

## FAMILY PACT (PLANNING, ACCESS, CARE, AND TREATMENT) PROGRAM PRACTITIONER PARTICIPATION AGREEMENT (Section 24005, Welfare and Institutions Code)

**IMPORTANT:**

- Read all attached materials before completing.
- Type or print clearly in ink.
- Signature of practitioner is required on page 4 of this document.
- Return completed form to:

California Department of Public Health  
MCAH/OFP Branch  
Family PACT Provider Enrollment  
1615 Capitol Avenue, MS 8307  
P.O. Box 997420  
Sacramento, CA 95899-7420  
(916) 650-0285

<b>FOR STATE USE ONLY</b>
Date received: _____
Date approved: _____
Date returned: _____
Date sent to OFP: _____

1. Legal name of practitioner						
2.a. Service site telephone number (        )		2.b. FAX number (        )		2.c. E-mail address		
3.a. Business name of employing entity			3.b. Medi-Cal provider number (Business)	3.c. National Provider Identifier (NPI) (Business)		
4. Service site address (number, street)		City	County	State		Nine-digit ZIP code
5. Date of birth	6. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	7.a. Provider type	7.b. Board-certified specialty	8. Medi-Cal provider number, if applicable (Individual)		
9.a. Practitioner's license/certificate number	9.b. License type	9.c. License/Certificate to Provide Health Services effective date		9.d. Expiration date		
10. Social security number (attach a copy of card)		11.a. Driver's license or state-issued identification number (attach copy)	11.b. State of issuance	12. NPI (Individual)		

The following are the California Department of Public Health (CDPH) Family PACT Program Standards. Each practitioner (medical doctors, nurse practitioners, certified nurse midwives, physician assistants) serving clients in the Family PACT program must sign this form agreeing to adhere to these standards. This includes temporary employees, registry employees, or locum tenens. Up-to-date copies of signed Practitioner Agreements must be submitted to the California Department of Health Care Services, Medi-Cal Provider Enrollment Branch within 35 days of any change and a copy must be kept on file at the enrolled providers administrative office. Failure to comply may result in disenrollment from the Family PACT program or prohibition from participating in this program.

**FAMILY PACT PROVIDER AND PRACTITIONER REQUIREMENTS**

**Administrative Practices**

Each practitioner serving clients in the Family PACT program shall sign this form agreeing to comply with Family PACT Standards.

Practitioner agrees to provide medical services to eligible clients under the Family PACT program in accordance with state and federal law.

**Family PACT Standards**

All practitioners shall adhere to the Family PACT Standards as presented and defined in the Family PACT Policies, Procedures, and Billing Instruction Manual (PPBI). Failure to comply may result in audit exceptions and prohibition from participating in the Family PACT program. All practitioners providing services under the program are required to sign this Practitioner Agreement and submit it to the enrolled provider. A copy shall be on file at the applicant's administrative office.

Failure to have up-to-date copies of the signed Practitioner Agreement could result in prohibition from participating in the program.

The purpose of the Family PACT Standards is to set forth the scope, type, and quality of care required for the reproductive health and family planning services of this program, and the terms and conditions under which the services will be reimbursed. Adherence to these Standards is a requirement for all clinicians enrolled as Family PACT providers and associated practitioners.

#### **A. Informed Consent**

1. Informed consent shall include client participation in the process of eligibility determination and on-site enrollment in the Family PACT program.  
All practitioners shall be knowledgeable about the Family PACT Standards and discuss the Family PACT scope of services with clients.
2. Participation in the Family PACT program and consent for services shall be voluntary and without coercion to enroll, to accept particular methods or procedures, or to otherwise participate in family planning services. Clients shall be informed of their freedom to withdraw consent at any time.
3. Consent is required only from the individual client receiving family planning services, including minors who have the legal right to self-consent for pregnancy-related services (California Family Code, Section 6925, subd. [a], Welfare and Institutions Code, Section 24003, subd. [b]), except as otherwise provided by law.
4. The informed consent process shall be provided to clients verbally in a language the client understands and supplemented with written materials.
5. All clients shall sign a consent form for any invasive procedures performed by the practitioner and be told of their freedom to withdraw consent at any time.
6. All clients requesting sterilization shall sign the state sterilization consent form (PM 284). The procedure shall take place within the required time frame based on the date of the client's signature.
7. A copy of the California Department of Public Health "Family Planning Patient Rights" statement shall be provided to all clients or posted in a prominent place at the site of clinical services.

