



Policy & Procedure Number: BHSD # PRR-001

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|----------------------------|--|
| Primary Category | Impacts |
| Line of Business | <input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Non-Medi-Cal Managed Care <input checked="" type="checkbox"/> Fee for Service <input checked="" type="checkbox"/> AMT <input checked="" type="checkbox"/> AOA <input checked="" type="checkbox"/> CJS <input checked="" type="checkbox"/> CYF <input checked="" type="checkbox"/> OSH <input type="checkbox"/> SUTS <input checked="" type="checkbox"/> TAY |
| Effectuated Parties | <input type="checkbox"/> All Workforce Members <input checked="" type="checkbox"/> Practitioners <input checked="" type="checkbox"/> BHSD <input checked="" type="checkbox"/> Contracted Providers <input checked="" type="checkbox"/> Inpatient Providers <input type="checkbox"/> Quality Managers |

BHSD POLICY & PROCEDURE APPROVAL REQUEST

I. BHSD P&P INFORMATION

Assigned Policy Name: Provider Application and Validation for Enrollment (PAVE)

Assigned Policy Number: PRR-001

Policy Owner: Provider Relations

Impacted Managed Care Policy Area(s): Mark All That Apply

- | | |
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| <input type="checkbox"/> Administration (ADM) | <input type="checkbox"/> Appeals, Grievances, Incidents (AGI) |
| <input checked="" type="checkbox"/> Clinical (CLI) | <input checked="" type="checkbox"/> Compliance and Confidentiality (COP) |
| <input type="checkbox"/> Contracts (CON) | <input type="checkbox"/> Data Management (DTM) |
| <input type="checkbox"/> Fiscal (FIS) | <input checked="" type="checkbox"/> General Operations (GEO) |
| <input type="checkbox"/> Health and Safety (HAS) | <input type="checkbox"/> Health Education (HED) |
| <input type="checkbox"/> Legal (LEG) | <input type="checkbox"/> Medical & Pharmacy (MPS) |
| <input type="checkbox"/> Member Services & Materials (MSM) | <input checked="" type="checkbox"/> Personnel (PER) |
| <input checked="" type="checkbox"/> Provider Relations (PRR) | <input checked="" type="checkbox"/> Quality Management (QAM) |
| <input checked="" type="checkbox"/> Reporting (RPT) | <input checked="" type="checkbox"/> Service Delivery (SDM) |
| <input type="checkbox"/> Utilization Management (UMR) | |

II. BHSD P&P APPROVAL

Section A: HHS Compliance and County Counsel

HHS Compliance: _____ **Date:** _____

County Counsel: _____ **Date:** _____

Section B: BHSD Director

BHSD Director: *Sherri Terao* **Date:** 5/24/2023
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| Approved/Issue Date: 2/28/2023 | Behavioral Health Services Director: | Sherri Terao |
| Last Review/Revision Date: | Next Review Date: 2/27/2026 | Inactive Date: |

| | |
|----------------------|-------|
| III. REPLACES | • NEW |
|----------------------|-------|

IV. REFERENCES:

- 42 CFR Part 455, Subpart B. Disclosure of Information by Providers and Fiscal Agents
- 42 CFR Part 455, Subpart E. Provider Screening and Enrollment
- 42 USC § 5005(b)(2) of the Cures Act (amending) 42 USC § 1396u-2(d)(6) Managed Care Provisions
- 42 CFR § 438.602(b). Provider Screening and Enrollment
- 42 CFR § 438.2. Prepaid Inpatient Health Plan (PIHP)
- CA WIC § 14043.26. Provider Enrollment, Application and Participation
- 9 CCR §§ 622-630. Requirements for Professional Personnel
- 22 CCR § 51000.30(a)(2)(B). Authorized Signer for Medi-Cal Applications
- Behavioral Health Information Notice (BHIN) No. 20-071. Specialty Mental Health Provider Screening and Enrollment Requirements in Medi-Cal (21st Century Cures Act and the CMS-Medicaid and CHIP Managed Care Final Rule Requirements)

V. PURPOSE:

To outline Medi-Cal enrollment requirements for specialty mental health services providers that serve Medi-Cal beneficiaries.

VI. POLICY:

Specialty Mental Health Services (SMHS) practitioners within specific licensed disciplines must complete the Provider Application and Validation for Enrollment (PAVE). The Federal Cures Act (42 CFR 438.602(b)) requires screening, enrolling and periodically re- validating all network providers of managed care organizations, including County Mental Health Plans. **PAVE for DMC-ODS is done via the Drug Medi-Cal site certification process and is not covered in this policy.**

To meet this requirement, BHSD participating providers must utilize the PAVE portal, a web-based application designed to simplify and accelerate enrollment processes, to enroll practitioners. Practitioners use the portal to complete and submit applications, report changes to existing enrollments, and respond to DHCS initiated requests for continued enrollment or revalidation.

