



Family PACT 101

Module 1

***What Is
Family PACT?***





Accompanying Documents for this Module

- All documents referenced in this module, including the module evaluation form are available for you to download from the familypact.org website.
- Prior to beginning the module, you can print the documents by clicking on the list located just below the actual module link.
- You can also access documents via the links as indicated within this module.





Navigation Tips

- Click links to view documents at the end of the narration for each slide.
- Close document with 'Back' arrow to return to the module.
- Close all other Internet windows and applications before starting the module.
- Use arrow keys on keyboard to manually advance or reverse slides.





This module contains 4 topic areas.

- Family PACT Overview
- Comprehensive Family Planning Services
- Who is Eligible to Enroll in Family PACT?
- Why Become A Family PACT Provider?





Objectives

At the end of this module you will be able to:

- *Describe* the Family PACT Program
- *Define* what is meant by Comprehensive Family Planning Services
- *Determine* who is eligible to enroll in the Family PACT Program
- *Understand* the benefits of becoming a Family PACT Provider





Section One

Family PACT

Overview





What Is Family PACT?

Family PACT is a comprehensive family planning reproductive health program. Its purpose is to provide family planning and reproductive health services at no cost to low income Californians of reproductive age.





Family PACT History

- Family PACT was established by the California legislature in 1996 to increase access for low income women and men.
- The program was implemented in 1997 as a state-funded program.
- In 1999, California received additional funding for the Program from the federal government through a 1115 Demonstration Waiver from the Center for Medicare and Medicaid Services (CMS).
- Family PACT continues to operate under this waiver.





Who Are Family PACT Clients?

The Family PACT Program had 2.51 million clients enrolled for part or all of FY 06/07*:

- ❑ 88% female; 12% male
- ❑ 63% of clients between ages of 20 and 34
- ❑ About 65% self-identified as Latino
- ❑ 49% reported Spanish as their primary language
- ❑ About 74% reported a family income below the Federal Poverty Level
- ❑ 47% reported a family size of one
- ❑ About 47% of female clients served reported never having given birth





Family PACT Facts*

In FY 06/07:

- The Family PACT Program served 1.65 million women and men.
- A total of 7,574 public and private providers were reimbursed for services.

*Family PACT Program Report FY06/07-University of California, San Francisco





Who Serves Family PACT Clients?

In FY 06/07 there were 7,574 providers reimbursed for services through the Family PACT Program*:

- 2,878 Clinician Providers
 - 62% Private Sector Providers
 - 38% Public Sector Providers
- 4,517 Pharmacies
- 179 Laboratories

*Family PACT Program Report FY06/07-University of California, San Francisco





Family PACT has achieved its goal of reducing unintended pregnancy and is a very cost effective program.





Family PACT Outcomes

- In 2002, Family PACT averted an estimated 213,000 unintended pregnancies.
- Each pregnancy averted by Family PACT saved the public sector \$5,000 in medical, welfare and other social service costs for mother and child up to two years after birth.
- Every dollar spent on Family PACT client services saved \$5.33 in medical and social service costs up to 5 years after birth.





Family PACT Outcomes (cont.)

- In 2005, California's teen birth rate fell for the 14th consecutive year. There were 37.1 births in 1,000 for every female age 15-19. This represented a 48 percent reduction since the teen birth rate reached its peak in 1991. (In FY 06/07, the Family PACT Program served 305,244 adolescents under the age of 20).*

*Family PACT Program Report FY06/07-University of California, San Francisco





Section Two

Comprehensive Family Planning Services





Family Planning Reproductive Health

Goal – Expand access to services to:

- Manage reproductive capacity
 - Prevention of unintended pregnancy
 - Planning and spacing of pregnancy
- Maintain optimal reproductive health
 - Prevention of reproductive tract disease
- Preventive health approach





The primary focus of Family PACT is to help clients plan their families—if and when they wish to have children.

It is NOT a primary care program.





