

Family Planning, Access, Care, and Treatment (Family PACT) Program Site Certifier for Multiple Locations Declaration

IMPORTANT:

- **Email Submission:** Email completed form and all required additional documents listed on this form to ProviderServices@dhcs.ca.gov for review.
- **Upload After Approval:** Once approved by DHCS, upload approved DHCS 4475 and all required documents to the Family PACT Supplemental PAVE application.
- **PAVE Application Update:** A separate PAVE application **and** DHCS 4475 must be submitted for **each** additional service location (up to 10 locations total). Site certifiers cannot oversee multiple service locations until the Family PACT Supplemental PAVE application is approved.

(See instructions for completing form on page 3)

Step 1: Complete All Site Certifier Information Fields

1. First Name (First and Middle Initial)	2. Last Name	3. NPI
4. Email Address	5. Telephone Number	6. License Number

Step 2: Enter Service Location Details

Site Certifier's Main Location

A. Service Location Legal Name	B. Location NPI		
C. Service Location Business Name	D. Telephone Number		
E. Service Location Address (Number, Street)	City	State	ZIP Code
F. Service Location Contact Name (First and Last)	G. Contact Email address		

Additional Service Location

A. Service Location Legal Name	B. Location NPI		
C. Service Location Business Name	D. Telephone Number		
E. Service Location Address (Number, Street)	City	State	ZIP Code
F. Service Location Contact Name (First and Last)	G. Contact Email address		

Step 3: Additional Documents Required

1. Service Location Organizational Chart/List

- Include all personnel involved in providing Family PACT services (front office, back office, clinicians, office manager/supervisor, counselors and health educators).
- Provide staff name, job title, and role related to Family PACT.
- Submit a separate chart/list for each service location listed.

2. Oversight Plan

Please detail how the site certifier will oversee multiple service locations and include the following:

- Delegation of duties and responsibilities.
- Tracking staff training for Family PACT.
- Client eligibility determination and enrollment process.
- Client medical record review process.

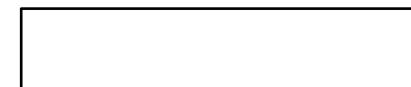
Please Note: Language copied directly from the Family PACT Policies, Procedures, and Billing Instructions (PPBI) Manual will not be accepted as the Oversight Plan. No examples or templates will be provided.

Step 4: Sign and date

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING SITE CERTIFIER FOR MULTIPLE SITES DECLARATION FORM INFORMATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I ALSO CERTIFY THAT AS THE LISTED SITE CERTIFIER, I WILL COMPLY WITH ALL REQUIREMENTS OF THE FAMILY PACT POLICIES, PROCEDURES, AND BILLING INSTRUCTION MANUAL.

Type your legal name above to certify your declaration, which will serve as your digital signature.



Date Signed

Instructions for completing the Site Certifier for Multiple Locations Declaration**Step 1: Site Certifier Information:**

1. Enter the site certifier's legal first name and middle initial.
2. Enter the site certifier's legal last name.
3. Enter the site certifier's National Provider Identifier (NPI).
4. Enter the site certifier's email address.
5. Enter the site certifier's contact telephone number.
6. Enter the site certifier's medical license number.

Step 2: Service Location Information (as listed with Medi-Cal):

Enter complete information for both service locations listed on the form. The site certifier's main service location must be listed first and must be already enrolled in Family PACT.

- A. Enter the service location's legal name.
- B. Enter the service location's NPI number.
- C. Enter the service location's business name.
- D. Enter the service location's contact telephone number.
- E. Enter the service location's address.
- F. Enter the service location's contact legal name.
- G. Enter the contact's email address.

Step 3: Additional Documents Required

All documents must be submitted. Applications with missing documents will be rejected.

1. Service Location Organizational Chart/List
 - o Submit a list of all staff that assist with Family PACT services for each service location listed on form. This includes front office, back office, clinicians, office manager/supervisor, counselors and health educators. The list must include staff name, job title, and their role related to Family PACT.
2. Oversight Plan
 - o Must address, in detail, all key elements specified on page two (2).
 - o No examples or templates will be provided.
 - o Language copied directly from the PPBI to use as the Oversight Plan will not be accepted.

Step 4: Sign, Date and Submit

Enter the site certifier's name and date of signature. Email completed DHCS 4475 and all additional documents required listed on this form to ProviderServices@dhcs.ca.gov for review.

Questions?

Email ProviderServices@dhcs.ca.gov or call the Office of Family Planning at 916-650-0414, Monday through Friday, 8:00 a.m. – 5:00 p.m.

For more information on eligible clinic types, refer to the Provider Enrollment and Responsibilities section of the [PPBI manual](#).