

Family Planning, Access, Care & Treatment (Family PACT) Program Eligibility

Introduction

Purpose

The purpose of this module is to provide participants with an overview of the administrative functions of the Family Planning, Access, Care and Treatment (Family PACT) Program.

Module Objectives

- Identify eligible Family PACT provider types
- Clarify Family PACT Program policies
- Review client eligibility criteria
- Explain the importance of the *Health Access Programs Family PACT Program Client Eligibility Certification* (CEC) form (DHCS 4461)
- Discuss the *Health Access Programs Family PACT Program Retroactive Eligibility Certification* (REC) form (DHCS 4001)
- Highlight Health Access Program (HAP) cards and activation options

Acronyms

A list of current acronyms is in the *Appendix* section of each complete workbook.

Family PACT Overview

The Family PACT Program is designed to assist individuals who have a medical necessity for family planning services. The overall goal of the Family PACT Program is to ensure that low-income women and men have access to health information, counseling and family planning services to reduce the likelihood of unintended pregnancies and to allow clients to establish the number and spacing of their children, as well as maintain optimal reproductive health.

The Office of Family Planning (OFP) administers the Family PACT Program. Family PACT is a comprehensive program because it includes family planning and family planning-related services together with client-centered health education and counseling. Family PACT serves approximately 1 million eligible women and men through both public and private providers.

Family PACT Program

Provider Enrollment

Eligible providers are licensed/certified medical personnel with family planning skills, competency and knowledge who provide the full range of services covered by the program, as long as these services are within the provider's scope of licensure and practice. Clinical providers electing to participate in the Family PACT Program must be enrolled Medi-Cal providers in good standing. Eligible providers applying for enrollment must provide the scope of comprehensive family planning services, either directly or by referral, consistent with Family PACT Standards. In addition, providers agree to abide by program policies and administrative practices.

Notes:

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Solo providers, group providers or primary care clinics are eligible to apply for enrollment in the Family PACT Program if they currently have a National Provider Identifier (NPI) and are enrolled in Medi-Cal in good standing. An Affiliate Primary Care Clinic's (APCC) enrollment in the Family PACT Program is dictated by *Welfare and Institutions Code* (W&I Code), Section 24005(t) (1) and (2). Intermittent clinics and mobile clinics must apply for enrollment in the Family PACT Program using their organization NPI. The organizational NPI must be enrolled in Medi-Cal in good standing.

Anesthesiologists, laboratories, pharmacies and radiologists who are enrolled as Medi-Cal providers are not required to enroll in the Family PACT Program.

Providers electing to enroll into the Family PACT Program must submit a completed *Family PACT Provider Application* (DHCS 4468) application to the Office of Family Planning. This is the first form in the application process. Providers will receive additional forms after approval of the DHCS 4468. The complete Family PACT program application packet contains the following forms:

- *Family PACT Provider Application* (DHCS 4468)
- *Family PACT Program Provider Agreement* (DHCS 4469)
- *Family PACT Program Practitioner Participation Agreement* (DHCS 4470)

The DHCS 4468 is available for download on the [Family PACT](#) website or the [DHCS Forms, Laws & Publications](#) web page.

Non-Physician Medical Practitioners (NMPs) employed by a Medi-Cal provider who are applying to enroll in the Family PACT Program and who will be delivering Family PACT services, must be identified on the DHCS 4468 form and complete a DHCS 4470 form. The DHCS 4470 is not required to be completed by an APCC, nonprofit community clinic or Primary Care Clinics (PCC), or Indian Health Services Memorandum of Agreement (IHS-MOA) 638 clinics. All other provider types must submit the DHCS 4470 form including Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs). NMPs eligible to participate in the Family PACT Program include Nurse Practitioners (NPs), Physician Assistants (PAs) and Certified Nurse Midwives (CNMs). Registered Nurses (RNs) are not eligible to enroll.

All forms must be completed, signed and returned to the program before enrollment is approved.

Provisional Enrollment

Family PACT provider applicants, new provider locations and/or Family PACT provider applicants recertifying their enrollment, will be provisionally certified for enrollment in the Family PACT Program after the provider is enrolled in the Family PACT Program and until an eligible representative completes a legislatively mandated Provider Orientation as determined by DHCS. The Provider Orientation must be completed within six months of the date of initial Family PACT enrollment for the provisional certification to be lifted. Failure to complete the orientation within six months will result in disenrollment. A provider who has been previously disenrolled for this reason may re-enroll in the Family PACT Program but will not be granted provisional enrollment.

Each provider location is required to be certified for enrollment in the Family PACT Program. Each provider location must designate one eligible representative to be the site certifier. The site certifier cannot certify multiple sites. The Medical Director (MD), Certified Nurse Practitioner (CNP) or CNM responsible for overseeing the family planning services rendered at the location to be enrolled is eligible to certify the site.

The site certifier must complete all required Provider Orientation trainings as determined by DHCS. The site certifier must ensure that all clinical personnel rendering services on behalf of the Family PACT program have completed OFP required trainings.

Provider Orientation

Medi-Cal providers applying to become a Family PACT provider are required to attend a Provider Orientation per W&I Code, section 24005(k). The Provider Orientation training is delivered online and in person. The training includes information on comprehensive family planning, family planning-related services, program benefits and services, client eligibility, provider responsibilities and compliance.

New site certifiers and/or rendering providers administering the Family PACT Program must complete the Provider Orientation trainings within 60 days of hire.

Provider Orientation details and registration information is posted on the Family PACT Learning Management System (LMS) at www.ofpregistration.org or contact Family PACT at (916) 650-0414.

Please contact the OFP by phone at (916) 650-0414 or by email at ProviderServices@dhcs.ca.gov if you have any questions regarding the orientation process.

Provider Responsibility for Client Eligibility Determination

Through the Family PACT provider enrollment process, the Family PACT provider accepts the responsibility for appropriate onsite determination of eligible clients according to program guidelines and administrative practices. Only enrolled Family PACT Program providers may determine client eligibility and enroll Family PACT clients. Medi-Cal pharmacies and laboratories may not perform eligibility determination or enroll clients.

Automated Eligibility System Guidelines

Providers with automated systems for determining eligibility for multiple recipient programs must obtain approval from the Office of Family Planning (OFP) to ensure that all required information is obtained to verify eligibility for Family PACT, including confirmation that the client has been provided all of the information and notices that are included on the CEC form (DHCS 4461) and REC form (DHCS 4001) if applicable. Requests must be made on provider or clinic letterhead and must include the NPI, the service site address and the provider owner's signature. Mail to:

Department of Health Care Services
Office of Family Planning
MS 8400
P.O. Box 997413
Sacramento, CA 95899-7413

Eligibility Period

Family PACT Program eligibility begins the date the client is certified by the Family PACT provider as meeting the eligibility requirements and the Health Access Programs (HAP) card is activated. Family PACT clients are certified for the program for a maximum of 12 months or until the client's eligibility status changes. Certification for 12 months represents 365 days. A new *Health Access Programs Client Eligibility Certification* (CEC) form (DHCS 4461) must be completed in person on an annual basis for the client to continue to be enrolled if the client continues to meet all eligibility criteria. Family PACT must not be billed for services provided prior to the date of a client's certification.