Primary Health Care Services

Reproductive Health Services

Family PACT Services

Family Planning
Methods

Pregnancy Testing &
Counseling

Sterilization

Cancer Screening

Cervical Abnormalities
and Preinvasive Cervical
Conditions

HIV Testing

STI

UTI

Education &
Counseling





What does Family PACT mean by Comprehensive Family Planning?





Comprehensive Family Planning Services include:

- Provision of family planning methods
- Treatment of selected reproductive conditions
- *In addition:* *All comprehensive family planning services are delivered with client-centered education and counseling.*





Family PACT will reimburse providers for the following services:

- Contraceptive methods, devices and supplies
 - All Family PACT methods must be FDA approved
 - Includes Lactation Amenorrhea Method (LAM), Natural Family Planning (NFP), and Fertility Awareness Method (FAM)
- Pregnancy Testing and Counseling
- Sterilization for both men and women





And...

- Limited cancer screening
 - Screening for cervical and breast cancer
- Prevention and treatment of sexually transmitted infections
- HIV testing
- Pre-invasive cervical lesions and UTI treatment





**Family PACT will also reimburse
Providers for Education and
Counseling Services.**

**Education and Counseling is the
centerpiece of the Family PACT
Program.**





What are Education and Counseling Services?





Education and Counseling (E & C) in Family PACT is designed to help you provide client-centered services through enhanced communication with your clients.





E & C Services

Client-centered means that the client actively participates in her/his own care and in the decision-making process.

E & C services promote optimal reproductive health.





E & C Helps Clients:

- Clarify their personal family planning goals
- Use their chosen method more effectively
- Understand and handle side effects better
- Be more satisfied with your services





Section Three

***Who Is Eligible
to Become a
Family PACT Client?***





Who Is Eligible?

- Must be a California resident
- Must be at or below 200% of the Federal Poverty Level
- Must be at risk of becoming pregnant or able to cause pregnancy
- Women (up to age 55) and Men (up to age 60)
- Can have no other source of health care coverage for family planning services





Eligibility and Completion of the Client Eligibility Certification (CEC) Form





Completing the CEC Form Side One

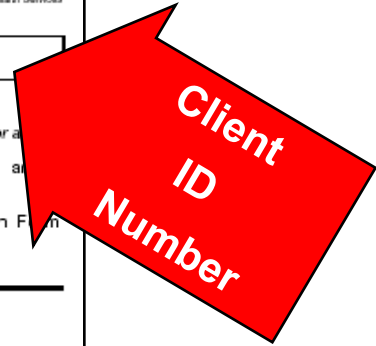
- Client ID Number
- Other health coverage
- “Barriers to Access”
- Contact information
- Social Security Number





**HEALTH ACCESS PROGRAMS
 FAMILY PACT PROGRAM
 CLIENT ELIGIBILITY CERTIFICATION (CEC)**

Client identification number



This form is the property of the State of California, Department of Health Services, Office of Family Planning, and cannot be changed or altered.

Please *print* answers to all questions. The questions about your family size, income, and health care insurance are used to determine if you are eligible for Family PACT Program services.

- Providers must keep a copy of this form in the client's medical record. (See PPBI, Client Eligibility Certification Form Completion Section for code determinations.)
- Code areas are for Provider use only.

Do you currently receive Medi-Cal benefits or services? Yes No

Do you have a Medi-Cal Benefits Identification Card (BIC)? Yes No

BIC number _____ Issue date _____

Do you have health care insurance for family planning services? (Private insurance, Health Maintenance Organization (HMO), Managed Care Plan, Student Health Insurance, etc.) Yes No

Do we need to keep your family planning services confidential from your partner, spouse, or parent? How may we contact you if we need to talk to you about something? Yes No
 Confidentiality

Provider Use Only—C CODE

First name _____ Middle name _____ Last name _____ Suffix (Jr., Sr.) _____

Is your current name the same as your name at birth? If no, print your name at birth below. Yes No

First name at birth _____ Middle name at birth _____ Last name at birth _____ Suffix (Jr., Sr.) _____

