How to submit a Family PACT application for Provider Types 35 and 41 with a pending Medi-Cal Fee-for-Service application

1. Log in or create a user profile by following the PAVE sign up process found here.

2. After logging in or creating a user profile, enter the entity’s NPI number, and click Verify.

3. Enter your PAVE profile name. Tip: Use the service site name.

4. PAVE will ask if you have a Medi-Cal Fee-for-Service application in progress with CDPH.
   - No – The user may continue creating the PAVE profile but won’t be able to submit an application.
   - Yes – Choose the entity’s provider type (RHC/FQHC or Community Clinic) and click Create my PAVE Profile
5. A PAVE Profile has been successfully created. Click the Accounts tab to start the application process.

6. Click on Enroll in Family PACT, then Continue.
7. Enter the site certifier's NPI. Click Continue.
9. Enter the practitioner’s NPI, verify their information, and indicate the type of training the practitioner received in LARCs. If not trained in a Women’s Health Specialty, upload the document certifying the practitioner is trained in LARCs, if applicable. If not trained in LARCs, skip this step. Click Continue.
10. To add practitioners, click the Edit button and then click Add.

11. To edit a practitioner, click the pencil icon. To delete a practitioner, click the trash can icon.
10. Enter the contact person’s information and click Continue.
11. Indicate the entities or individuals that have ownership or control interest in the organization.

**Entity:**

- Business name
- NPI
- Ownership Percent (%)

**Individual:**

- First name
- Middle name
- Last name
- NPI
- Ownership Percent (%)
12. To add or edit entities or individuals, click Edit, then Add.

13. Answer the Additional Information questions and upload any required documents.
14. Verify that the information is correct. Click Edit to make corrections. Click Sign and submit to continue.

**Additional Information**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your business use a registered Fictitious Business Name/Permit?</td>
<td>Yes</td>
</tr>
<tr>
<td>Fictitious Business Name</td>
<td></td>
</tr>
<tr>
<td>FBN Statement</td>
<td></td>
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<tr>
<td>Have you ever been a Family PACT Provider?</td>
<td>No</td>
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<tr>
<td>Does the provider sublease the service site where services are rendered?</td>
<td>No</td>
</tr>
<tr>
<td>Do you want to add a service site fax number?</td>
<td>Yes</td>
</tr>
<tr>
<td>Service site fax number</td>
<td>916-213-0465</td>
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**Previous**  
**Sign and submit**
15. Read and agree to the terms and declarations.
16. Enter the last four digits of the authorized signer’s SSN and their birth year. Click to sign, and click Submit.

17. If any section of the application is incomplete, PAVE will not allow submission.
18. The side column will indicate what sections of the application are incomplete. Make sure all sections are completed. Sign and submit.

A filled circle indicates the section has been completed. A half-filled circle indicates the section has been started but is incomplete. An empty circle indicates the section hasn’t been started.

19. Once the application has been successfully submitted, you will get a Rate Us pop up and a confirmation message in your PAVE inbox.

For more information, please visit the Medi-Cal PAVE website: https://www.dhcs.ca.gov/provgovpart/Pages/PAVE.aspx