Affirming Eligibility Each Visit

A provider or designee must affirm client eligibility at each visit. A client's income, family size and health insurance status must be reaffirmed. If there is a change in any information listed on the CEC form (DHCS 4461), the provider must make the updates in the HAP system. Whenever a client is determined to be no longer eligible for Family PACT, providers must deactivate the HAP card and advise the client of ineligibility.

Eligibility Requirements for BCCTP Applicants

Breast and Cervical Cancer Treatment Program (BCCTP) applicants must be denied full-scope Medi-Cal prior to the final BCCTP eligibility determination. Applying for Medi-Cal is a BCCTP eligibility requirement. Every Woman Counts (EWC) and Family PACT beneficiaries found to have a qualifying diagnosis, who have not applied to Medi-Cal within the last 30 days, should be instructed to apply for Medi-Cal.

Applicants eligible for Medi-Cal will not be enrolled into BCCTP. This requirement includes applicants who may not otherwise be eligible for full-scope Medi-Cal, such as undocumented individuals. Providers can continue to enroll qualified beneficiaries into BCCTP; they will remain in the BCCTP initial aid code until the Medi-Cal eligibility decision is completed by the county.

Notes:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

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Effective 4/1/2023, Medi-Cal redeterminations resumed. BCCTP sent annual redetermination packets to recipients to determine if they may continue receiving treatment coverage. Included in the annual packet is the Physician Statement and Certification (PSC) form that required the treating physician to complete, sign, and certify if the patient is still in need of breast and/or cervical cancer treatment. The PSC must be completed and signed by the treating physician (Doctor of Medicine (MD) or Doctor of Osteopathic medicine (DO) only) and returned to the recipient or BCCTP within 20 days.

Note: Family PACT clients found to have a qualifying diagnosis, who have not applied to Medi-Cal within the last 30 days, should be instructed to apply for Medi-Cal. Family PACT Providers are required per Welfare and Institutions Code (W&I Code), Section 24005(u), providers or the enrolling entity shall make available to all applicants, prior to or concurrent with enrollment, information on the manner in which to apply for insurance affordability

Notes:

Client Eligibility Determination

To be eligible for Family PACT benefits, clients must meet all of the following criteria:

1. Be a Resident of California

The client must be a resident of California.

2. Have a Total Taxable Family Income at or Below 200 Percent of the Federal Poverty Guidelines

- The client must have a total taxable family income at or below 200 percent of the federal poverty guidelines. The client's self-declaration must be accepted without further verification.
- The "basic family unit" must be taken into account when determining family size. The "basic family unit" consists of the applicant, spouse (including common-law) and minor children, if any, related by blood, marriage, or adoption, and residing in the same household.
- Adults 18 years of age or older, other than spouses, residing together are considered a separate family. This applies to the parents of an adult client, adults living with their parents, unless the parents claim the adult child as a tax dependent. If this is the case and the client, an applicant is claimed as a tax dependent by the client's applicant's spouse or parents, the client's applicant's basic family unit includes the client, applicant's spouse if living together, the tax filer and the tax filer's other tax dependents.
- The federal poverty guidelines are updated annually by the federal government. Providers are notified of annual changes in the *Family PACT Update Bulletin*.

More information regarding the determination of family size can be found in the *Client Eligibility* section of the *Family PACT Policies, Procedures and Billing Instructions* (PPBI) provider manual.

Note: The state of California recognizes "common-law" marriages established in other states (where common-law marriages are legally recognized) but does not recognize common-law marriages occurring in California for the purposes of eligibility determination.

3. No Other Health Coverage

The client must have no other source of health care coverage for family planning services, or meet the criteria specified below for eligibility with Other Health Coverage (OHC).

- OHC does not cover any family planning contraceptive methods.
- Client is a student who has no health care coverage for any contraceptive methods. Seeking a specific method or brand of birth control not offered by OHC is not a criterion for Family PACT eligibility.
- OHC requires an annual deductible that the client is unable to meet on the date of service.
- Clients with barrier to access. A barrier to access is when a client's OHC does not ensure provision of family planning services to a client without his or her spouse, partner or parents being notified or informed.
- Client has a Medi-Cal unmet Share of Cost (SOC) on the date of service.
- Client has limited scope Medi-Cal that does not cover family planning

4. Have a Medical Necessity for Family Planning Services

- The client must have a medical necessity for family planning services

Clients Enrolled in Medi-Cal Managed Care

For members who are enrolled in Medi-Cal Managed Care and who are seeking family planning care outside of a designated health plan, the health plans are required to reimburse out-of-plan providers for covered clinical, laboratory and pharmacy services. Family PACT providers should serve Medi-Cal Managed Care clients and then bill the Managed Care health plan rather than enrolling clients into Family PACT.

Income Eligibility Guidelines

The federal poverty guidelines are published annually by the federal government. Providers are to use the following income eligibility guidelines when determining client eligibility. Providers are notified of annual changes in the *Family PACT Update Bulletin*. Providers should disregard all previous income eligibility guideline charts.

Family PACT Income Eligibility Guidelines
200 Percent of the 2023 Federal Poverty Guidelines
Effective April 1, 2023

| Number of Persons in Family/Household | Monthly Income | Annual Income |
|---------------------------------------|----------------|---------------|
| 1 | \$2,430 | \$29,160 |
| 2 | \$3,287 | \$39,440 |
| 3 | \$4,143 | \$49,720 |
| 4 | \$5,000 | \$60,000 |
| 5 | \$5,857 | \$70,280 |
| 6 | \$6,713 | \$80,560 |
| 7 | \$7,570 | \$90,840 |
| 8 | \$8,427 | \$101,120 |
| For each additional member, add: | \$857 | \$10,280 |

Clients with Benefits Identification Cards (BICs)

If a client has a Benefits Identification Card (BIC), the provider must determine if the client is eligible for Medi-Cal family planning benefits on the date of service and if the client has met any required Share of Cost (SOC). Clients who have met their SOC and have no barrier to access, should not be enrolled into Family PACT.

Note: These BIC cards are valid.



Sample: BIC cards

Client Eligibility Guide

The following table assists providers in determining client eligibility. For more information, refer to the *Client Eligibility* (client elig) section in the PPBI.

| Client Information | Family PACT Eligibility | Action Taken |
|--|-------------------------|--|
| Client has full-scope Medi-Cal with no Share of Cost (SOC). | No | No activation – Bill to Medi-Cal |
| Client has Medi-Cal with an unmet SOC. | Yes | Issue and activate HAP card |
| Client has Medi-Cal with an unmet SOC and requests confidentiality because a barrier to access exists. | Yes | Issue and activate HAP card |
| Client has restricted services Medi-Cal (no coverage of contraceptive methods). | Yes | Issue and activate HAP card |
| Client has OHC (covers contraceptive methods) with no deductible. | No | No activation – Bill insurance |
| Client has OHC, including Medi-Cal fee-for-service and Medi-Cal managed care (covers contraceptive methods), without deductible, but a barrier to access exists. | Yes | Issue and activate HAP card |
| Client has OHC (covers contraceptive methods) with an unmet deductible. | Yes | Issue and activate HAP card |
| Client has no health care coverage. | Yes | Issue and activate HAP card |
| Client is enrolled in Medi-Cal managed care but requests out-of-plan family planning services. | No | No activation – provide services, bill fee-for-service to plan |

Note: See “Eligible Clients with Other Health Coverage (OHC)” section for more information.

