

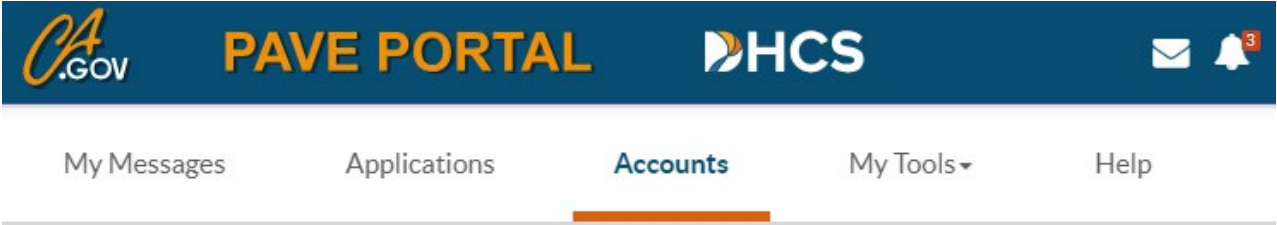
PAVE PORTAL

JOB AID: How to submit a Family PACT application for Unsupported Provider Types

This Job Aid is intended for current and prospective Family PACT providers who need to submit an application for enrollment or updates through the PAVE Portal. This Job Aid includes steps specific to Unsupported provider types.

Create Application.

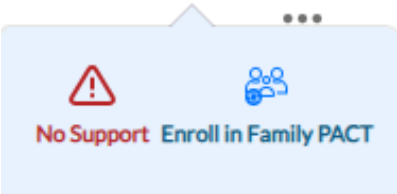
1. Click the Accounts tab to start the application process.



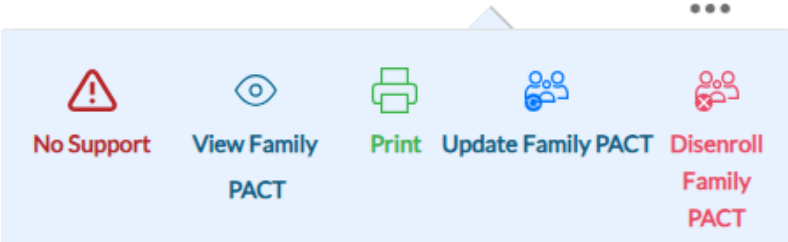
2. Identify the service location and account you wish to enroll in Family PACT.

ABC Clinic	Rural Health	123 Main Street Anytown, CA 00000	1000000000	Individual Billing		1- Active	12/1/2015	10/23/2000	800000000	
...										
ABC Clinic	Health Access Program	124 Main Street Anytown, CA 00000	1000000000	Individual Billing	Family PACT	1- Active	08/01/2016	12/31/2020	800000001	
...										

3. Under the Actions column, hover the cursor over the ellipses to display the action options available.



4. Click Enroll in Family PACT or Update Family PACT.



If you select Enroll in Family PACT, this will create an application.

My MessagesApplicationsAccountsMy ToolsHelp

Account ID: 800000001

Provider NameABC Clinic

Provider TypeRural Health

Application ID1234CA24

Creation Date03/09/2026

Package TypeSupplemental FRACT

7% Complete

Documents

New Message

Submit Section

Application Owner:

ContentExpand All

Getting Started

Getting Started

Family PACT

Signature

Getting Started

Let's take a few minutes to watch these In-Context Tutorials before you start your application as Rural Health. These videos will help you get oriented and make filling out your application a breeze.

If you need help while working on your application, you can always come back here for a refresher, or just look for the icon throughout PAVE Portal.

Getting Started

Familiarize yourself with all the elements of this page, including :

Application structure

Social tools

Status indicators

If you are already enrolled in Family PACT and are submitting updates, select the fields you want to update and click Start updates.

Important: If you have not previously submitted an application through the PAVE portal, select **all five** fields.

Update your Family PACT

What would you like to update?

Please select what information you would like to before you continue.

Your Family PACT account summary

Site Certifier:

Contact Person:

Practitioner:

Ownership:

Update Family PACT

Site Certifier

Contact Person

Practitioner

Ownership/Control Interest

Additional Information

Required value

Cancel

Start updates

Family Planning, Access, Care, and Treatment (Family PACT)

Page 2 of 12

Complete Application.

