

Family PACT Enrollment Checklist



This is a checklist designed to help site certifiers, clinicians, and administrative staff familiarize themselves with the Family PACT program requirements for enrollment and for Site Certifiers/Providers to successfully navigate the enrollment process to become a Family PACT Provider. New applicants involved in the provision of services under Family PACT are required to complete a series of trainings in order to certify a new site or recertify an existing site (Welfare and Institutions Code § 24005(k)).

*Note: Each group will have their own training track checklist so please make sure you are following the correct checklist for your position/title. Site certifiers, clinicians, and administrative staff are **REQUIRED** to complete the trainings outlined in these checklists.



Please review the descriptions below to pick the appropriate training track checklist for your position/title. Please pay close attention to the timeline mentioned due to the fact that these trainings must be completed in a timely manner or the provider/site certifier/enrollment site risk disqualification from the program.

Provider Enrollment Application Package Checklist & Site Certifier Track Training Log Checklist

The Medical Director, Physician, Certified Nurse Practitioner or Certified Nurse Midwife who is responsible for overseeing the family planning services rendered at the site are required to complete these trainings to certify a site.

Clinician Track Training Log Checklist

Physicians and Non-Physician Medical Practitioners (NMPs) including Nurse Practitioners, Physician Assistants and Certified Nurse Midwives who are **NOT identified as the site certifier**, responsible for delivering the full range of family planning and family planning-related services covered under the Family PACT Program will complete this track.

Administrative Track Training Log Checklist

Medical assistants (MAs) and Front Office Staff such as Office/Clinic managers, office assistants, receptionists or those who certify clients for enrollment, deliver client education and counseling and manage medical records on behalf of the Family PACT Program will complete this track.

Contact Us:

- To access the trainings, please log on to www.ofpregistration.org and create an account.
- For questions related to any of the trainings, please email: OFPprovidertrainings@dhcs.ca.gov.
- For questions related to how to become a Family PACT provider, please email: ProviderServices@dhcs.ca.gov.
- To contact the OFP by telephone, please call: (916) 650-0414.

Family PACT Provider Enrollment Application Process

Phase 1:

Provider Enrollment Application Package

The Family PACT Program application packet contains the following forms:

- *Family PACT Provider Application* (DHCS 4468)
- *Family PACT Program Provider Agreement* (DHCS 4469)
- *Family PACT Program Practitioner Participation Agreement* (DHCS 4470)

***The DHCS 4469 and DHCS 4470 forms will be provided to applicants upon approval of the DHCS 4468 form.**



Phase 2:

Provisional Enrollment Period (PEP)

New Family PACT provider applicants, new provider locations and/or recertifying providers applying for continued enrollment will be provisionally certified for enrollment in the Family PACT Program after the provider is enrolled in Medi-Cal and the Family PACT program and completes the legislatively mandated Provider Orientation trainings.



Phase 3:

Family PACT Orientation and Complete Required Online Trainings

The Provider Orientation trainings must be completed **within six (6) months** of the date of initial Family PACT enrollment for the provisional certification to be lifted. Failure to complete the orientation within six (6) months will result in disenrollment. Please visit our Learning Management System (LMS) at www.ofregistration.org to access the complete list of required trainings and training locations.



Application Approval

If your application forms are appropriately approved, you will receive your Family PACT Welcome Letter and your initial HAP Card order in separate shipments. All shipments should be received within eight to ten business days.





Family PACT Provider Enrollment Checklist

NAME: _____ TITLE: _____ CLINIC NAME: _____	DATE: _____ PEP START DATE: _____ PEP COMPLETED DATE: _____
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PROVIDER ENROLLMENT APPLICATION PACKAGE