Number of live births _____ County of residence _____ Provider Use Only—C CODE _____ Nine-digit ZIP code _____

Gender Male Female Provider Use Only—C CODE _____ Social security number _____ Mother's first name _____

Date of birth (mm/dd/yyyy) _____ Place of birth (county, if California) _____ Provider Use Only—C CODE _____ State (if not California) _____ Provider Use Only—C CODE _____ Country (if not USA) _____ Provider Use Only—C CODE _____

Race/ethnicity
 1 Asian 2 Black 3 Filipino 4 Hispanic
 5 Native American 6 Pacific Islander 7 White 0 Other

Primary Language
 1 Armenian 2 Cantonese 3 English 4 Hmong 5 Khmer/Cambodian
 6 Korean 7 Tagalog 8 Spanish 9 Vietnamese 0 Other

This information will be used to see if you are enrolled in any state health program. Information will also be used to monitor health outcomes and for program evaluation purposes. Your name will not be shared. Each individual has the right to review personal information maintained by the provider unless exempt under Article 8 of the Information Practices Act.

Complete eligibility information on reverse side





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Provider Use Only—C CODE

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Is your current name the same as your name at birth? If no, print your name at birth below. Yes No

First name at birth	Middle name at birth	Last name at birth	Suffix (Jr., Sr.)
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Number of live births	County of residence	Provider Use Only—C CODE	Nine-digit ZIP code
-----------------------	---------------------	--------------------------	---------------------

Gender	Provider Use Only—C CODE	Social security number	Mother's first name
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Date of birth (mm/dd/yyyy)	Place of birth (county, if California)	Provider Use Only—C CODE	State (if not California)	Provider Use Only—C CODE	Country (if not USA)	Provider Use Only—C CODE
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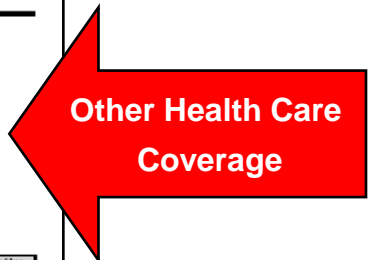
Race/ethnicity

1 <input type="checkbox"/> Asian	2 <input type="checkbox"/> Black	3 <input type="checkbox"/> Filipino	4 <input type="checkbox"/> Hispanic
5 <input type="checkbox"/> Native American	6 <input type="checkbox"/> Pacific Islander	7 <input type="checkbox"/> White	0 <input type="checkbox"/> Other

Primary Language

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BIC number	Issue date
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Do we need to keep your family planning services confidential from your partner, spouse, or parent? How may we contact you if we need to talk to you about something? Yes No
 Confidentiality

Provider Use Only



First name	Middle name	Last name	Suffix (Jr., Sr.)
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Is your current name the same as your name at birth? If no, print your name at birth below. Yes No

First name at birth	Middle name at birth	Last name at birth	Suffix (Jr., Sr.)
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Number of live births	County of residence	Provider Use Only—CODE	Nine-digit ZIP code
-----------------------	---------------------	------------------------	---------------------

Gender	Provider Use Only—CODE	Social security number	Mother's first name
<input type="checkbox"/> Male <input type="checkbox"/> Female			

Date of birth (mm/dd/yyyy)	Place of birth (county, if California)	Provider Use Only—CODE	State (if not California)	Provider Use Only—CODE	Country (if not USA)	Provider Use Only—CODE
/ / ____						

Race/ethnicity

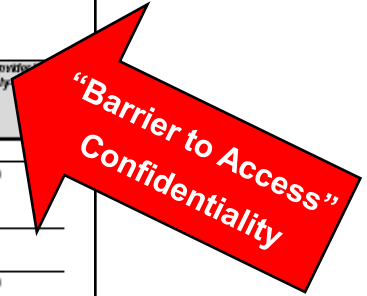
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Complete eligibility information on reverse side.



