

STANDARDS WORKSHEET

This worksheet is a guide to the Family PACT Standards and highlights key program areas that providers should consider when implementing the Family PACT program. The purpose of this document is to help administrators assess the readiness of their site to integrate the Family PACT Standards into the practice. Please review the Family PACT Standards before completing this worksheet. You can find the Family PACT Program Standards in your Policies, Procedures, and Billing Instructions Manual (PPBI) under the locator key “[prog stand.](#)”

How to use this document

Each section of this document pertains to a different aspect of clinical practice. There are sections covering Staff Knowledge, Office Protocols, Clinical Services, Referrals, and Material Resources. The Staff Knowledge pages are designed to be completed by the staff members, with room for name and signature. The pertinent Family PACT Standards of Care are presented with numbers corresponding to the subsections of that standard as presented in the PPBI. For example, Standard A is Informed Consent and subsection 1 deals with onsite enrollment.

| PPBI Standard | | Yes | No |
|---------------|---|------------------------------|-----------------------------|
| A1 | Do you know about eligibility determination and the on-site enrollment process? Download from the website: Client Eligibility and Enrollment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Indicate yes or no for each item based on your ability to address the standard in your practice. For your convenience, all “Yes” answers indicate that your practice is ready to integrate the Family PACT program. The answers checked “No” identify the areas that need modification prior to a successful implementation of Family PACT.

The electronic version of this document contains links to useful resources on the Family PACT Web site, www.familypact.org. For optimal operation when opening links, please close all other documents and programs prior to beginning use of this worksheet.

KNOWLEDGE OF FAMILY PACT

FRONT OFFICE Receptionists Eligibility Worker Intake Clerk

| PPBI Standard | | Yes | No |
|---------------|--|------------------------------|-----------------------------|
| A1 | Do you know about eligibility determination and the on-site enrollment process? Download from the website: Client Eligibility and Enrollment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A1b | Do you know about the Family PACT program standards and scope of services? Download Program Standards from website: Family PACT Standards | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A3 | Are you aware that minors can consent for family planning services without their parent's knowledge? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A3 | Are you comfortable serving minors for Family Planning services without their parents' knowledge? Download from website: Teen Information | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A4, C1 | Do you speak any of the languages spoken by your clients, other than English? What languages? _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A4 | Do you give your clients written material, in your clients' primary language, that explains informed consent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A7 | Do you provide all clients with a copy of the Family Planning Patients' Rights? Scroll through the Standards to download from website at: Family Planning Patients' Rights | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B1 | Do you respect client privacy and dignity in all aspects of their visit, including eligibility determination? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B3 | Are you aware that a client's personal and medical information cannot be shared without the client's written consent except as required by law? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B3 | Do you give clients the Notice of Privacy Practices? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C1 | What are the ethnic background(s) of your client population? Please list: | | |
| C1 | Are you aware of language assistance services (such as Language Line Services) for translation and interpretation for your clients? Phone Number: <u>1-800-752-6096</u> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F1f | Do you know that all Family PACT services are provided at no cost for eligible clients? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D2 | Are you aware that appointments for Family PACT clients should be scheduled in a reasonable time, preferably within 2 weeks of contact? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D2 | Are you aware that requests for appointments for family planning methods, emergency contraception, annual exam, pregnancy test, and STI screening or treatment are all potential Family PACT visits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

KNOWLEDGE OF FAMILY PACT

FRONT OFFICE (continued) Receptionists Eligibility Worker Intake Clerk

| PPBI Standard | | Yes | No |
|--|--|------------------------------|-----------------------------|
| E7 | Are you aware that all services should be provided to all eligible females and males without regard to sexual orientation, age (except for sterilization), race, marital status, parity or disability? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name: _____ Signature: _____ Date: _____ | | | |

