

**Family Planning, Access, Care and Treatment (Family PACT) Provider
Frequently Asked Questions (FAQs)
during Novel Coronavirus 2019 (COVID-19)**

1) Will family planning and family planning-related services continue to be available through the Family PACT Program?

Yes, Family PACT providers may continue to provide all covered comprehensive family planning services and family planning-related services. However, it is critical that providers assess their respective policies and follow recommended general healthcare facility safety procedures and protocols from the federal Centers for Disease Control and Prevention (CDC) and California Department of Public Health (CDPH) to help prevent spread of the virus. Providers are encouraged to adhere to CDC's [recommendations](#).

On March 18, 2020, the Centers for Medicare and Medicaid Services (CMS) issued [guidance](#) titled, "CMS Adult Elective Surgery and Procedure Recommendations: Limit all non-essential planned surgeries and procedures until further notice". In its guidance, CMS announced that all elective surgeries, and non-essential medical, surgical procedures should be delayed during the COVID-19 situation. For more information, please refer to [Medi-Cal Guidance Relating to Non-Urgent, Non-Essential or Elective Procedures](#).

2) How can clients access services without going to a provider's office?

Family PACT providers may utilize existing telehealth policies as an alternative for delivering Family PACT covered services, as a means to limit patient's exposure to others who may be infected with COVID-19, and to increase provider capacity. For more information, please refer to the:

- Department of Health Care Services' (DHCS) existing policies relative to telehealth, which are outlined in the Medi-Cal Provider Manual: [Medicine: Telehealth](#) section.
- [Family PACT Guidance for Virtual-Telephonic-Communications](#)
- Telehealth [Frequently Asked Questions](#) document is posted to DHCS' website. This FAQ also applies to telehealth services provided under Family PACT.

3) How should Family PACT providers bill for telehealth alternatives such as virtual/telephonic communications?

Family PACT Program policy aligns with existing Medi-Cal telehealth coverage policy, which is outlined in the "[Medicine: Telehealth](#)" section of the Medi-Cal Provider Manual. For additional information, please refer to [Medi-Cal Payment for Telehealth and Virtual/Telephonic Communications](#).

4) Can a client be enrolled or recertified over the phone?

Yes, utilizing a telephonic modality, Family PACT providers may complete the Client Eligibility Certification (CEC) form and Retroactive Eligibility Certification (REC) form, if applicable, on behalf of the applicant/client. A provider must obtain verbal consent to sign the form on behalf of the client and should note "Information and consent captured verbally by "(provider or designee's name)" in the signature field on the CEC form or REC form. For additional information, please see the recent Newsflash article, "[Update to Information on Coronavirus \(COVID-19\) for Family PACT Providers](#)".

- 5) Can a client complete the entire CEC form electronically, in addition to the option of signing electronically, so long as it is not prepopulated? While phone may be the easiest, some providers may find it less resource intensive to use additional technology.**

Yes, a client may fill out the entire CEC form electronically, in addition to the option of signing electronically, so long as it is not prepopulated. The Family PACT provider or designee may also electronically sign the CEC form as well. For additional information, please also see the [“Guidance for Family PACT Providers, including Telephonic Client enrollment and re-certification”](#).

- 6) If a client is enrolled over the phone or electronically, how do I give them their Health Access Programs (HAP) card?**

Due to the nature of telehealth and telephonic modalities, the provider must arrange for the client to receive their HAP card/number to ensure a client has continued access to pharmacy, laboratory services, or other Family PACT covered benefits. Options may include, but is not limited, to in-person pick up of the HAP card or mailing the HAP card to the client’s address. If the HAP card is mailed to the client’s address, the provider must receive the express consent of the client to mail it, and must ensure that the address is verified.

- 7) Is utilization management for the Family PACT Program impacted during COVID-19?**

As described in a recent [NewsFlash article](#), utilization limits on quantity, frequency, and duration of Family PACT covered medications dispensed to Family PACT clients may be waived by means of an approved Treatment Authorization Request (TAR) if there is a documented medical necessity to do so. Pharmacies and clinics are advised to incorporate the statement “Patient impacted by COVID-19” within the Miscellaneous Information field on the TAR.

