PAVE and Medi-Cal FAQ Sheet

Questions	Answers
1. Why do I have to enroll in Medi-Cal as a provider for CHW Services?	• **The Department of Health Care Services (DHCS) is establishing Medi-Cal provider enrollment requirements for Community-Based Organizations (CBOs) and Local Health Jurisdictions (LHJs) that provide community health worker (CHW) and/or asthma preventive (AP) services.**
2. How do I apply for Enrollment in the Medi-Cal program?	• **CBO and LHJ applicants must apply to enroll in the Medi-Cal program by submitting an electronic application through the Provider Application and Validation for Enrollment (PAVE) online enrollment portal, along with all supporting documentation.** • **Creating a PAVE Account JOB AID** • **Medi-Cal Application JOB AID**
3. Where can I access more information about PAVE?	• **Providers can access more information about PAVE on the DHCS Provider Application and Validation for Enrollment web page**
4. Who is considered a CBO according to Department of Health Care Services (DCHS) to be a Medi-Cal Provider?	• **A CBO provider must be a public or private non-profit organization with a 501(c)(3) status or a fiscally sponsored entity of a 501(c)(3) non-profit organization. A CBO provider with a 501(c)(3) status must provide 501(c)(3) documentation**
5. Who is considered a Local Health Jurisdiction?	• **An LHJ provider must be a local health department as defined in Health & Safety Code Section 101185.**
6. Are there location requirements to participate in Medi-Cal enrollment?	• **Yes. To enroll as a Medi-Cal provider, CBO and LHJ applicants must have at least one administrative location in California, which must be reported on their application. An "administrative location" is defined as the physical location associated with the CBO and LHJ's operations which can include where services are dispatched or based**

7. What are the Insurance requirements?	• **CBO and LHJ applicants are required to maintain valid workers' compensation insurance and comprehensive general liability insurance that cover the reported administrative location and operations.**
8. What documents or information will I need to have handy?	• **Tax ID/EIN** • **Group NPI #** • **Business License** • **General Liability and Workers Comp Insurance** • **Article of incorporation (for Non-profits)** • **Business owner or board members Full name and SS #.** • **Taxonomy code (stated on group NPI application)** • **Banking Information**
9. Who can sign the Medi-Cal application?	• **Medi-Cal application must be signed by a legally authorized person who can sign on behalf of the organization or group.**