance evaluations
 - Health record including a health screening report or health questionnaire, and tuberculosis test results as required
 - Other personnel actions (e.g., commendations, discipline, status change, employment incidents and/or injuries)
- 4 Review of mock client file:** The analyst will review a mock client file to ensure that it meets all requirements, including:
 - All required admission and intake data
 - Health and medical information for the resident
 - Admission agreement
 - Detox checks
 - Individual and group counseling session information
 - Treatment and recovery plans
- 5 Staff interviews:** The analyst will ask questions of the staff to get more information about the program. Staff questions will likely focus on that person's role in the facility, their qualifications, process for administering medications or providing other services to residents, or other questions relevant to their work.
- 6 Verification of administrative manuals:** The analyst will review the program's operations manual and personnel manual to ensure compliance with CCR, Title 9, Chapter 5 and/or the AOD Certification Standards.
- 7 Exit conference:** In the exit conference, the analyst will go over the license review and/or certification report, discuss any deficiencies, and discuss what to expect next.


FUTURE SITE REVIEWS


You should be prepared for a site inspection at any time. Much of the visit will be familiar to you from the initial compliance review, but will now include a review of your records to date, as well as information from residents. During the site visit, the DHCS analyst will:


- ▶ Complete a facility walkthrough that includes both the inside and outside of the building;
- ▶ Review documentation such as personnel files, policies and procedures, detox logs, and other important documentation of how the program is run; and
- ▶ Ask questions of staff and residents about the program.

New information reviewed during this site visit will include:

 **Medication review:** The analyst will review the facility's medication practices, including resident files, medication logs and medication destruction logs, as well as reviewing the administration and storage process for medications.

 **Documentation review:** The analyst will review documentation management, including resident files, personnel files, detox files, the personnel manual, operations manual, and policies and procedures.

 **Group activity monitoring:** The analyst will sit in on a group session to see how the program runs this service.

 **Staff and resident interviews:** The analyst will ask questions of the staff and some residents to obtain more information about the program. Staff questions will likely focus on that person's role in the facility, their qualifications, process for providing services, or other questions relevant to their work. Resident questions will focus on their experience at the facility, the types of treatment and services they have received, and their plan for treatment and recovery.

Similar to the initial compliance review, the analyst will discuss the report with you at the end of the visit during the exit interview and address any deficiencies that may have been found. They will also discuss your next steps regarding addressing deficiencies.

PROVISIONAL LICENSE AND/OR CERTIFICATION

After approval of your application and site review show compliance with all requirements, you will receive a provisional license and/or certification. Once you are licensed and/or certified, you may begin providing services. After one year of a provisional license, if you are deemed to be in compliance with applicable regulations and statutes, you will have full licensure. DHCS may conduct an unannounced compliance review prior to the provisional license expiration date. Within ten working days following the completion of the compliance review, DHCS will issue a licensing report if there are no deficiencies, or a notice of deficiency report if there are deficiencies.

At any time during the one-year provisional period, DHCS may revoke a license if the licensee fails to adhere to relevant rules and regulations. A list of the rules and regulations which could be grounds for revocation are listed in [MHSUDS 19-003](#). In the event DHCS seeks to revoke a license during the provisional period, DHCS will provide notice that the license has been revoked and inform the licensee of their right to a hearing. A licensee cannot apply for an initial residential treatment facility license for a period of five years following a revocation of a provisional license.

Supplemental Application

You've received your license and/or certification and begun operating as a provider. But what if you want to change something about your program, like the name, address, or services you provide? You'll need to submit a supplemental application to inform DHCS of the change. To submit the supplemental application, fill out [Form 5255](#) and submit required supporting documentation according to the change you are requesting (listed on Page 2 of the form).

Many of the changes you might request will require the same documentation as the initial application. Below are some tips for a smooth process:

- Make sure facility staffing data is up to date and meets all requirements, including TB testing, First Aid/CPR training, and that all staff are properly licensed and/or registered/certified according to their position.
- Make sure that you leave adequate time for fire clearances/zoning requirements to be met by the time of the application (see [Page 2](#) and [Page 4](#) for more information on fire clearances).
- Floor plans submitted should clearly outline any changes to the facility as a result of the change. For example, indicating the location of detox beds or the room where incidental medical services (IMS) will be provided.
- DHCS also recommends providing a formal request on company letterhead specifying what the program is intending to add/change.

Some changes require more documentation than others, such as adding a new service. Below are tips for common service additions.