Family PACT Program Standards

Program Standards are the program framework and parameters for expected provider performance, service delivery and quality improvement. The standards are subdivided by the following service areas of the program including:

Informed Consent

Informed consent shall include client participation in the process of eligibility determination as well as onsite enrollment in the Family PACT program. Notwithstanding any other provision of law, the provision of family planning services does not require the consent of anyone other than the person who is to receive services. In determining eligibility for minors, the State will exclude parental income. Minors may apply for family planning services based on their need for these services, without parental consent, according to *California Family Code*, Section 6925(a) and W&I Code, Section 24003(b).

If a client is 17 years of age or younger, the client is considered a minor. A minor who is 12 years of age or older may consent to medical care related to the diagnosis and/or treatment of sexually transmitted infections (STIs) according to *California Family Code*, Section 6926.

Confidentiality

All information about personal facts obtained by the provider shall be treated as privileged communications, shall be held confidential, and shall not be disclosed without the client's written consent, except as required by law or if necessary to provide emergency services to the client or by the Department of Health Care Services (DHCS) to administer the Family PACT program.

Cultural and Linguistic Competency

All services shall be provided in a culturally sensitive manner and communicated in a language understood by the client.

Access to Care

All services shall be provided to eligible clients without bias based upon gender, sexual orientation, age (except for sterilization), race, marital status, parity or disability.

A barrier to access is when a client's OHC does not ensure provision of services to a client without his or her parent, partner or spouse being notified or informed. For clients who indicate on the CEC form (DHCS 4461) that their concern of a partner, spouse or parent learning about their family planning appointment may keep them from using their OHC, there is a barrier to access, and the clients are eligible for Family PACT benefits if they meet all other eligibility criteria.

Availability of Covered Services

Only licensed personnel with family planning skills, knowledge and competency may provide the full range of family planning medical services covered under Family PACT in accordance with W&I Code, Section 24005(b). Clinical providers electing to participate in the Family PACT program shall provide the full scope of family planning, education, counseling and medical services specified by Family PACT, either directly or by referral.

Clinical and Preventive Services

Clinicians providing care to Family PACT clients shall practice evidence-based medicine using nationally recognized clinical practice guidelines. The Family PACT program provides family planning and family planning-related services to eligible women and men when the care is provided coincident to a visit for the management of a family planning method.

Family Planning Services:

- Contraceptive services for women and men
- Limited fertility services
- Specified reproductive health screening tests

Family Planning-Related Services:

- Cervical Cancer Screening
- Management of STIs
- Management of Urinary Tract Infections (UTI)
- Management of Cervical Abnormalities and Pre-invasive Cervical Lesions

Education and Counseling Services

Client-centered health education and counseling is considered integral to Family PACT and must be incorporated throughout the family planning visit. Regardless of the type of visit, provision of reproductive health education and counseling is required for all Family PACT clients including:

- A practice setting that is appropriate for discussion of sensitive topics
- Ongoing individualized client assessment and focused communication
- Topics and behaviors that promote personal choice, risk reduction and optimal reproductive health practices

For additional information on Program Standards, refer to the *Program Standards* (prog stand) section of the PPBI.

Eligibility Certification Process

Client Eligibility Form

The Health Access Programs client enrollment system for the Family PACT Program has been updated. As a result, the CEC form (DHCS 4461) and REC form (DHCS 4001) have also been updated. Previous versions of the Family PACT eligibility forms should not be used on or after May 3, 2021.

Links to the forms can be found on the [Medi-Cal Provider Forms](#) web page under the Family PACT drop-down menu and on the [Family PACT Forms](#) web page.

The CEC form (DHCS 4461) is a legal document that is used to certify a client as eligible for Family PACT.

The CEC form is available in both English and Spanish and can be downloaded from the Forms page on the [Family PACT Forms](#) web page or the [DHCS Forms](#) web page.

These are official DHCS forms and must be reproduced without alteration and must not be pre-populated. The signed hard copy CEC form must be kept on file for three years.

These forms can be stored either electronically or by hard copy.

If a client was previously determined ineligible and returns to a Family PACT provider for an enrollment, new CEC form (DHCS 4461) must be completed to determine eligibility. If the client is eligible, the provider must update any changes in the HAP system using the prior HAP card number, if applicable.

The HAP client enrollment system has **added** the following data elements:

- Address, Apartment, City, State and Address Type.
- Marital Status.
- Race/Ethnicity Codes Expanded.
- Updated Language Codes.
- Contact information.

Family PACT will also begin to collect sexual orientation and gender identity (SOGI) data pursuant to Assembly Bill (AB) 959: Lesbian, Gay, Bisexual, and Transgender Disparities Reduction Act (Chiu,) 2015. AB 959 requires DHCS to collect voluntary self-identification information pertaining to SOGI in the regular course of collecting other types of demographic data.

The HAP client enrollment system has **removed** the following data elements:

- Number of Live Births.
- Place of Birth.
- State of Birth Codes.
- Country of Birth Codes.
- First Name, Middle Name and Last Name at Birth.
- Mother's First Name at Birth.
- Current Name Same as Name at Birth.

HAP Client Eligibility System Updated to Capture Modality Used for Enrollment.

Effective June 10, 2022, the Health Access Programs (HAP) client eligibility system has been updated to capture the modality used to enroll applicants or recertify clients in the Family Planning, Access, Care and Treatment (Family PACT) program. Family PACT providers must denote the modality used to enroll applicants or recertify clients on the Client Eligibility Certification (CEC) form and in the HAP system.

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Client Eligibility Certification (CEC) Form (DHCS 4461)

| | | | |
|---|--|---|---|
| Health and Human Services Agency | | | |
| HEALTH ACCESS PROGRAM FAMILY PACT PROGRAM CLIENT ELIGIBILITY CERTIFICATION | | | Client HAP number <input style="width: 100%;" type="text"/> |
| <p>This Client Eligibility Certification (CEC) form is the property of the State of California, Department of Health Care Services, Office of Family Planning. <u>This form cannot be changed, altered, or prepopulated.</u></p> | | | |
| Step 1: Tell Us About Yourself | | | |
| First name | Middle name | Last name | Suffix (Sr., Jr., III, IV etc.) |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| <p>The Department of Health Care Services does not send mail to the address provided</p> | | | |
| Address <input style="width: 95%;" type="text"/> | | <input type="checkbox"/> Home <input type="checkbox"/> Mailing Apartment number <input style="width: 95%;" type="text"/> | |
| City <input style="width: 95%;" type="text"/> | State <input style="width: 95%;" type="text"/> | Zip code <input style="width: 95%;" type="text"/> | County of residence <input style="width: 95%;" type="text"/> |
| Date of birth (mm/dd/yyyy) <input style="width: 95%;" type="text"/> | | Social Security Number (SSN) <input style="width: 95%;" type="text"/> Not having a SSN does not impact your ability to receive services. | |
| | | Provider Use Only CODE <input style="width: 95%;" type="text"/> | |
| Marital status (optional) <input type="checkbox"/> Single <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Registered domestic partner <input type="checkbox"/> I decline to answer | | | |
| Race/Ethnicity (optional; check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean <input type="checkbox"/> Black or <input type="checkbox"/> Cambodian <input type="checkbox"/> Laotian African American <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> American Indian or <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian or Alaska Native <input type="checkbox"/> Hmong <input type="checkbox"/> Chamorro <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Japanese <input type="checkbox"/> Samoan <input type="checkbox"/> Other <input type="checkbox"/> I decline to answer | | | Are you of Hispanic, Latino, or Spanish origin? (optional) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check which ones: <input type="checkbox"/> Mexican, Mexican American, or Chicano <input type="checkbox"/> Salvadoran <input type="checkbox"/> Guatemalan <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other origin |
| Primary language (check only one) <input type="checkbox"/> English <input type="checkbox"/> Armenian <input type="checkbox"/> Cantonese <input type="checkbox"/> Hmong <input type="checkbox"/> Khmer/Cambodian <input type="checkbox"/> Spanish <input type="checkbox"/> Korean <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Punjabi <input type="checkbox"/> Hindi <input type="checkbox"/> Ukrainian <input type="checkbox"/> I decline to answer <input type="checkbox"/> Other | | | |
| Best way to contact you if we need to talk to you <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Mail Message Number/Email <input style="width: 95%;" type="text"/> | | | |
| DHCS 4461 (Revised 5/2022) Page 1 of 7 | | | |