#### **B. Confidentiality**

1. All services including the eligibility determination process shall be provided in a manner that respects the privacy and dignity of the individual client.
2. Clients shall be informed of the confidentiality of services and be assured that their identity will not be disclosed without their written permission, except as provided by law.
3. All personal client information shall be treated as privileged communication and held confidential; it shall not be divulged without the client's individual written consent, except as required by law.
4. Unless otherwise provided by law, client information that does not identify the individual receiving the services may be disclosed in summary, statistical, or other form to CDPH and/or the California Department of Health Care Services, or designees, and to public health officials.

#### **C. Linguistic and Cultural Competence**

1. All services shall be provided in a culturally sensitive manner and communicated in a language understood by the client.
2. All print and audiovisual materials shall be appropriate for the client's language and literacy level.

#### **D. Access to Care**

1. All services covered by Family PACT, including on-site laboratory and on-site dispensing of medications, if available, shall be provided without cost to eligible clients.
2. Appointments for clients shall be available within a reasonable time period. Clients who cannot be given timely appointments shall be referred to other Family PACT or Medi-Cal providers in the area.
3. Contraceptive methods and supplies, medications and laboratory tests shall be available at the site of clinical services or by referral to Medi-Cal laboratories and pharmacies.
4. Referrals to local resources shall be made available to clients when needed medical and psychosocial services are beyond the scope of the provider organization including, but not limited to, domestic violence and substance abuse-related services. Services beyond the scope of Family PACT are not reimbursable by the program.

## **E. Availability of Covered Services**

1. All Family PACT-approved contraceptive methods including all FDA-approved contraceptive methods and their applications, fertility awareness methods, and sterilization procedures, as well as limited infertility services consistent with recognized medical practice standards, shall be made available to clients by the practitioner.
  - a. At a minimum, the following contraceptive methods shall be provided on-site or by prescription: oral contraceptives; oral emergency contraceptives; contraceptive injection(s); spermicides; male and female condoms, and Lactation Amenorrhea Method (LAM).
  - b. The following invasive contraceptive procedures and contraceptive methods may be provided on-site or by referral: contraceptive implant(s); intrauterine contraceptives; diaphragm, cervical cap; Fertility Awareness Methods (FAM); and female and male sterilizations.
2. If the practitioner lacks the specialized skills to provide invasive contraceptive procedures or sterilization, or there is insufficient volume to ensure and maintain a high skill level, clients shall be referred to another qualified practitioner for these methods/procedures. The enrolled provider shall have an established referral arrangement with the other provider(s) when making referrals for these procedures.
3. A client's selection of contraceptive method(s) shall take into account client preference in conjunction with medical findings.
4. Education and counseling about all options and referral resources whether a pregnancy test is positive or negative, shall be provided in an unbiased manner that allows the client full freedom of choice.
5. Screening, testing, and treatment for uncomplicated STIs shall be provided on-site. Clients with complicated STIs may be treated on-site or by referral to a Family PACT or Medi-Cal provider.
6. Screening for cervical cancer by Pap smear shall be provided on-site. Evaluation and treatment of dysplasia may be provided on-site or by referral to a Family PACT or Medi-Cal provider.
7. All services shall be provided to eligible clients without regard to gender, sexual orientation, age (except for sterilization), race, marital status, parity, or disability.

