How to Submit a New Family PACT Supplemental Application:

Unsupported Provider Types

1. Open the PAVE webpage and login to open/create your PAVE Profile for the entity/provider applicant.

2. Select Accounts tab and scroll to the account you are wanting to enroll in Family PACT.
3. Hover over the ellipsis, click on Enroll in Family PACT or click Update, Add Family PACT, and start updates.
4. Enter the site certifier’s NPI. Click Continue.
5. Review the prepopulated information for accuracy and upload the required in-person orientation Proof of Participation Certificate, and the Family PACT Provider Agreement (DHCS 4469).
6. Enter the practitioner’s NPI, verify their information, and indicate the type of training for LARCs. Upload the required document.
7. To add practitioners, click the Edit button and then click Add.

8. To edit a practitioner, click the pencil icon. To delete a practitioner, click the trash can icon.
9. Verify the provider’s information.

10. Enter the contact person’s information.
11. Indicate the entities or individuals that have ownership or control interest in the organization.

**Entity:**

- **Business name:**
  - Required value
- **NPI:**
  - N/A
- **Ownership Percent (%):**
  - Required value

**Individual:**

- **First name:**
  - Required value
- **Middle name:**
  - Required value
- **Last name:**
  - Required value
- **NPI:**
  - N/A
- **Ownership Percent (%):**
  - Required value
12. To add or edit entities or individuals, click Edit, then Add.

**Ownership/Control List**

<table>
<thead>
<tr>
<th>Type</th>
<th>Legal Name</th>
<th>%Ownership</th>
<th>NPI</th>
<th>Status</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization</td>
<td>ABC Company</td>
<td>100.0000</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
15. Read and agree to the terms and declarations.

I have read and agree to the terms and all Declarations.

- Declare that I have legal authorization to sign this application for and on behalf of.
- Have read, understood and agree to the terms of the Medi-Cal Provider Agreement.
- Have reviewed my application and believe all information and attachments are correct, to the best of my knowledge.
- Declare under penalty of perjury under the laws of the State of California that the foregoing information and the information on all attachments is true, accurate and complete, to the best of my knowledge and belief, and that I am authorized to sign this application pursuant to Title 22, California Code of Regulations, Section 51000.30.
16. Enter the last four digits of the authorized signer’s SSN and their birth year. Click to sign and 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.

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