Figure 1.1: CEC form (DHCS 4461) page 1 of 7.

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| | |
|--|--|
| State of California Health and Human Services Agency | Department of Health Care Services |
| What is your sex? (required) <input type="checkbox"/> Female <input type="checkbox"/> Transgender: Male to Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender: Female to Male | |
| Sexual orientation and gender identity The following information is optional and confidential. It will not be used to determine eligibility. | |
| What is your gender? (check box that best describes your current gender identity) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender: male to female <input type="checkbox"/> Transgender: female to male <input type="checkbox"/> Non-binary (neither male or female) <input type="checkbox"/> Another gender identity <input type="checkbox"/> I decline to answer | Do you think of yourself as: <input type="checkbox"/> Straight or heterosexual <input type="checkbox"/> Gay or lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Queer <input type="checkbox"/> Another sexual orientation <input type="checkbox"/> Unknown <input type="checkbox"/> I decline to answer |
| What sex was listed on your original birth certificate? <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I decline to answer | |
| Step 2: | Other Health Coverage |
| I have had out of pocket expenses for family planning/reproductive health services covered by the Family PACT Program in the three months immediately preceding enrollment in the Family PACT Program. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| I currently receive Medi-Cal benefits. If you know your Medi-Cal card number, write the number and date issued in the boxes. If you do not know, write UNKNOWN in the box. Medi-Cal Card Number <input style="width: 150px;" type="text"/> Issue Date <input style="width: 100px;" type="text"/> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| I have Medi-Cal with an unmet Share of Cost. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| I have restricted Medi-Cal (such as "Emergency Medi-Cal") that does not cover contraceptive methods. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| I have Other Health Coverage that covers contraceptive methods. Other Health Coverage may include Medi-Cal Managed Care plans, Commercial Health Plans (Kaiser, BlueCross, Health Net) or student health insurance. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| I do not know if I have other health coverage (check box if you do not know). | <input type="checkbox"/> |
| I have health insurance through Medi-Cal or Other Health Coverage on my date of service, but I cannot use my insurance because I am concerned that my spouse, partner or parent(s) may be notified or informed of my family planning visit (this is called a barrier to access). | <input type="checkbox"/> YES <input type="checkbox"/> NO <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Provider Use Only CODE <input style="width: 50px;" type="text"/> </div> |

DHCS 4461 (Revised 5/2022)
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Figure 1.2: CEC form (DHCS 4461) form page 2 of 7.

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State of California
Health and Human Services Agency

Department of Health Care Services

Taxable Income

List yourself and your family members (spouse and children) who live with you, and the taxable income sources for each person.

If someone claims you on their taxes, list everyone claimed on that person's tax form. Sources of income includes employment, self-employment, social security (even if not taxable), tips, spousal support received, unemployment benefits, etc. Request additional pages as needed.

If you are 17 years of age or younger, your parents income is excluded. A provider can talk with you more and help you find out your family size.

| Name | Relationship To You | Age | Source of Income | Taxable Monthly Income |
|------|---------------------|-----|------------------|------------------------|
| | (Self) | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Family size: Total taxable family income:

Step 3:
Please Read And Sign Application

California Health Insurance Eligibility

I received information on how to apply and enroll for insurance affordability programs. ☐ YES ☐ NO
Please visit www.CoveredCA.com or call 1-800-300-1506 for assistance with completing the application for these programs.

I declare under penalty of perjury under the laws of the state of California that the foregoing information on this form is true and correct. I understand that giving false information may make me ineligible for this program.

Applicant Signature (or mark)

Date Signed

Privacy Statement (Civil Code § 1798 et seq.)

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.

DHCS 4461 (Revised 5/2022)

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Figure 1.3: CEC form (DHCS 4461) form page 3 of 7.

| | | |
|--|---|---|
| <p>State of California Health and Human Services Agency</p> | <p>Department of Health Care Services</p> | |
| <p>Fair Hearing Rights</p> | | |
| <p>Any applicant for, or recipient of, services under the Family PACT Program shall have a right to a hearing 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.</p> | | |
| <p>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 First Level Review to the 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.</p> | | |
| <p>Formal Hearing: You may request a formal hearing within 90 days from the day you were notified that you were not eligible or the services you wanted will not be provided or have been discontinued. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, your request may still be scheduled. Provide all requested information such as your full name, telephone number, address, and the reason for the Formal Hearing and mail it to the Formal Hearing address below. If you wish, you may attach a letter as well and explain why you believe the action taken is not correct. You may also call the Public Inquiry and Response number below. If you have trouble understanding English, be sure to state your language so arrangements can be made to have language assistance at the hearing. If you have chosen an authorized representative, be sure to state his/her name, phone number and address. Keep a copy of your hearing request for your records. You may submit your formal hearing request in one of two ways:</p> | | |
| <p>First Level Review Department of Health Care Services Office of Family Planning P.O. Box 997413, Mail Station 8400 Sacramento, CA 95899-7413</p> | <p>Formal Hearing California Department of Social Services State Hearings Division P.O. Box 944243, Mail Station 9-17-37 Sacramento, CA 94244-2430</p> | <p>or Toll-Free Call Department of Social Services State Hearings Division Public Inquiry and Response 1-800-952-5253 or 1-800-743-8525 TDD 1-800-952-8349 Fax: (916) 651-5210</p> |
| <p>DHCS 4461 (Revised 5/2022)</p> | | <p>Page 4 of 7</p> |

Figure 1.4: CEC form (DHCS 4461) form page 4 of 7.