- 8) Are pharmacists allowed to dispense self-administered hormonal contraceptives without a prescription?**

Yes, pharmacists may furnish self-administered hormonal contraception, pursuant to California Business and Professions Code (B&P Code), Section 4052.3. For more information, please see [Family PACT PPBI Manual - Pharmacy Billing Overview](#).

- 9) Will there be flexibility with processing TAR requests?**

DHCS has informed TAR staff to use flexibilities if they receive calls and/or inquires relative to prescriptions and COVID-19 concerns. Please refer to [Fee-for-Service Pharmacy Benefit Reminders and Clarifications](#). Providers are encouraged to monitor the [Medi-Cal website](#) or [DHCS COVID-19 Response](#) webpage for any policy changes and updates.

- 10) Will pharmacy or clinic providers be reimbursed for mail delivered medications?**

Yes, mail order pharmacy providers enrolled as a pharmacy provider in Medi-Cal and clinics will be reimbursed for mail delivered medications. The pharmacy or clinic must meet all applicable federal, state, or local laws that may apply to mailing of medications.

- 11) Can a Registered Nurse (RN) dispense or administer self-administered hormonal contraceptives?**

Yes, RNs can administer or dispense hormonal contraceptives (oral contraceptive, injectable contraceptive, contraceptive patch, vaginal ring and emergency contraceptive

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pills), pursuant to B&P Code, Section 2725.2. RNs may provide these services via telehealth. For more information, please refer to [Medi-Cal COVID-19 Telehealth and Other Virtual/Telephonic Communications](#).

12) What are the dispensing limits for self-administration hormonal contraceptives?

A 12-month supply of the same product of oral contraceptives, contraceptive patches or contraceptive vaginal rings may be dispensed twice within one year of dispensing. A TAR is required for the third supply of up to 12 months of the same product requested within a year.

13) Does the Family PACT Program cover DMPA-SQ?

Under the temporary flexibilities allowed under DHCS' approved [Section 1135 Waiver](#), the Family PACT Program will temporarily allow for pharmacy dispensing of subcutaneous depot medroxyprogesterone acetate (DMPA-SQ) directly to a Family PACT client for self-administration at home. For more information, please see Newsflash article "[Family PACT Update: DMPA-SQ Administration Guidelines](#)".

14) Family PACT clients receive a form to review about Affordable Care Act and health care options when they complete a Family PACT application, and they acknowledge this on the CEC form. What modifications, if any, have been made to this requirement?

This requirement has not been waived during COVID-19 therefore, no modifications have been made to meet this requirement. Providers are required by Welfare and Institutions Code, Section 24005(u) to inform clients about the availability of other health care coverage options.

15) Will the Family PACT Program cover the cost of COVID-19 testing for clients?

No, the Family PACT Program does not cover testing for COVID-19. For more information on available coverage, please refer to [Coverage Options Fact Sheet](#). For information on COVID-19 testing locations, please refer to [Baseline COVID-19 Testing Program](#).

As of March 18, 2020, the House Resolution (H.R.) 6201 Families First Coronavirus Response Act, Section 6004, authorized State Medicaid Programs to provide access to coverage of COVID-19 diagnostic testing and testing-related services to individuals in need of such testing at no cost to the individual.

In response, DHCS is creating a new aid code that will allow individuals to seek the necessary diagnostic testing and testing-related services to COVID-19 at no cost to them. This new aid code will be available to individuals who do not have insurance or who have private insurance that does not cover diagnostic testing and testing-related services to COVID-19, and is a California resident. The new aid code will be considered a Presumptive Eligibility (PE) aid code and will be date specific. A Qualified Provider (QP) will enroll the individual on the date of application and their PE eligibility period will end on the last day of the following month. This program will utilize existing QPs allowed under approved California's existing State Plan in relation to PE programs. For more information, please see [COVID-19 Presumptive Eligibility Program](#).