5. Scroll down and click Continue.

Content

Expand All

Getting Started

Family Pact

Signature

Getting Started

Let's take a few minutes to watch these In-Context Tutorials before you start your application as Rural Health. These videos will help you get oriented and make filling out your application a breeze. If you need help while working on your application, you can always come on back here for a refresher, or just look for the icon throughout PAVE Portal.

Getting Started

Familiarize yourself with all the elements of this page, including:

- Application structure
- Social tools
- Status Indicators

Getting Started

Health Care Business

Customized for your provider type, this video gives you a detailed walk-through of the application, including:

- A checklist for what you need to complete this application
- Social Forms, sub-forms, and sections
- How to electronically sign this application

Organization, Institution or Facility Provider

Check out these other helpful ICTs for social chat, explanation, share and messages.

Continue

6. Enter the site certifier's NPI. Click Continue.

Content

Expand All

Getting Started

Family Pact

Site Certifier

Practitioner

Account Information

Ownership/Control Interest

Additional Information

Signature

Site Certifier

Summary

Let's start your Family PACT Enrollment

Please enter the NPI of your Medi-Cal enrolled Site Certifier. Each service site location must designate one eligible representative to be a site certifier. The site certifier is responsible for overseeing family planning services at the location to be enrolled.

For information on the Family PACT program visit California Family PACT.

Enter your Site Certifier's NPI

Required value

Previous

Continue

7. Review the prepopulated information for accuracy.

Site Certifier Information

Site Certifier NPI:1230000000

Change My Site Certifier

TARA BUCK CNM

Prof License Number

3300000

8. Upload the required Family PACT Provider Orientation Certificate.
9. Upload the Family PACT Provider Agreement (DHCS 4469).
10. Click Continue.

The Site Certifier **must complete** the [Family PACT Provider Orientation](#) and **attach** the completed certificate.

Please attach  your [Orientation Certificate](#)

 Drag and drop here or [browse](#)

50MB Maximum



The Family PACT Provider Agreement (DHCS 4469) **must be signed by an individual** who is the **sole proprietor, partner, corporate officer, or by an official representative** of the provider who has the authority to legally bind the applicant.

Please attach  your [Signed DHCS 4469 Agreement](#) 

 Drag and drop here or [browse](#)

50MB Maximum



Previous

Continue

Add all practitioners that will be providing and billing for Family PACT services.

Important: Include the Site Certifier if they will be providing Family PACT services.

11. Enter the practitioner’s NPI, click Continue, and verify their information.

Practitioner Information

Summary



Please enter the **Practitioner's NPI** who is **enrolled in Medi-Cal Fee-for-Service** and will provide clinical family planning services under the Family PACT Program, including Site Certifier if applicable.



Enter Practitioner's NPI



Required value

Previous

Continue

Practitioner Information

Practitioner's NPI 1230000000  [Change my Practitioner](#)



TARA BUCK CNM

Prof License Number

3300000 

12. Indicate the type of training the practitioner has received in Long-Acting Reversible Contraceptives (LARCs).

- If you select LARC, you will be prompted to upload a training certificate or self-attestation.
- Select Health Specialty if you have a women's health specialty on your license.
- If you select Not LARC, you will be prompted to provide an explanation. You can explain that your site already has another practitioner trained in LARCs.

Please choose the type of training

☒ LARC
 ☐ Health Specialty
 ☐ Not LARC

Effective June 1, 2019, each provider site enrolling into the Family PACT Program must identify, at a minimum, one practitioner trained to provide LARC services on-site. [Click here](#) to visit Training Website

Please attach your Training Certification/Attestation

Drag and drop here or [browse](#)
50MB Maximum

Please enter a explain

Please write a explain

13. To continue adding practitioners, click Add.

14. To edit a practitioner, click the pencil icon.

15. To delete a practitioner, click the trash can icon.

16. Click Continue.

17. To edit the practitioners list, click Edit.

18. Click Continue.

Practitioner

Summary

Great Job!

If you have other enrolled Practitioners, you can click the Add button.