| | |
|---|------------------------------------|
| State of California Health and Human Services Agency | Department of Health Care Services |
| Nondiscrimination Policy | |
| <p>Section 1557 of Patient Protection and Affordable Care Act (ACA) prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs or activities. In effect since 2010, section 1557 builds on long-standing federal civil rights laws: Title VI of the Civil Rights Act of 1964; Title IX of the Education Amendments of 1972, section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975.</p> <p>Effective July 18, 2016, the Health and Human Services (HHS) Office for Civil Rights issued its final rule implementing section 1557 at Title 45 Code of Federal Regulations (CFR) Part 92. The rule applies to any health program or activity, any part of which receives federal financial assistance, an entity established under Title I of the ACA that administers a health program or activity, and HHS. In addition to other requirements, Title 45 CFR Part 92.201, requires:</p> <ul style="list-style-type: none">• Language assistance services requirements: Language assistance services required under paragraph (a) of Part 92.201 must be accurate, timely and provided free of charge, and protect the privacy and independence of the individual with limited English proficiency.• Specific requirements for interpreter and translation services: Subject to paragraph (a) of Part 92.201.<ul style="list-style-type: none">○ A covered entity shall offer a qualified interpreter to an individual with limited English proficiency when oral interpretation is a reasonable step to provide meaningful access for that individual with limited English proficiency.○ A covered entity shall use a qualified translator when translating written content in paper or electronic form. <p>For more information about the application and requirements of the final rule implementing section 1557, providers should contact their representative professional organizations. They may also visit the section 1557 of the Patient Protection and Affordable Care Act page of the HHS website to find sample materials and other resources.</p> | |
| DHCS 4461 (Revised 5/2022) | Page 5 of 7 |

Figure 1.5: CEC form (DHCS 4461) form page 5 of 7.

Family Planning, Access, Care & Treatment (Family PACT) Program Eligibility

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| | |
|--|------------------------------------|
| State of California Health and Human Services Agency | Department of Health Care Services |
| Language Services Notice | |
| ملحوظة: إذا كنت تتحدث انكليزية، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل برقم 1-800-555551 (رقم هاتف الصمم والبكم) TTY: 711 [Arabic] | |
| 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-541-5555 TTY : 711 [Chinese] | |
| ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-541-5555 TTY: 711 पर कॉल करें। [Hindi] | |
| LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-541-5555 TTY: 711 [Hmong] | |
| 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-541-5555 TTY: 711 お電話にてご連絡ください。[Japanese] | |
| 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-541-5555 TTY: 711 번으로 전화해 주십시오.[Korean] | |
| ប្រសិនបើ លោកអ្នកនិយាយភាសាកម្ពុជា ឬខ្មែរ លោកអ្នកអាចទទួលបានការជួយឥតគិតថ្លៃ។ ហៅ 1-800-541-5555 TTY: 711 [Cambodian] | |
| ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-541-5555 TTY: 711 [Punjabi] 'ਤੇ ਕਾਲ ਕਰੋ। | |
| ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-541-5555 телетайп: 711 [Russian] | |
| PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-541-5555 TTY: 711 [Tagalog] | |
| หมายเหตุ: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-541-5555 TTY: 711 [Thai] | |
| CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-541-5555 TTY: 711 [Vietnamese] | |

Figure 1.6: CEC form (DHCS 4461) form page 6 of 7.

C Family Planning, Access, Care & Treatment (Family PACT) Program Eligibility

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| | |
|---|------------------------------------|
| State of California Health and Human Services Agency | Department of Health Care Services |
|---|------------------------------------|

| | |
|----------------|--------------------------|
| Step 4: | PROVIDER USE ONLY |
|----------------|--------------------------|

Provider certification:

☐ Eligible for Family PACT Program
☐ Ineligible for Family PACT Program (Give Fair Hearing Rights)

Why client is ineligible:

Medi-Cal client eligible for Family PACT verified:

☐ Limited scope
 ☐ Unmet share-of cost
 ☐ Barrier to Access

Modality used to determine program enrollment or re-certification:

☐ Phone
 ☐ Audio Visual
 ☐ In-Person

DECLARATION

My signature attests that based upon the information provided by the applicant and according to state and federal requirements, I certify that the applicant identified on this form is eligible to receive family planning services under the Family PACT Program. If ineligible, the client has received a copy of the CEC form which includes the Fair Hearing Rights. I also certify that the client was 1) informed of California health insurance eligibility programs through Covered California, 2) offered and received (or declined) a copy of the Notice of Privacy Practices, Nondiscrimination Policy and 3) if applicable, provided a Retroactive Eligibility Certification Form (DHCS 4001).

| | | |
|---|--|--|
| Print name <input style="width: 100%;" type="text"/> | Signature <input style="width: 100%;" type="text"/> | Date <input style="width: 100%;" type="text"/> |
| Deactivation: If client is deactivated (no longer eligible) | Deactivation Date <input style="width: 100%;" type="text"/> | Reason code Provider Use Only CODE <input style="width: 50px;" type="text"/> |

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Page 7 of 7

Figure 1.7: CEC form (DHCS 4461) form page 7 of 7.

Client Eligibility Certification Codes

The Family PACT Program Client Eligibility Certification Codes table is used to complete specific items on the CEC form (DHCS 4461). Accurately entering the corresponding code is necessary when activating eligibility, updating HAP records or recertifying client eligibility.

| County of Residence | | County of Residence | | Social Security Number Not Provided | |
|---------------------|------|---------------------|------|-------------------------------------|------|
| County | Code | County | Code | Definition | Code |
| Alameda | 01 | Placer | 31 | Client does not know SSN | 01 |
| Alpine | 02 | Plumas | 32 | Client does not have SSN | 02 |
| Amador | 03 | Riverside | 33 | Client declined to answer | 03 |
| Butte | 04 | Sacramento | 34 | | |
| Calaveras | 05 | San Benito | 35 | | |
| Colusa | 06 | San Bernardino | 36 | | |
| Contra Costa | 07 | San Diego | 37 | | |
| Del Norte | 08 | San Francisco | 38 | | |
| El Dorado | 09 | San Joaquin | 39 | | |
| Fresno | 10 | San Luis Obispo | 40 | | |
| Glenn | 11 | San Mateo | 41 | | |
| Humboldt | 12 | Santa Barbara | 42 | | |
| Imperial | 13 | Santa Clara | 43 | | |
| Inyo | 14 | Santa Cruz | 44 | | |
| Kern | 15 | Shasta | 45 | | |
| Kings | 16 | Sierra | 46 | | |
| Lake | 17 | Siskiyou | 47 | | |
| Lassen | 18 | Solano | 48 | | |
| Los Angeles | 19 | Sonoma | 49 | | |
| Madera | 20 | Stanislaus | 50 | | |
| Marin | 21 | Sutter | 51 | | |
| Mariposa | 22 | Tehama | 52 | | |
| Mendocino | 23 | Trinity | 53 | | |
| Merced | 24 | Tulare | 54 | | |
| Modoc | 25 | Tuolumne | 55 | | |
| Mono | 26 | Ventura | 56 | | |
| Monterey | 27 | Yolo | 57 | | |
| Napa | 28 | Yuba | 58 | | |
| Nevada | 29 | Unknown | 99 | | |
| Orange | 30 | | | | |

| Other Health Coverage Codes | |
|-----------------------------|------|
| Definition | Code |
| Yes | 01 |
| No | 02 |

Figure 2.1: Client Eligibility Certification Codes Table.

