

**FAMILY PACT (FAMILY PLANNING, ACCESS, CARE AND TREATMENT) PROGRAM
PRACTITIONER PARTICIPATION AGREEMENT
(§ 24005, Welfare and Institutions Code)**

IMPORTANT:

- Do not leave any questions or lines blank. Enter “N/A” if not applicable.
- Type or print clearly in ink.
- Signature of practitioner is required on page 3 of this document.

FOR STATE USE ONLY

OFP ID# _____

Legal Name of Practitioner <input type="text"/>	Individual National Provider Identifier (NPI) <input type="text"/>	Site Certifier <input type="checkbox"/> Yes <input type="checkbox"/> No
Service Site E-mail Address <input type="text"/>	Service Site Telephone Number <input type="text"/>	Service Site FAX Number <input type="text"/>

Legal Name of Employing Entity <input type="text"/>	Service Site National Provider Identifier (NPI) <input type="text"/>
--	---

Service Site Street Address <input type="text"/>	City <input type="text"/>	County <input type="text"/>	State <input type="text"/>	Nine-digit ZIP code <input type="text"/>
---	------------------------------	--------------------------------	-------------------------------	---

Practitioner Date of Birth <input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Provider Type <input type="text"/>	Board-Certified Specialty <input type="text"/>
--	---	---------------------------------------	---

Professional License Number <input type="text"/>	License Effective Date <input type="text"/>	License Expiration Date <input type="text"/>	License Type <input type="text"/>
---	--	---	--------------------------------------

Social Security Number <input type="text"/>	Driver’s License or State-Issued Identification Number and State of Issuance <input type="text"/> <input type="text"/>
--	---

Each practitioner (medical doctors, nurse practitioners, certified nurse midwives, physician assistants) serving clients in the Family PACT program must sign this form agreeing to adhere to the Family PACT Program Standards, as presented and defined in the Family PACT Policies, Procedures, and Billing Instructions Manual (PPBI). Failure to comply may result in audit exceptions and prohibition from participating in the Family PACT program. Practitioners include temporary employees, registry employees, or locum tenens.

Up-to-date copies of signed Practitioner Agreements must be submitted to the DHCS, Medi-Cal Provider Enrollment Division and the Office of Family Planning within 35 calendar days of any change, and a copy must be kept on file at the enrolled provider's administrative office. Failure to comply may result in disenrollment from the Family PACT program or prohibition from participating in this program.

Family PACT Program Standards

The purpose of the Family PACT Program Standards is to set forth the scope, type, and quality of care required for the family planning and family planning related services of this program, and the terms and conditions under which services will be reimbursed.

The Family PACT Program Standards include, but are not limited to:

Informed Consent

Informed consent shall include client participation in the process of eligibility determination and onsite enrollment in the Family PACT Program. Participation in the Family PACT Program and consent for services shall be voluntary and without coercion. Providers are prohibited from exchanging and/or offering to exchange anything of value, in an effort to induce (or reward) the referral of, or application to, the Family PACT Program.

Confidentiality

All services, including the eligibility determination process, shall be provided in a manner that respects the privacy and dignity of the individual client

Access to Care

All services shall be provided to eligible clients without bias based upon gender, sexual orientation, age (except for sterilization), race, marital status, parity or disability.

Availability of Covered Services

Only licensed personnel with family planning skills, knowledge and competency may provide the full range of family planning medical services covered under Family PACT in accordance with W&I Code, Section 24005(b). Clinical providers electing to participate in the Family PACT Program shall provide the full scope of family planning, education, counseling and medical services specified by Family PACT, either directly or by referral. A client's selection of contraceptive method(s) shall take into account client preference in conjunction with medical findings.

At a minimum, the following contraceptive methods shall be provided onsite or by prescription: contraceptive injection(s); contraceptive implant(s); intrauterine contraceptives; oral contraceptives; contraceptive transdermal patch; contraceptive vaginal ring; spermicides; cervical barrier methods; male and female condoms; and Lactation Amenorrhea Method (LAM).

The following contraceptive methods and procedures may be provided onsite or by referral: Fertility Awareness Methods (FAM) and female and male sterilizations.

Clinical and Preventive Services

Clinicians providing care to Family PACT clients are expected to practice evidence-based medicine using nationally recognized clinical practice guidelines.

The complete details of the Family PACT Program Standards are available in the PPBI manual.

I have read, and agree to adhere to the Family PACT Program Standards requirements. Family PACT Program Standards are subject to change upon written notification from DHCS. I understand that practitioners who do not provide services consistent with the Program Standards may be permanently disenrolled as a provider from the Family PACT program.

I declare under penalty of perjury under the laws of the State of California that the foregoing information is true information is true, accurate, and complete to the best of my knowledge and belief.

Name (please print)

Title

Original signature (blue ink only)

Date