State of California—Health and Human Services Agency Department of Health Services

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Confidentiality

Provider Use Only—CODE

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First name at birth Middle name at birth Last name at birth Suffix

Number of live births County of residence **Provider Use Only—CODE**

Gender **Provider Use Only—CODE** Social security number

Male Female

Date of birth (mm/dd/yyyy) Place of birth (county, if California) **Provider Use Only—CODE** State (if not California) **Provider Use Only—CODE** (at USA) **Provider Use Only—CODE**

Race/ethnicity

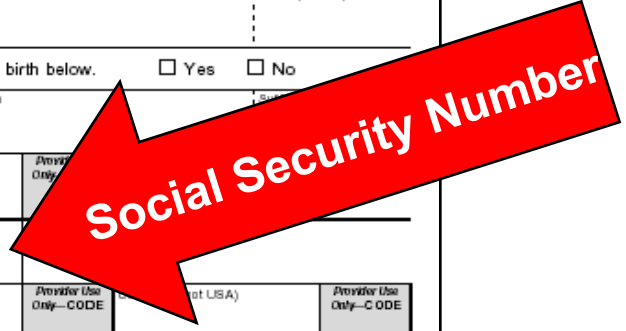
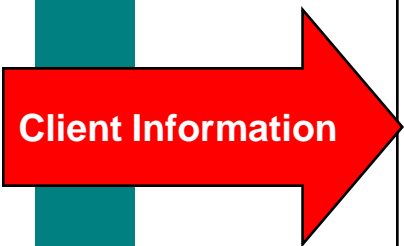
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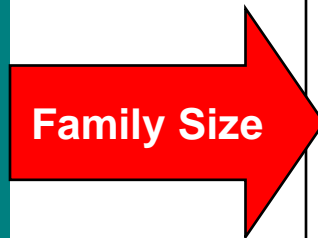




Completing the CEC Form Side Two

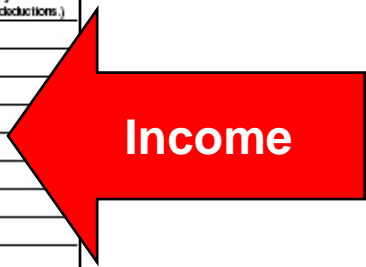
- Family size
- Total family Income
- Client certification
- Provider certification
- Fair hearing rights





Eligibility Determination: Please list all family members (self, spouse, and children) living in your household and supported by the family income. List the source of any earned or unearned income and the amount of income, including income from employment, self-employment, tips, commissions, pensions, social security, child and/or spousal support, ongoing insurance payments, disability, Veterans Affairs, unemployment benefits, etc.

Name	Relationship to You	Age	Source of Income	Gross Monthly Income (Before taxes or deductions.)
	(Self)			
Family size:			Total family income	\$



I declare under penalty of perjury that the information I have given on this form is true, correct, and complete. I understand that the giving of false information may make me ineligible for this program.

Signature (or mark) of applicant	Date	Signature of witness to mark or interpreter	Date
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FOR PROVIDER USE ONLY

Provider certification: Eligible for Family PACT Program
 Ineligible for Family PACT Program (Give applicant Fair Hearing Rights.)

Medi-Cal client eligible for Family PACT verified: Limited scope Unmet share-of-cost

Based upon the information provided by the applicant and according to state and federal requirements, I certify that the applicant identified on this Client Eligibility Certification is eligible to receive family planning services under the Family PACT Program. If ineligible, the client has received a copy of this form which includes the Fair Hearing Rights.

Print name	Signature	Date
Annual Certification: If client is decertified (no longer eligible)	Date	Reason code (see Provider Manual)

Fair Hearing Rights

Any applicant for, or recipient of, services under the Family PACT Program has a right to a hearing conducted by the Department of Health Services regarding eligibility or receipt of services. An applicant or recipient does not have a right to contest changes made to the eligibility standards or benefits of the Family PACT Program.

First level review: If you wish to appeal either your denial of eligibility or receipt of services, please send your name, telephone number, address, and reason why you are requesting a review to the First Level Review address below. A request for a first level review must be postmarked within 20 working days of the denial of eligibility or services. The Office of Family Planning may request additional information by telephone or in writing from the provider or the applicant before issuing a decision.