Retroactive Eligibility

Once a client is certified as eligible for the Family PACT program, the provider should ask the client if she or he has received Family PACT covered family planning and/or reproductive health services during the three-month period prior to the month the client enrolled in the Family PACT program. If the client indicates yes, the provider will give the client retroactive eligibility information and the REC form (DHCS 4001) for completion. The Family PACT provider determines if the client was eligible for services during the prior three-month period.

Retroactive eligibility is determined separately for each of the three calendar months preceding the month of certification. Eligibility is for the entire month. For example, if retroactive eligibility is determined for a client on April 15, 2021, the client may be eligible back to January 1, 2021.

Note: Only the client is responsible for claim submission.

For more information or to file a claim, the client may call the Beneficiary Service Center – Family PACT at (916) 403-2007 TDD: (916) 635-6491.

Accessing Family PACT Forms

Open an internet browser, type mcweb.apps.prd.cammis.medi-cal.ca.gov in the address bar and press enter.

1. From the Resources drop-down menu, select **References**.

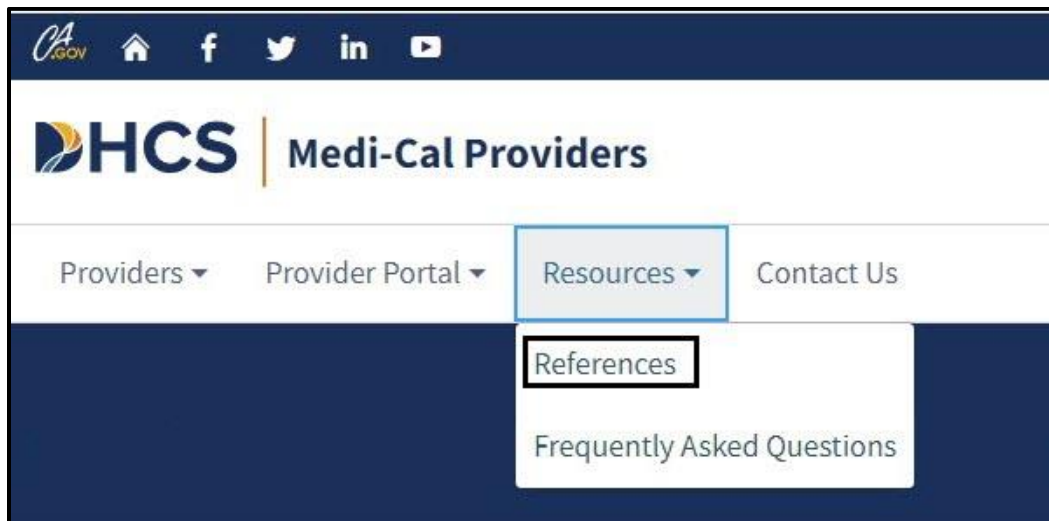


Figure 3.1: Medi-Cal Providers website homepage – Resources drop-down menu.

C Family Planning, Access, Care & Treatment (Family PACT) Program Eligibility

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2. Next, scroll down to **Forms** and select the link.