## **F. Clinical and Preventive Services**

1. Family planning and reproductive health clinical preventive services for women and men shall include:
  - a. A comprehensive health history with updates at least every 24 months, including health risk factors; a complete family history; personal medical, sexual, and contraceptive history; plans for having children; and obstetrical and gynecological history for women.
  - b. A baseline physical exam at the first or a subsequent visit, including for women, a breast, external genital and internal pelvic exam; for men, a genital exam; and subsequent periodic exams as clinically indicated.
  - c. Laboratory tests as clinically indicated as part of a decision-making process for contraceptive choices.
  - d. Provision of all Family PACT-approved contraceptive methods, devices, supplies, and procedures, including female and male sterilization.
  - e. Pregnancy test services shall be provided together with required education and counseling services.
  - f. Follow-up care for complications associated with the client's contraceptive method(s) or procedures at no cost to the client.
2. Prevention and control services for STI/HIV for women and men consistent with Centers for Disease Control and Prevention (CDC) guidelines and recognized medical practice standards shall be provided in conjunction with family planning services and when clinically indicated, and shall include:

Screening for cancers and precancers of the cervix, vagina, vulva, testicles, penis, including periodic Pap smears, and limited diagnosis and treatment of abnormal conditions detected through screening shall be included consistent with recognized medical practice standards.
3. Limited infertility services for couples which include:
  - a. A history, physical exam, and the reproductive health services described in item F.1. and 2. of these Standards for Clinical and Preventive Services.
  - b. Fertility awareness counseling and supplies.
  - c. Laboratory services for limited fertility evaluation.
4. Referrals shall be provided to appropriate resources for needed medical and psychosocial services not covered by this program, including management of high-risk conditions and specialty consultation if needed.

5. Medical record documentation shall reflect the clinical rationale for providing, ordering, or deferring services provided to clients according to Family PACT Standards including, but not limited to, client assessment, diagnosis, treatment, and follow-up. Documentation shall support services claimed for reimbursement.

**G. Education and Counseling Services**

1. Family planning and reproductive health education/counseling services for women and men shall be client centered and shall include:
  - a. Individual client assessment, and ongoing reassessment, of the client's reproductive health education and counseling needs.
  - b. Individual education and counseling sessions provided in a way that is understandable to the client and conducted in a manner that facilitates the client's integration of information for the development of positive reproductive health behaviors and supplemented with written materials as needed.
  - c. An explanation of the physical examination, laboratory tests, and recommended treatment options.
  - d. Written information on the scope of program services, how to obtain needed referrals, services for family planning-related complications, and where to obtain 24-hour emergency care services.
  - e. The option of including a client's partner in the education/counseling session and other services at the client's discretion.
  - f. Information provided in a manner of communication that is sensitive to diverse cultural and socioeconomic factors and the psychosocial aspects of reproductive health.
2. Each client shall be provided with adequate information to make an informed choice about family planning methods, including:
  - a. A verbal dialogue and written description of all Family PACT-approved contraceptive methods.
  - b. A description of the implications and consequences of sterilization procedures, when client desires no future childbearing.
  - c. Specific instructions verbally and in writing for care, use, and possible danger signs for the selected method(s).
  - d. The opportunity for questions concerning procedures or methods and discussion of personal concerns.
3. Each client receiving a pregnancy test shall be provided with information about all options and education and counseling appropriate to the test results in order to make an informed choice as follows:
  - a. Clients with positive pregnancy test results shall be given information and referral resources about prenatal care, adoption, and pregnancy termination services.
  - b. Clients with negative pregnancy test results shall be given information and referral resources about family planning services, preconception care, or infertility services, as appropriate.
4. Practitioners shall recognize situations where more intensive counseling may be required and make referrals, as appropriate.
5. Medical record documentation shall reflect the scope of education and counseling services provided to clients according to Family PACT Standards, including, but not limited to, individual client assessment, topics discussed, and name and title of counselor. Documentation shall support services claimed for reimbursement.

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***I have read and agree to adhere to the above Family PACT Program Standards requirements. I understand that practitioners who do not provide services consistent with the Program Standards may be prohibited from participating in the Family PACT program.***

***I declare under penalty of perjury under the laws of the State of California that the foregoing information is true, accurate, and complete to the best of my knowledge and belief.***

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12. Name (please print)

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13. Original signature (blue ink only)

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14. Date