KNOWLEDGE OF FAMILY PACT

BACK OFFICE Clinician Medical Assistant Registered Nurse Health Educator

| PPBI Standard | | Yes | No |
|---------------------|--|------------------------------|-----------------------------|
| A2, A5 | Do you know that participation in Family PACT is voluntary and that clients can withdraw consent at any time, even after signing a consent form? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A5 | Are you aware of the Family PACT procedures that need consent forms? E.g., Sterilization, IUC and Implant insertion/removal, colposcopy, LEEP. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A6 | Do you know that all clients requesting Sterilization must be 21 at the time they sign the form the Federal Consent Form PM330 and must wait at least 30 days after signing before they may be sterilized. Download from website: Access to Sterilization | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C2 | Do you know how to access client educational materials in several languages at no charge? Download from website: Client Education Materials | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D4 | Do you know where to refer clients for services that you do not provide? Download from website: Referral Network Sheet , Referral Sheet Instructions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F2d | Do you know the location of anonymous HIV testing sites? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G1a, G2a-G2c | Do you provide reproductive health education and counseling services for your clients verbally and in writing, including: Download from website: Education and Counseling | | |
| | Description of services and clinic procedures | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Reproductive anatomy and physiology | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Contraceptive method options | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | STI/HIV prevention | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Implications and consequences of sterilization procedures | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Preventive health care and nutrition | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Preconception health | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Pregnancy planning | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Psychosocial Issues | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| G3a | For a client receiving a positive pregnancy test result, do you provide information and referrals for the following: | | |
| | Prenatal care | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Adoption services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Pregnancy termination services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G3b, F4 | For a client receiving a negative pregnancy test result, do you discuss the following: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Family planning services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Emergency Contraception | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Preconception care | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Infertility services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

KNOWLEDGE OF FAMILY PACT

BACK OFFICE (continued) Clinician Medical Assistant Registered Nurse Health Educator

| PPBI Standard | | Yes | No |
|------------------|---|------------------------------|-----------------------------|
| G4, G5 | If you conduct Education and Counseling: | | |
| | Are you able to apply knowledge about the psychosocial and medical aspects of reproductive health, principles of behavioral change, and client-centered counseling techniques, including interviewing and communication skills, to your Education and Counseling? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Are you able to recognize situations where more intensive counseling may be required and make referrals, as appropriate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Do you document in the medical record the individual client assessment, topics discussed, and your name and title? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Name: _____ Signature: _____ Date: _____

OFFICE PROCEDURES

FRONT OFFICE

| PPBI Standards | | Yes | No | |
|----------------|--|------------------------------|------------------------------|-----------------------------|
| A1a | Does your staff assist the client in completing the CEC form? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| A3 | Do you serve minors for family planning services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| A1b | Does your front office staff discuss Family PACT scope of services with your clients? If no, who does? Name _____ Title _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| A5 | Do you have clients sign consent forms for invasive procedures? If yes, list invasive Family PACT procedures offered at your site 1) _____ 2) _____ 3) _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| A6 | Do you have clients sign the Federal Consent (Form PM330) for sterilization services? Download from website: Access to Sterilization | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| A7 | Is the Family Planning Patient Rights visibly posted at your site? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| B | Have you identified a way to contact your client in a confidential way? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| B2 | Are your clients informed about the confidential nature of Family PACT services? If yes, When? _____ Who informs? _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| B2 | Are clients told about situations that require reporting to authorities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| B3 | Is there a protocol in place to ensure that labs or other outside providers do not contact clients by sending a bill, thereby breaching their confidentiality? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| B3 | Do you have a procedure to carry out mandatory reporting as required by law? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| B4 | Do you have a procedure about how to share non-identifying client information with CDPH or public health officials? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| C | Do you have a procedure to access translation services to communicate with a client who speaks a language that your staff does not? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| D2 | Can a client get an appointment at your site for: | | | |
| | | How Soon? | | |
| | Family planning method | Within 2 weeks | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Emergency contraception | Within 48 hours | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | An annual exam | Within 2-4 weeks | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Pregnancy test | Within 24 hours | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | STI screening/ treatment | Within 24-48 hours | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D2 | Are clients referred to another provider if they cannot get an appointment at your site within 2 weeks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