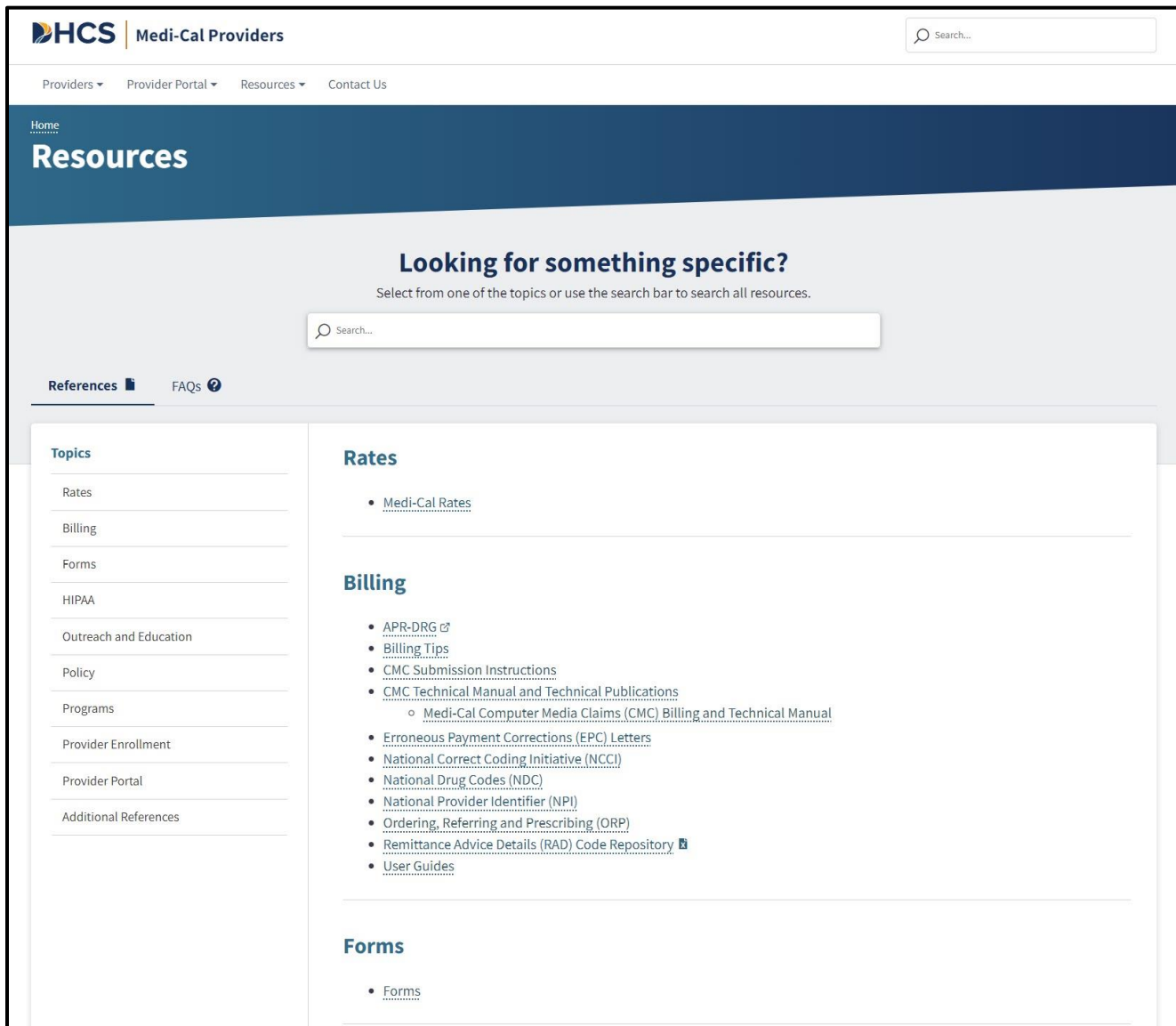


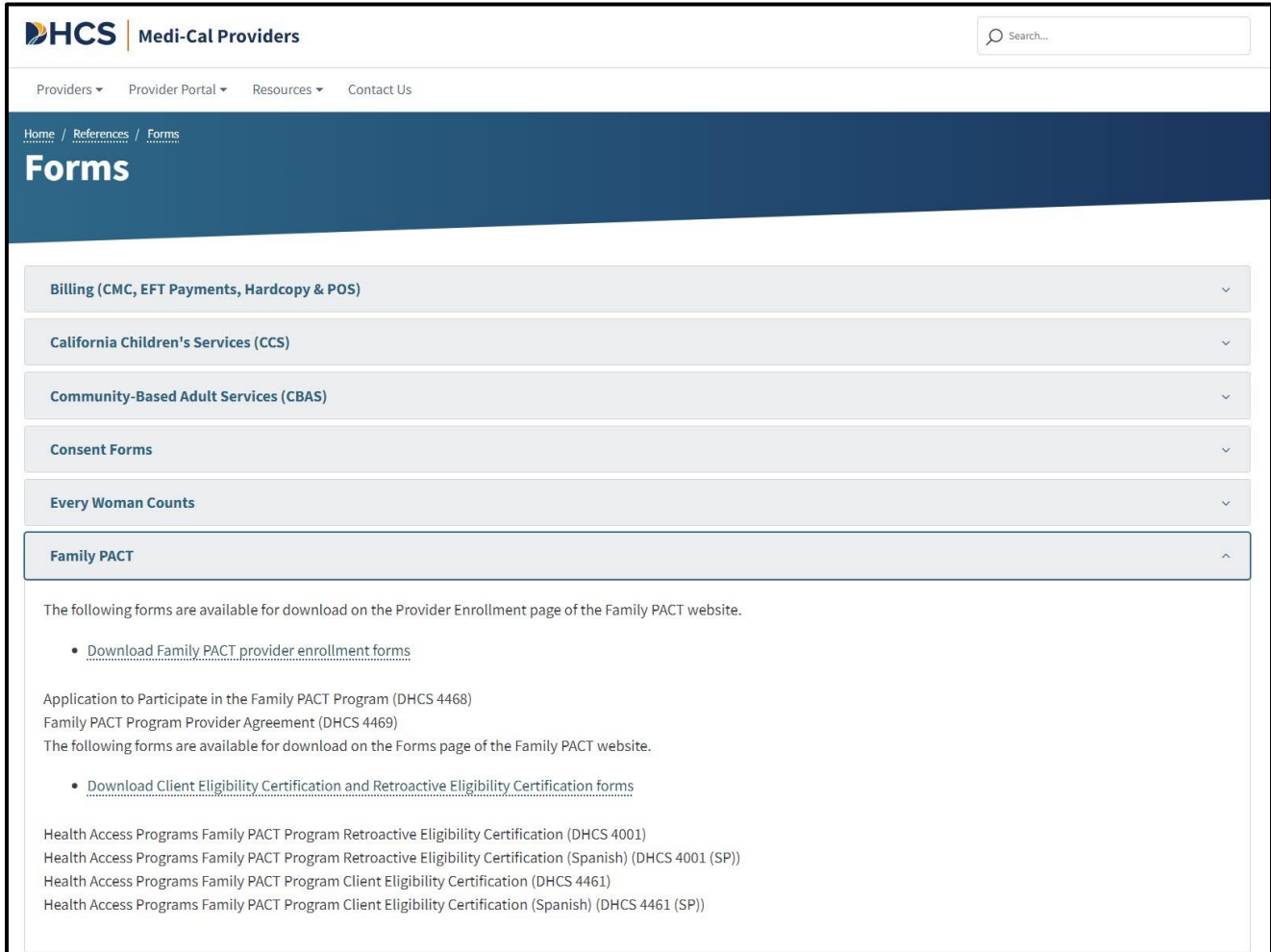
Figure 3.2: Forms link.

C Family Planning, Access, Care & Treatment (Family PACT) Program Eligibility

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3. Select **Family PACT** to view and download the available Family PACT forms.

- Family PACT Provider enrollment forms.
- Application to participate in the *Family PACT Program* (DHCS 4468).
- CEC form (DHCS 4461) and REC form (DHCS 4001) forms.



DHCS | Medi-Cal Providers

Providers ▾ Provider Portal ▾ Resources ▾ Contact Us

Home / References / Forms

Forms

- Billing (CMC, EFT Payments, Hardcopy & POS) ▾
- California Children's Services (CCS) ▾
- Community-Based Adult Services (CBAS) ▾
- Consent Forms ▾
- Every Woman Counts ▾
- Family PACT** ▴

The following forms are available for download on the Provider Enrollment page of the Family PACT website.

- [Download Family PACT provider enrollment forms](#)

Application to Participate in the Family PACT Program (DHCS 4468)
Family PACT Program Provider Agreement (DHCS 4469)

The following forms are available for download on the Forms page of the Family PACT website.

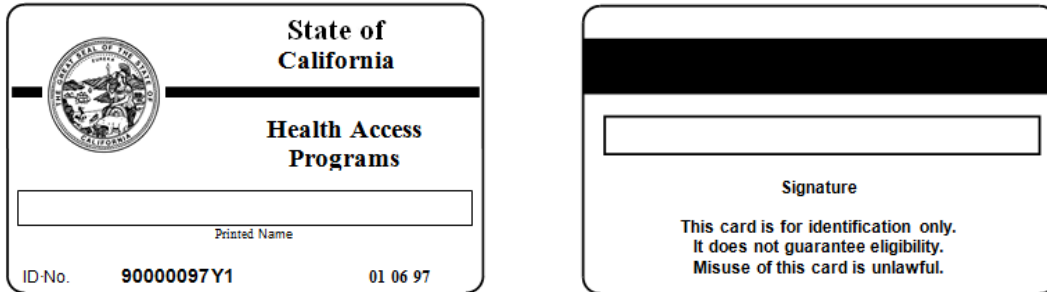
- [Download Client Eligibility Certification and Retroactive Eligibility Certification forms](#)

Health Access Programs Family PACT Program Retroactive Eligibility Certification (DHCS 4001)
Health Access Programs Family PACT Program Retroactive Eligibility Certification (Spanish) (DHCS 4001 (SP))
Health Access Programs Family PACT Program Client Eligibility Certification (DHCS 4461)
Health Access Programs Family PACT Program Client Eligibility Certification (Spanish) (DHCS 4461 (SP))

Figure 3.3: Family PACT forms can be found on the Forms page.

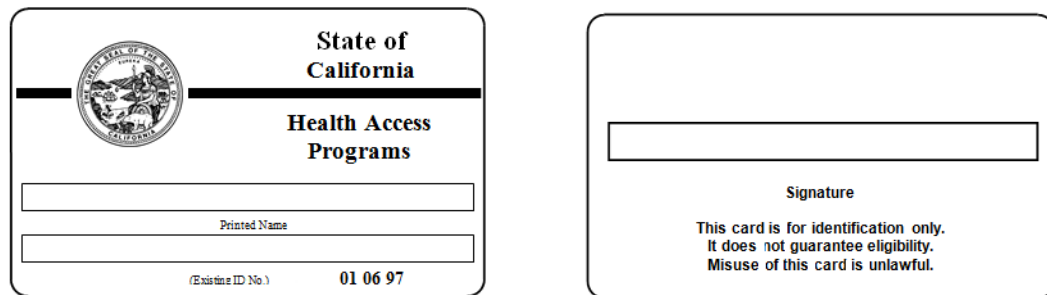
Note: Family PACT forms are also available for download from the [Family PACT](#) website and the [DHCS](#) website.