Formal hearing: You may appeal the decision of the first level review within five working days of your receipt of the decision of the first level review by sending your name, telephone number, address, and reason for the appeal to the Formal Hearing address below. At the hearing, you may be represented by a friend, relative, lawyer, or other person of your choice. A representative of the provider will be present to explain the reasons for denying eligibility. If you want an interpreter provided at the hearing, please specify the language in your letter requesting a hearing.

First Level Review Office of Family Planning Department of Health Services 714 P Street, Room 440 P.O. Box 942732 Sacramento, CA 94234-7320	Formal Hearing Office of Administrative Hearings and Appeals Department of Health Services 714 P Street, Room 1216 P.O. Box 942732 Sacramento, CA 94234-7320
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Eligibility Determination: Please list all family members (self, spouse, and children) living in your household and supported by the family income. List the source of any earned or unearned income and the amount of income, including income from employment, self-employment, tips, commissions, pensions, social security, child and/or spousal support, ongoing insurance payments, disability, Veterans Affairs, unemployment benefits, etc.

Name	Relationship to You	Age	Source of Income	Gross Monthly Income (Before taxes or deductions.)
	(Self)			
Family size:			Total family income	\$

I declare under penalty of perjury that the information I have given on this form is true, correct, and complete. I understand that the giving of false information may make me ineligible for this program.

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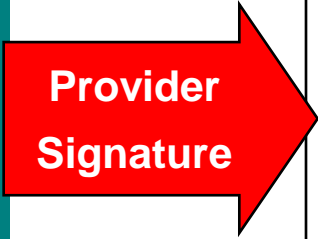
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 Department of Health Services
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 P.O. Box 942732
 Sacramento, CA 94234-7320

Formal Hearing
 Office of Administrative Hearings and Appeals
 Department of Health Services
 714 P Street, Room 1216
 P.O. Box 942732
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State of California—Health and Human Services Agency Department of Health Services

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Provider Use Only—CODE

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Race/ethnicity

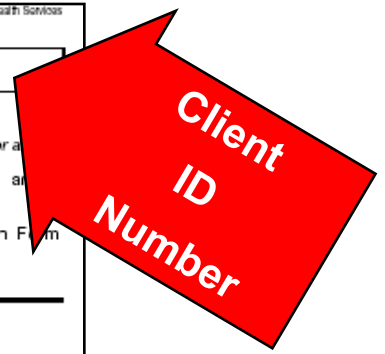
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Complete eligibility information on reverse side.





Who is Not Eligible?

- Has full-scope Medi-Cal
- Has Medi-Cal Managed Care
- Has Other Health Coverage with any methods
- Is NOT a California resident
- Gross family income is more than 200% of federal poverty level
- Is NOT at risk of becoming pregnant or causing pregnancy (sterilized)
- Female is older than 55 or menopausal; male is 60 or older
- Inmate in prison, jail or juvenile detention





Section Four

Why Become A Family PACT Provider?





Becoming a Family PACT Provider can:

- Increase access for low income clients in your area and increase your client population base
- Enable you to increase/expand clinical services in your practice
- Provide you with resources for providers, staff, and clients to implement the program





Provider Support Services Available to Family PACT Providers

- Regional Workshops, Audio Web Conferences, and Web-based Learning Modules
- Educational & Marketing Materials in multiple languages
- Customized Consultation and Technical Assistance





For questions about the Family PACT Program or for more information about how to become a Family PACT Provider

- Call the Toll-Free Provider Resource Line at 1-877-FAMPACT (1-877-326-7228)

Or

- Visit the Family PACT website at www.familypact.org

Or

- Call the Office of Family Planning at (916) 650-0414 or Provider Enrollment at (916) 650-0285





Upon exiting this module, if you have not already done so, please download the Evaluation Form for Module 1 by clicking the link below and email the completed form to:

familypact@cfhc.org

Or fax the completed form to:
(213) 368-4428

Thank you!