OFFICE PROCEDURES

BACK OFFICE

| PPBI Standard | | Yes | No |
|----------------------|--|------------------------------|-----------------------------|
| D4 | At your site, are the clients told about the cost for non-Family PACT services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D4, F5 | Do you provide other medical and psychosocial services beyond the scope of Family PACT at your site or do you have a procedure for referrals for these services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D3, E1a, E6, F1d | Do you provide on site or by prescription: | | |
| | Oral contraceptives | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Oral emergency contraceptives | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Contraceptive transdermal patch | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Contraceptive vaginal ring | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Contraceptive injections | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Spermicides | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Male and female condoms | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Lactation amenorrhea method | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Pap smear | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D3, E1b, E5, E6, F1d | Do you provide on-site or by referral the following: | | |
| | Contraceptive implants | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | IUC/ IUD/ IUS | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Diaphragm | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Cervical barrier methods | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Female and male sterilizations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Fertility awareness method | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | STI complications | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Cervical abnormality management | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F2d | Do you provide confidential HIV testing and counseling on at your site? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F6 | Do you routinely have your client sign the superbill or other form when a lab specimen is obtained or when dispensing a device, product or prescription? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G1b | Do your staff assure that information presented during Education and Counseling is understood by the client? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G1e | Does your site offer the option of including the client's partner in the education and counseling or other services received, at the client's discretion? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

OFFICE PROCEDURES

FRONT OFFICE

| PPBI Standards | | Yes | No |
|----------------|---|------------------------------|-----------------------------|
| G2a | Are your clients given a verbal and written description of all Family PACT-approved contraceptive methods including effectiveness, duration, side effects, complications, medical indications and contraindications, social and physical advantages, and disadvantages? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G2b | When the client desires no future childbearing, do they receive a description of the implications and consequences of sterilization procedures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G2c | Do your staff provide specific instructions verbally and in writing for care, use and possible danger signs for the selected method(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G2d | Do your back office staff and clinicians provide an opportunity for questions concerning procedures or methods and discussion of personal concerns? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G4b | Do you have procedure to assure that staff providing Education and Counseling are supervised by a licensed health care professional? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

CLINICAL AND PREVENTIVE SERVICES

| PPBI Standard | | Yes | No |
|-----------------------------|---|------------------------------|-----------------------------|
| F | Do your clinicians use Family PACT Clinical Practice Alerts to provide guidance for implementing clinical services? Download from website: Clinical Practice Alerts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F1a | Does your health history form include these components? Health Risk Factors, Family Medical History, Personal Medical, Sexual and Contraceptive History, Plans for having children, and OB & GYN History for women. Download Sample Medical History Forms: Family PACT Medical History Forms | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F1a | Do your clinicians complete a comprehensive health history at least every 24 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F1b-F1e, G1c, G2a, G2b, G2d | Do your clinicians perform and explain physical exams, lab tests, method information and recommended treatment options as clinically indicated and as part of the decision-making process for contraceptive choices? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F1b | Do your clinicians know when the baseline physical exam needs to be completed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F1b | Does a client on hormonal contraceptive get her blood pressure evaluated at initiation of the method and at least once every two years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F1b | Can a client obtain contraceptive services at your site without a physical exam? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F1bi | Can a client decline a physical exam and still receive contraceptive services at your site? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E3, F1d | Do your clinicians provide all Family PACT-approved contraceptive methods, devices and supplies to clients according to their preference in conjunction with medical findings? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E4, F1e, G1b | Do your clinicians and / or back office staff provide education and counseling about all options and referral resources, whether a pregnancy test is positive or negative, in an unbiased manner that allows the client full freedom of choice? Download from website: Clinical Practice Alert | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F1f, G1d | Do your clinicians provide follow-up care for complications associated with a client's contraceptive method(s) on-site or by referral? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F2a | Do your clinicians follow the current Family PACT recommendations for Chlamydia testing and screening? Downloaded from website: Clinical Practice Alert | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E5, F2b, F2d | Do your clinicians follow current Family PACT recommendations for STI screening, testing and treatment, as well as HIV testing and treatment referrals? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F2c | Do your clinicians carry out mandatory reporting requirements for positive STI/HIV screening tests? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F2d, G1f | Do your clinicians provide information in a manner that is client-centered and sensitive to diverse cultural and socioeconomic factors and the psychosocial aspects of reproductive health? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| PPBI Standard | | Yes | No |
|---------------|--|------------------------------|-----------------------------|
| E6, F3 | Do your clinicians perform screening of females for precancers and cancers of the breast and cervix? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F3 | Do your clinicians provide screening mammograms onsite or by referral for women ages 40-55? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F3 | Can your clinicians evaluate cervical abnormalities found on a Pap smear or provide physical exam and treatment of preinvasive cervical lesions onsite? Downloaded from website: Clinical Practice Alert | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F4 | Do your clinicians provide Fertility awareness counseling and supplies when needed? If no, who does? Name _____ Title _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F4 | Are your clinicians aware the FAM is the only infertility service covered by Family PACT? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F6, G5 | Does your medical record documentation adequately describe the services provided, including the clinical rationale for providing, ordering and deferring services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F6 | Are your clinicians familiar with the Family PACT Benefits Grid? Downloaded from website: Benefits Grid | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F6 | Are your clinicians familiar with how to document your Family PACT services on a superbill? Downloaded from website: Sample Superbill | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G5 | Does your medical record documentation include assessment, diagnosis, treatment and follow-up plans? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