Remember, each provider site enrolling into the Family PACT Program must identify at least one Practitioner trained to provide LARC services on-site.

Practitioner List [Add](#)

NPI	Name	License Number	Training Method	Documents	Status	Action
1230000000	TARA BUCK	3300000	Health Specialty		☒	Edit Delete More

[Previous](#) [Continue](#)

Practitioner list [Edit](#)

NPI	Name	License Number	Training Method	Documents	Status	Action
1230000000	TARA BUCK	3300000	Health Specialty		☒	Edit

[Previous](#) [Continue](#)

19. Enter the contact person’s information and click Continue.

20. To edit the Contact Person Information, click Edit.

21. Click Continue.

Contact Person Information

First and Last name

Required value

Title/Position

Required value

Telephone number

Required value

Telephone number extension

Email address

Required value



← Previous

Continue →

 Account Information

 Edit

Contact Person Information for Family PACT

First and Last name

Title/Position

Telephone number

Telephone number extension

Email address



← Previous

Continue →

22. Indicate the entities or individuals that have ownership or control interest in the organization.

23. Click Continue.

Ownership/Control Interest

Summary



Please tell me about any **individuals or entities that have ownership or control interest in your organization**. Please include corporate officers, directors, partners and managing employees.



Ownership/Control Interest

Is this ownership/control interest record an entity or individual?

Organization

Individual

Previous

Continue

Is this ownership/control interest record an entity or individual?

Organization

Individual

Business name

Required value

☐ N/A

NPI

Required value

Ownership Percent(%)

Required value



Previous

Continue

Is this ownership/control interest record an entity or individual?

Organization

Individual

First name

Required value

Middle name

Last name

Required value

☐ N/A

NPI

Required value

Ownership Percent(%)

Required value



Previous

Continue

Family Planning, Access, Care, and Treatment (Family PACT)

Page 7 of 12

24. To add or edit entities or individuals, click Edit, then Add.

25. Click Continue.

Ownership/Control List

Edit

Is this ownership/control interest record an entity or individual?

Organization

Individual

Business name

NPI

Ownership

Percent(%)

Previous

Continue

Ownership/Control interest

Add

Type	Legal Name	%Ownership	NPI	Status	Action
Organization				1	

Previous

Continue

26. Answer the Additional Information questions and upload any required documents.

Additional Information

Summary



You are almost done!

Please add any Additional Information listed below.



Does your business use a registered Fictitious Business Name/Permit?

Yes ☐ No ☐

Required value

Have you ever been a Family PACT Provider?

Yes ☐ No ☐

Does the provider sublease the service site where services are rendered?

Yes ☐ No ☐

Required value

Do you want add a service site fax number?

Yes ☐ No ☐

Previous

Continue

Edit

27. Verify that the information is correct. Click Edit to make corrections.

28. Click Sign and submit to continue.

Additional Information

Edit

Does your business use a registered Fictitious Business Name/Permit?

No

Have you ever been a Family PACT Provider?

No

Does the provider sublease the service site where services are rendered?

No

Do you want add a service site fax number?

No

Previous

Sign and submit

29. Read and agree to the terms and declarations.



Last Step!

You can sign by reading the declarations, enter your last four digits of your SSN, your birth year, and your Portal password. Finally check the electronic signature agreement.

I have read and agree to the terms and all [Declarations](#) ^

I, :



Declare that I have legal authorization to sign this application for and on behalf of ABC CLINIC





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.



Cancel

Submit

Family Planning, Access, Care, and Treatment (Family PACT)

Page 10 of 12

- If any section of the application is incomplete, PAVE will not allow submission.

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.

Content		🔍 Collapse All
Getting Started		🔍
Getting Started		🔍
Family Pact		🔍
📄	Site Certifier	🔍
👨‍⚕️	Practitioner	🔍
👤	Account Information	🔍
👥	Ownership/Control Interest	🔍
📄	Additional Information	🔍
Signature		🔍
📄	E-Signature	🔍

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

Rate Us



Congrats your application **was submitted!**

We would love to hear your feedback on our PAVE Portal

Tell us about your experience

☆

☆

☆

☆

☆

Family Planning, Access, Care, and Treatment (Family PACT)

Page 12 of 12