ADDING DETOXIFICATION SERVICES

If you plan to add detox to the services provided by your program, you must submit policies and procedures for how you will implement detox services. Certification Standards require that residents be checked at least every 30 minutes during the first 72 hours following admission. After 24 hours, close observations and physical checks may be discontinued or reduced based upon a determination by a staff member trained in providing detoxification services. This section must also include policies and procedures for 24-hour staffing, since this is required for detox. Programs must be certified to provide detoxification services before they are eligible for Level of Care 3.2: Withdrawal Management, in addition to meeting other requirements detailed in [Exhibit A](#) of the [BHIN 21-001](#).



INCIDENTAL MEDICAL SERVICES (IMS)

One of the most common reasons for facilities to submit the supplemental application is for Incidental Medical Services (IMS) Certification. IMS are optional services provided at a facility by a health care practitioner, or staff under the supervision of a health care practitioner, to address medical issues associated with detoxification, treatment, or recovery services. IMS does not include general primary medical care or medical services required to be performed in a licensed health facility, as defined by HSC Section [1200](#) or [1250](#).

The following six IMS services must be provided after receiving approval from DHCS:

- 1 Obtaining medical histories
- 2 Monitoring health status
- 3 Testing associated with detoxification from alcohol or drugs
- 4 Providing alcoholism or drug abuse recovery or treatment services
- 5 Overseeing patient self-administered medications
- 6 Treating substance abuse disorders, including detoxification

IMS Space Requirements

The facility must have a room where IMS can be provided:

- Enclosed with permanent walls
- Cabinet(s) for storage of medical equipment
- Locked cabinet for medications
- Separate locked cabinet for narcotics
- Does not need to have a sink

For IMS certification, applicants must submit:

- Health Care Provider IMS acknowledgment [Form 5256](#)
- Copy of all HCPs' valid license to practice in California and proof of addiction medicine training
- IMS policies and procedures
- Written statement verifying IMS room meets minimum requirements
- Detoxification policies and procedures (including IMS)
- Medication storage administration, and destruction policy and procedure for all forms of prescribed and over-the-counter medications
- Bio fluids policy and procedure, including the process for collection to disposal
- Referral policy and procedure, including resident referrals for urgent or emergent care and referrals to a higher or lower level of care when medically appropriate

Sample Policies and Procedures

The process for IMS approval is covered in chapter 2 of the [Residential Facility MAT Toolkit](#). Templates for the required policies and procedures are provided in the [Residential Facility MAT Toolkit appendix](#).

Extension Application

An extension application must be completed every 2 years. Licensed/certified programs must submit the extension application ([Form 5999](#)) and inform DHCS of any changes to the program's services, capacity, address, name or any other major changes that may have occurred. If there are any of these changes, a supplemental application will be required.

If you simply need to renew your license or certification as it is, fill out the extension form and submit the required documentation:

- [DHCS 5050](#) — Facility Staffing Data
- [DHCS 5086](#) — Weekly Activities Schedule
- A Valid Fire Clearance (see [Page 2](#) and [Page 4](#) for more information on fire clearances)
- A Line Item Budget

Introduction to Medi-Cal

WHO MEDI-CAL SERVES

Medi-Cal, California's Medicaid program, is the state's health insurance program for Californians with low incomes, including 40% of all children, half of all people with disabilities, over a million seniors, and nearly 4 million adults. In total, 13 million, or one in three, Californians rely on the program for health coverage. Medi-Cal pays for essential primary, specialty, acute, behavioral health, and long-term care services.²

HOW SUBSTANCE USE DISORDER SERVICES ARE PROVIDED THROUGH MEDI-CAL

Medi-Cal provides SUD services to eligible Californians through county behavioral health plans. Until 2015, these services were provided as a limited set of benefits under Drug Medi-Cal. Since the beginning of the Drug Medi-Cal Organized Delivery System (DMC-ODS) in 2015, 37 of the state's 58 counties have implemented the system, providing access to an expanded set of benefits for 96% of the Medi-Cal population statewide. Under DMC-ODS, residential SUD treatment is no longer limited to perinatal women or facilities under 16 beds, but is now available to any Medi-Cal enrollee who meets the ASAM criteria definition of medical necessity for the service.

