



This is a checklist designed to help site certifiers, clinicians, and administrative staff familiarize themselves with the Family PACT program requirements 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 as these trainings must be completed prior to enrollment into 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**, but are 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](http://www.ofpregistration.org) and create an account.
- For questions related to any of the trainings, please email: [OFPprovidertrainings@dhcs.ca.gov](mailto:OFPprovidertrainings@dhcs.ca.gov).
- For questions related to how to become a Family PACT provider, please email: [ProviderServices@dhcs.ca.gov](mailto:ProviderServices@dhcs.ca.gov).
- To contact the OFP by telephone, please call: (916) 650-0414.



## Provider Enrollment Application Process



### Phase 1:

#### **Complete Required Online Trainings and Family PACT Orientation**

The required online trainings and Provider Orientation must be completed **prior to submitting a Family PACT Application**. Failure to provide certificates of completion will result in a returned application. Please visit our Learning Management System (LMS) at [www.ofpreistration.org](http://www.ofpreistration.org) to access the complete list of required trainings and training locations.



### Phase 2:

#### **Provider Enrollment Application Package**

The Family PACT Program application packet contains the following forms:

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

\*The [DHCS 4469](#) and [DHCS 4470](#), if applicable, must be submitted with the Family PACT supplemental form on [PAVE](#).



### Phase 3:

#### **Application Approval**

If your application forms are 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.



# Provider Enrollment Checklist

NAME: \_\_\_\_\_

CLINIC NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

## PROVIDER ENROLLMENT APPLICATION PACKAGE

TASK DESCRIPTION	INFORMATION NEEDED	DATE COMPLETED
Complete the <b>Family PACT supplemental form</b> on PAVE.	<input type="checkbox"/> Current copy of fictitious name permit, if applicable  <input type="checkbox"/> Copy of LARC training/certification or attestation of competency  <input type="checkbox"/> Copy of sublease agreements, if applicable	
Complete and upload the <b>Family PACT Provider Agreement (DHCS 4469)</b> on <a href="#">PAVE</a> .	The <a href="#">DHCS 4469 form</a> must be uploaded when submitting Family PACT supplemental on <a href="#">PAVE</a> .	
Complete and upload the <b>Family PACT Program Practitioner Participation Agreement (DHCS 4470)</b> for <u>each</u> practitioner, on PAVE. <ul style="list-style-type: none"> <li>• <i>The DHCS 4470 is required for Private Practice (Sole Proprietors/Group Providers) and FQHCs.</i></li> <li>• <i>The DHCS 4470 is <u>not</u> required to be completed by Primary Care Clinics, Affiliate Primary Care Clinics, RHCs, IHCs, or government providers</i></li> </ul>	The <a href="#">DHCS 4470 form</a> must be uploaded when submitting Family PACT supplemental form on PAVE.  <input type="checkbox"/> Individual practitioner's NPI number already enrolled in Medi-Cal	



# Site Certifier Track Training Enrollment Checklist

<b>NAME:</b> _____	<b>CLINIC NAME:</b> _____
<b>TITLE:</b> _____	<b>DATE:</b> _____

**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 one site.

<b>TRAINING</b>	<b>NOTES</b>	<b>DATE COMPLETED</b>
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. Person-Centered Contraceptive Counseling for Family PACT Clients		
7. Family PACT Orientation		

The online trainings must be completed prior to submitting a Family PACT Application. For questions related to any of these trainings, please email: [OFPprovidertrainings@dhcs.ca.gov](mailto:OFPprovidertrainings@dhcs.ca.gov).



# Clinician Track Training Enrollment Checklist

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

**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 Overview		
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. Person-Centered Contraceptive Counseling for Family PACT Clients		
8. Optional: Family PACT Orientation		

The online trainings must be completed **prior** to submitting a Family PACT Application. For questions related to any of these trainings, please email: [OFPprovidertrainings@dhcs.ca.gov](mailto:OFPprovidertrainings@dhcs.ca.gov).



# Administrative Track Training Enrollment Checklist

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**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.

<b>TRAININGS</b>	<b>NOTES</b>	<b>DATE COMPLETED</b>
1. Family PACT Overview		
2. Front Office Training		
3. Back Office Training		
4. Fraud, Waste, Abuse Training		
5. Documenting Family PACT Services		
6. Optional: Family PACT Orientation		

The online trainings must be completed **prior** to submitting a Family PACT Application. For questions related to any of these trainings, please email: [OFPprovidertrainings@dhcs.ca.gov](mailto:OFPprovidertrainings@dhcs.ca.gov).