TASK DESCRIPTION	INFORMATION NEEDED	DATE COMPLETED
Complete and submit via email the Family PACT Provider Application (DHCS 4468) . Email: ProviderService@dhcs.ca.gov Mail: Department of Health Care Services Office of Family Planning P.O. Box 997413 MS 8400 Sacramento, California, 95899-7413	<input type="checkbox"/> Current copy of driver's license <input type="checkbox"/> Proof of Federal Tax ID number (Forms accepted: Form 941, Form 8109-C, Letter 147-C, Form SS-4, Form 2363, Exemption Form 1023) or Social Security Number (SSN) <input type="checkbox"/> Current copy of fictitious name permit, if applicable <input type="checkbox"/> Current copy of clinic license from CDPH (does not apply to private and government providers) <input type="checkbox"/> Current copy of professional license for each practitioner <input type="checkbox"/> Copy of state-issued photo identification or driver's license of application signer <input type="checkbox"/> Copy of LARC training/certification proof <input type="checkbox"/> Copy of sublease agreements, if applicable	
Complete the Family PACT Provider Agreement (DHCS 4469) .	The DHCS 4469 form will be provided to applicants upon approval of the DHCS 4468 form.	
Complete the Family PACT Program Practitioner Participation Agreement (DHCS 4470) . * The DHCS 4470 is required for Private Practice (Sole Proprietors/Group Providers). * The DHCS 4470 is not required to be completed by Primary Care Clinics, Affiliate Primary Care Clinics, FQHCs, RHCs, IHCs, and government providers.	The DHCS 4470 form will be provided to applicants upon approval of the DHCS 4468 form. <input type="checkbox"/> Individual practitioner's NPI number <input type="checkbox"/> Current copy of practitioner's driver's license, medical license, and SSN card	



Family PACT Site Certifier Track Training Log Checklist

NAME: _____ TITLE: _____ CLINIC NAME: _____	DATE: _____ PEP START DATE: _____ PEP COMPLETED DATE: _____
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Site Certifier Track: The Medical Director, Physician, Certified Nurse Practitioner or Certified Nurse Midwife who is responsible for overseeing the family planning services rendered at the site are required to complete this track to certify a only one site.

TRAININGS	NOTES	DATE COMPLETED
1. Fraud, Waste, Abuse Training		
2. Documenting Family PACT Services		
3. U.S. Medical Eligibility Criteria (2016)		
4. U.S. Selected Practice Recommendations (2016)		
5. Back Office Training		
6. Family PACT Orientation (in-person)		

The online trainings **AND** the In-Person training must be completed by the site certifier within six (6) months of the initial date of Family PACT enrollment for the provisional certification to be lifted, or within sixty (60) days of hire at the enrolled site. For questions related to any of these trainings, please email: OFPprovidertrainings@dhcs.ca.gov.



Family PACT Clinician Track Training Log Checklist

NAME: _____	TITLE: _____
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Clinician Track: Required for Physicians and Non-Physician Medical Practitioners (NMPs) including Nurse Practitioners, Physician Assistants and Certified Nurse Midwives. This track is for practitioners who are **NOT identified as** the site certifier. Practitioners who are in good standing with Medi-Cal and administer family planning services on behalf of the Family PACT Program will complete this track.

TRAININGS	NOTES	DATE COMPLETED
1. Family PACT Orientation (online)		
2. Back Office Training		
3. Fraud, Waste, Abuse Training		
4. Documenting Family PACT Services		
5. U.S. Medical Eligibility Criteria (2016)		
6. U.S. Selected Practice Recommendations (2016)		
7. <i>Optional:</i> Family PACT Orientation (in-person)		

The online trainings must be completed within six (6) months of the initial date of Family PACT enrollment, or within sixty (60) days of hire at the enrolled site. For questions related to any of these trainings, please email: OFPprovidertrainings@dhcs.ca.gov.



Family PACT Administrative Track Training Log Checklist

NAME: _____	TITLE: _____
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Administrative Track: Medical assistants (MAs) and Front Office Staff such as Office/Clinic managers, office assistants, receptionists or those who certify clients for enrollment, deliver client education and counseling and manage medical records on behalf of the Family PACT Program will complete this track.

TRAININGS	NOTES	DATE COMPLETED
1. Family PACT Orientation (online)		
2. Front Office Training		
3. Back Office Training		
4. Fraud, Waste, Abuse Training		
5. Documenting Family PACT Services		
6. <i>Optional:</i> Family PACT Orientation (in-person)		

The online trainings must be completed within six (6) months of the initial date of Family PACT enrollment, or within sixty (60) days of hire at the enrolled site. For questions related to any of these trainings, please email: OFPprovidertrainings@dhcs.ca.gov.