REFERRALS

| PPBI Standard | | Yes | No |
|---------------|--|------------------------------|-----------------------------|
| D3 | Do you refer clients to Medi-Cal laboratories/pharmacies for services or medications that are not available at your site? Download referral information from website: Pharmacies , Pharmacy Letter , Laboratories | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D4 | Do you provide other medical and psychosocial services beyond the scope of Family PACT at your site or do you provide referrals for these services? Download referral information from website: Primary Care Provider Listing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E2, E6, F5 | Do you have a referral network in place for Family PACT referrals? Download referral information from website: Referral Network Sheet , How to Use Referral Sheet | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E1, E2, F5 | Do you provide invasive contraceptive procedures or do you have a referral arrangement in place with another Family PACT or Medi-Cal provider(s) if not available at your site? Download referral information from website: Tips for Referring , Referral Sheet | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F5 | Do you provide complicated STI treatment or do you have a referral arrangement in place with another Family PACT or Medi-Cal provider(s) for services not available at your site? Download referral information from website: Tips for Referring , Referral Sheet | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F3 | Do you refer women ages 40-55 yrs old for screening mammography, a Family PACT benefit, or for other diagnostics or treatment that are beyond the scope of Family PACT? Download referral information from website: Breast and Cervical Cancer Treatment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F5 | Do you have referral resources in place for clients who need management of high-risk conditions and specialty consultation? Download referral information from website: Referral Network Sheet | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G3 | Do you have written referrals for prenatal care, adoption and pregnancy termination for a client with a positive pregnancy test? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

MATERIAL RESOURCES

| PPBI Standard | | Yes | No |
|---------------|--|------------------------------|-----------------------------|
| A6 | <p>Do you have a sufficient supply of the Federal sterilization consent form (PM330) in your office?</p> <p>Additional forms can be ordered from the Central Warehouse. Fax a copy of your request on your office or clinic letterhead to 916-928-1326. They will fax you a copy of the DHCS 2031 Order Form. Complete and fax it back.</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B | <p>Do you have a supply of the Notice of Privacy Practices? Forms can be downloaded from website: Notice of Privacy Practices</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C2 | <p>Do you have a supply of Family PACT client education materials in different languages appropriate to your client population? Download materials from website: Client Education Materials</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G1d | <p>Do you have a sufficient supply of written materials on each of the following topics during a counseling session:</p> | | |
| | <p>All Family PACT approved family planning methods Download from website: Family Planning Method Overview</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | <p>Contraceptive method of choice Download from website: Method Information Sheets</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | <p>Comprehensive Family PACT program services Download from website: Comprehensive Family Planning</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | <p>How to obtain needed referrals</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | <p>Family planning related complication services</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | <p>Where to obtain 24-hour emergency services</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

For information about the Family PACT Program, Standards and Benefits go to the Family PACT website at www.familypact.org

In addition to this worksheet, you may find that the “[Starting Up Family PACT](#)” tip sheet on the Family PACT web site is helpful in setting up your practice to assure success with the Family PACT program.