For additional background on PAVE:

- ▶ [PAVE 101 Training Slide Decks](#)
- ▶ [PAVE Provider Training Videos](#)

WHAT MEDI-CAL COVERS

Medi-Cal currently provides a core set of health benefits, including doctor visits, hospital care, immunization, pregnancy-related services, and nursing home care. Medi-Cal also offers comprehensive preventative and restorative dental benefits to both children and adults. The Affordable Care Act ensures all Medi-Cal health plans offer essential services, including mental health and substance use disorder services.

HOW TO ENROLL IN MEDI-CAL

The Department of Health Care Services Provider Enrollment Division (PED) is responsible for the enrollment and re-enrollment of fee-for-service health care service providers into the Medi-Cal program. PED uses an online portal, Provider Application and Validation for Enrollment (PAVE), to enroll providers in Medi-Cal. The PAVE portal replaces the paper application enrollment process.³

County Contract

In order to receive reimbursement for clients with Medi-Cal, programs must be enrolled in Medi-Cal and have a contract with their county to provide services. If you know you will be treating clients from a certain county (or counties), you will need to have a contract with that county. Most counties provide resources on their website for providers interested in contracting with them. A list of county websites is available on the [DHCS website](#).

² California Health Care Foundation, 2019. "Medi-Cal Explained: The Medi-Cal Program — An Overview." Available at: <https://www.chcf.org/wp-content/uploads/2019/03/MediCalExplainedProgramOverview.pdf>

³ Department of Health Care Services, Provider Enrollment Division. Available at: <https://www.dhcs.ca.gov/provgovpart/Pages/PED.aspx> <https://www.dhcs.ca.gov/provgovpart/Pages/PED.aspx>

Benefits

DMC Standard Program

- Outpatient drug-free treatment
- Intensive outpatient treatment
- Residential SUD services for perinatal women only (limited to facilities with 16 beds or fewer)
- Naltrexone treatment
- Narcotic treatment (methadone only)
- Detoxification in a hospital



DMC-ODS Program









- Multiple levels of residential SUD treatment (not limited to perinatal women or to facilities with 16 beds or fewer)
- Case management
- Narcotic treatment programs expanded to include buprenorphine, disulfiram, and naloxone
- Withdrawal management (at least one ASAM level)
- Recovery services
- Case management
- Physician consultation
- Partial hospitalization (optional)
- Additional MAT (optional)

TIPS FOR ENROLLING IN MEDI-CAL USING PAVE





Before starting your application to enroll in Medi-Cal using the PAVE portal, it is helpful to have the following information available and ready to go. Please note that this is not a comprehensive list, and requirements may change over time. Check the [Provider Enrollment webpage](#) for more updated information about requirements.

- ✓ Residential License from DHCS Licensing and Certification, if applicable.
- ✓ Certain materials submitted for the License/Certification process will also be used for Medi-Cal enrollment. These include:
 - Articles of Incorporation (only for corporations)
 - Business License/Tax Certificate (if required by local government)
 - FBNS (if using a fictitious name)
 - 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)
- ✓ Information about staff, including:
 - National Provider Identifier (NPI) numbers, provider's license numbers, driver's license numbers, dates of birth, and addresses for each treatment professional including medical providers
 - NPI numbers, dates of birth, and registration/certification for each counselor
 - Dates of birth, residence addresses, driver's license numbers, and social security numbers for managers, owners, persons with control interest, board members, executive directors, and/or clinical directors
- ✓ Proof of Comprehensive (General) Liability Insurance, Professional Liability (Malpractice) Insurance, and Workers' Compensation Insurance
- ✓ Application fee. The Medi-Cal enrollment application fee is determined annually by CMS and paid electronically in PAVE. Updated application fee information can be found on the [PED webpage](#).