PAVE enrollment requires a **Type 1 (individual) NPI number** and current active professional licenses. The practitioner types that must enroll are as follows:

- Licensed Marriage Family Therapists
- Licensed Clinical Social Workers
- Licensed Professional Clinical Counselors
- Licensed Psychologists
- Licensed Educational Psychologists
- Nurse Practitioners
- Medical Doctors and Osteopaths (DO)



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- Physician Assistants
- Registered Pharmacists
- Occupational Therapists
- Speech Language Pathologists

A comprehensive list can be found on this link: [Provider Enrollment Options \(ca.gov\)](#)

A qualified licensed professional who is not in compliance with the PAVE policy:

1. Will be unable to obtain BHSD credentials and cannot make Medi-Cal claims.
2. Cannot serve as Participating Provider Head of Service...

VII. DEFINITIONS:

Behavioral Health Services Department (BHSD). The local County Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS), this integrated behavioral health system is also referred to as the Plan.

Head of Service (HOS). Per 9 CCR §§ 662-630, Head of Service defines minimum qualifications for that person. Required experience shall mean full time equivalent experience. It is intended that these minimum qualifications shall apply to the head or chief of a particular service or professional discipline but not necessarily to subordinate employees of the same profession. In this case The Head of Service will either be a Licensed Professional of the Healing Arts or a Mental Health Rehabilitation Specialist with a background and experience in mental health services. Refer to **Attachment A** for details.

National Provider Identifier (NPI). A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number).

Participating Provider. A County, Individual Provider or Contracted Certified Provider (CCP) that has agreed to contract with the BHSD Plan to provide eligible services to Beneficiaries covered by its plan.

Practitioner. Workforce Members who are providing direct Beneficiary care services, are

licensed, registered, waived, certified, or meet criteria as a paraprofessional.

Provider Types. Include licensed, registered, or waived mental health providers, licensed Practitioners of healing arts (LPHA), and registered or certified Alcohol or Other Drug (AOD) counselors.

Specialty Mental Health Services (SMHS). A “carve-out” of the broader Medi-Cal program. As the single state Medicaid agency, DHCS is responsible for administering the Medi-Cal SMHS Waiver Program which provides SMHS to Medi-Cal beneficiaries through County Mental Health Plans (MHPs). The Plans are required to provide or arrange for the provision of SMHS to beneficiaries in their counties that meet medical necessity criteria, consistent with the beneficiaries’ mental health treatment needs and goals.

VIII. OVERSIGHT AND MONITORING PROCEDURE

| Processes | Requirements |
|--|--|
| Onboarding | <ol style="list-style-type: none"> 1. Participating providers must ensure the licensed staff providing SMHS enroll in PAVE as part of the onboarding process. 2. Participating provider must maintain documentation of the completed PAVE enrollment in the personnel file. |
| Short Doyle Medi-Cal Site Certification | <ol style="list-style-type: none"> 1. During a Medi-Cal site certification and/or recertification process, participating providers must submit a list of PAVE enrolled licensed staff that are providing services at the Medi-Cal site. 2. Participating Provider Head of Service must be enrolled in PAVE regardless of if they provide direct services or not. Refer to Attachment A for details. |
| DHCS | <ol style="list-style-type: none"> 1. Will review practitioner submissions in the order received. <ol style="list-style-type: none"> a. The initial review period is up to 90 days for physicians and up to 180 days for non-physicians. b. If the application is incomplete, the provider will be notified via email to log into the PAVE system to make corrections in the application. <ol style="list-style-type: none"> i. The corrections must be completed and resubmitted within 60 days. After 60 days the application will be denied, and a new application would need to be completed. c. If the application is approved, the provider will be notified via email to log in to the PAVE system to receive the approval letter. d. If the application is denied, the provider will be notified via email to log in to the PAVE system to receive the denial letter with appeal rights. |



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| IX. WORKFLOW PROCEDURE | |
|--------------------------------|---|
| Responsible Party | Action Required |
| Practitioners | <ol style="list-style-type: none"> The enrollment process is paperless and must be completed in the PAVE online enrollment system. PAVE Provider Portal (ca.gov). This is where the licensed clinical staff (practitioner) will create a User ID and profile to create and submit an application. The provider must attest to the accuracy of the information in the application by e- signing and using the practitioner’s email address. The application also requires uploading and attaching two documents: <ol style="list-style-type: none"> A copy of the provider’s current Driver’s License or State-Issued Identification Card. A copy of the provider’s Professional License. Are responsible for completing any corrections and submitting a new enrollment form within 60 days of notification. |
| Participating Providers | <ol style="list-style-type: none"> Will update and report practitioner 274 information the month after licensure is obtained. Direct practitioners to enroll in PAVE when they become licensed. |
| X. ATTACHMENTS | A. Head of Service, 9 CCR §§662-630. |

| XI. REVISION HISTORY | | | | |
|-----------------------------|---------------------------|----------------------|--------------------------|---------------------------|
| Policy Name | Active Dates Range | Date Approved | Reason for Review | Summary of Changes |
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