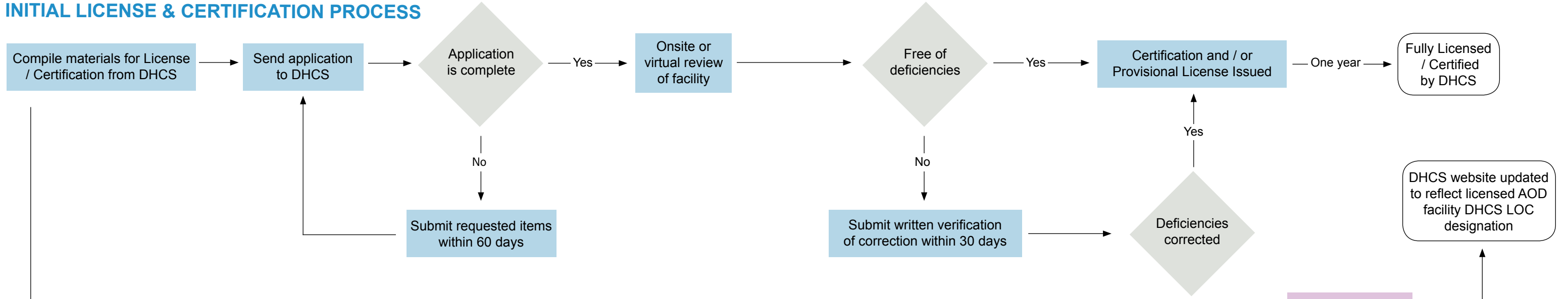
ENROLLMENT INFORMATION

-  **Drug Medi-Cal Clinic.** Since you are enrolling in Medi-Cal to be reimbursed for services as a Substance Use Disorder Treatment Provider, you will want to create an application as a Drug Medi-Cal Clinic. [Watch this video](#) to learn more about how to complete a Drug Medi-Cal Clinic application.
-  **Location Specific.** Drug Medi-Cal enrollment is location specific. Providers must submit applications for each location they seek to enroll, even if they are all under the same legal name and ownership. Each location must meet all program requirements.
-  **Affiliation Applications.** Medical directors and other substance use disorder treatment professionals will need to complete affiliation applications. These providers will need to set up their own user profiles within PAVE to complete and sign the applications. They will then be able to accept the affiliation with the clinic within PAVE. Providers will also be able to see the Medi-Cal agreement in PAVE. [Watch this video](#) to learn how to complete affiliation applications.
-  **Counselors.** Counselors only need to be listed under the treatment staff section of the portal, they are not required to submit a separate PAVE application.
-  **Authorized signer.** You will need to invite an authorized signer who can sign off on the completed application to join through “My Tools” in PAVE. The authorized signer will need to set up their own user profile within PAVE to complete, e-sign, and submit the application. The signer must carefully review the information in the application. Only an individual who is the sole proprietor, partner, corporate officer, or an official representative of a governmental entity or non-profit organization has the authority to be the authorized signer.
-  **Inspections.** An onsite inspection is generally not required. However, DHCS has authority to conduct onsite inspections and comprehensive reviews to validate information in any application package.
-  **Communications.** If any portion of your application is incomplete and/or deemed incorrect, PED will send a deficiency letter detailing the issue through the PAVE portal.
-  **Approval.** 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.

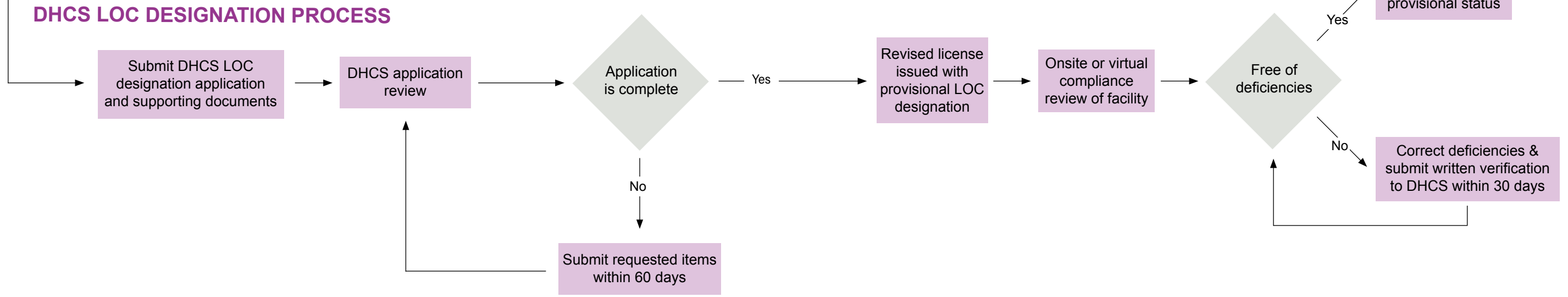
Do you have additional questions?

-  For technical assistance with the PAVE system, direct questions to the PAVE Help Desk at 1-866-252-1949.
-  For Drug Medi-Cal enrollment questions, email DHCSDMCRecert@dhcs.ca.gov
-  For general Medi-Cal enrollment questions, 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.

INITIAL LICENSE & CERTIFICATION PROCESS



DHCS LOC DESIGNATION PROCESS



MEDI-CAL ENROLLMENT PROCESS