HAP Card



Sample: HAP Initial Teal Card

Replacement Card



Sample: HAP Replacement Teal Card

HAP Card Terms and Conditions

The HAP card must be issued and activated at the time a client is enrolled. Activation must be on the date of service for new clients. Eligibility extends for 365 days and must be recertified annually. Clients who possess a HAP card may present their HAP card to any Family PACT provider in California.

HAP card issuance and activation must occur exclusively at the service site (enrolled address) represented by the enrolled Family PACT provider's NPI to whom the sequential cards were distributed. HAP cards may not be provided or activated at health fairs, outreach events or anywhere other than the assigned site in which the cards were requested and distributed. Failure to adhere to this policy will result in disenrollment from Family PACT.

Replacement Card

If the client loses their HAP card, attempt to contact the previous Family PACT provider for the HAP card number. Family PACT providers must maintain a record of the original HAP card number issued to each client. Do not issue another pre-numbered HAP card. Providers must write the client's name and original HAP number from the client's CEC form onto a blank replacement card. Family PACT tracks blank cards issued to a provider.

HAP Card Distribution

All new providers are issued 200 pre-numbered, sequential HAP cards and 50 blank replacement cards. HAP cards shall be distributed only to provider locations enrolled in the Family PACT program.

Additional HAP Cards

The Office of Family Planning (OFP) reviews all requests for additional HAP cards, and the number of additional cards approved will be on a case-by-case basis. Additional HAP cards may be requested by calling the Telephone Service Center (TSC) at 1-800-541-5555.

Lost or Stolen Card

Providers are responsible for the safekeeping of the HAP cards and must store them securely. OFP tracks sequential cards by activation and date of service. Cards issued and activated are traced and will determine the ability of a provider to receive additional cards when requested. Lost or stolen HAP cards must be reported immediately to the TSC at 1-800-541-5555.

Unused HAP Cards

Unused HAP cards must be returned to the Fiscal Intermediary (FI) at the time of voluntary or involuntary disenrollment from Family PACT. Unused cards must be packaged with a cover letter, including the provider number or National Provider Identifier (NPI) used to order the cards, and returned by UPS to the FI at:

California MMIS Fiscal Intermediary
Attn: Print and Distribution Center
830 Stillwater Road
West Sacramento, CA 95605

Accessing Medi-Cal's HAP Eligibility System

1. From the Provider Portal drop-down menu, select **Transaction Services**.

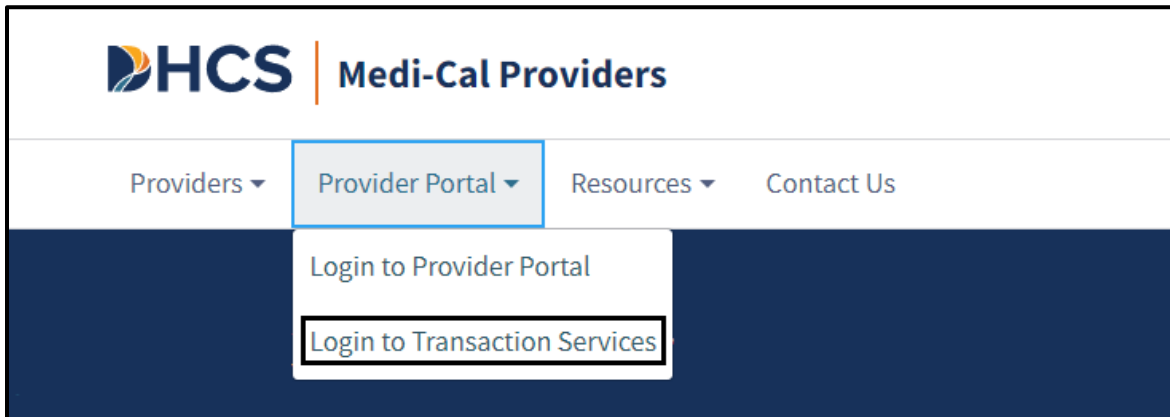


Figure 4.1: Medi-Cal Provider Portal tab drop-down menu.

2. On the Login screen, enter the password and select **Log In**.

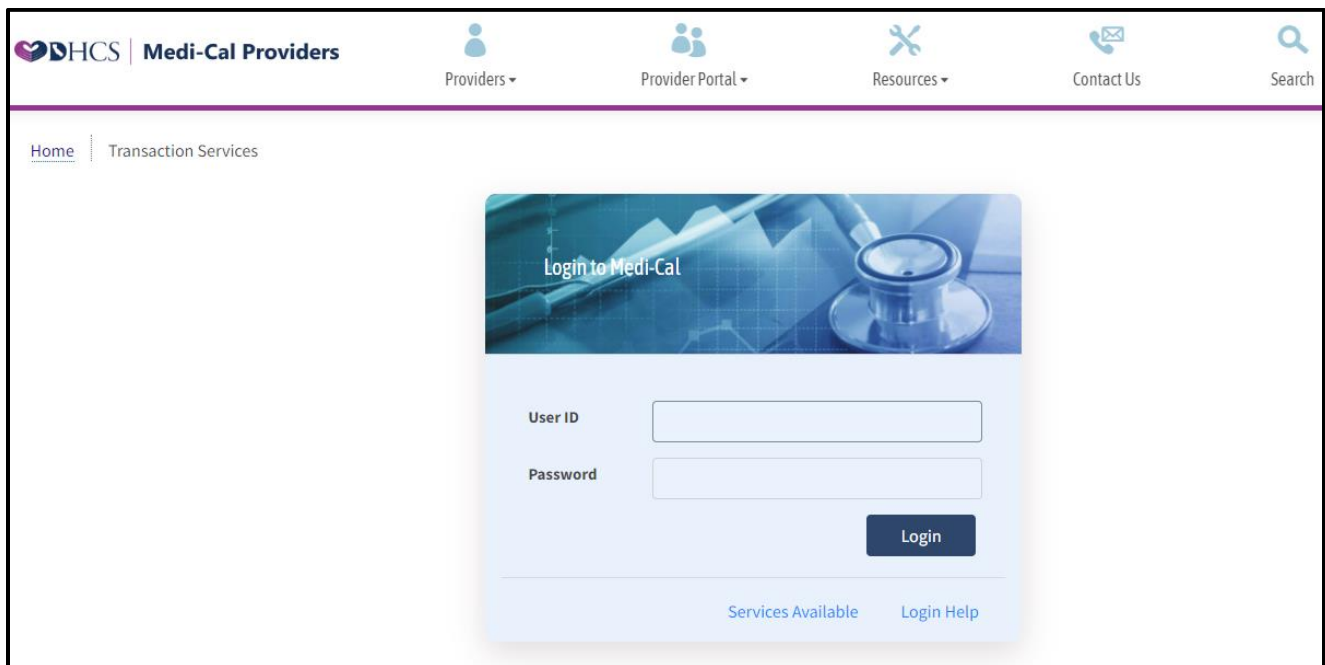


Figure 4.2: Medi-Cal Transactions Login Page.

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- Once logged into Transaction Services, navigate to the **Enrollment** section and select **Family PACT**.

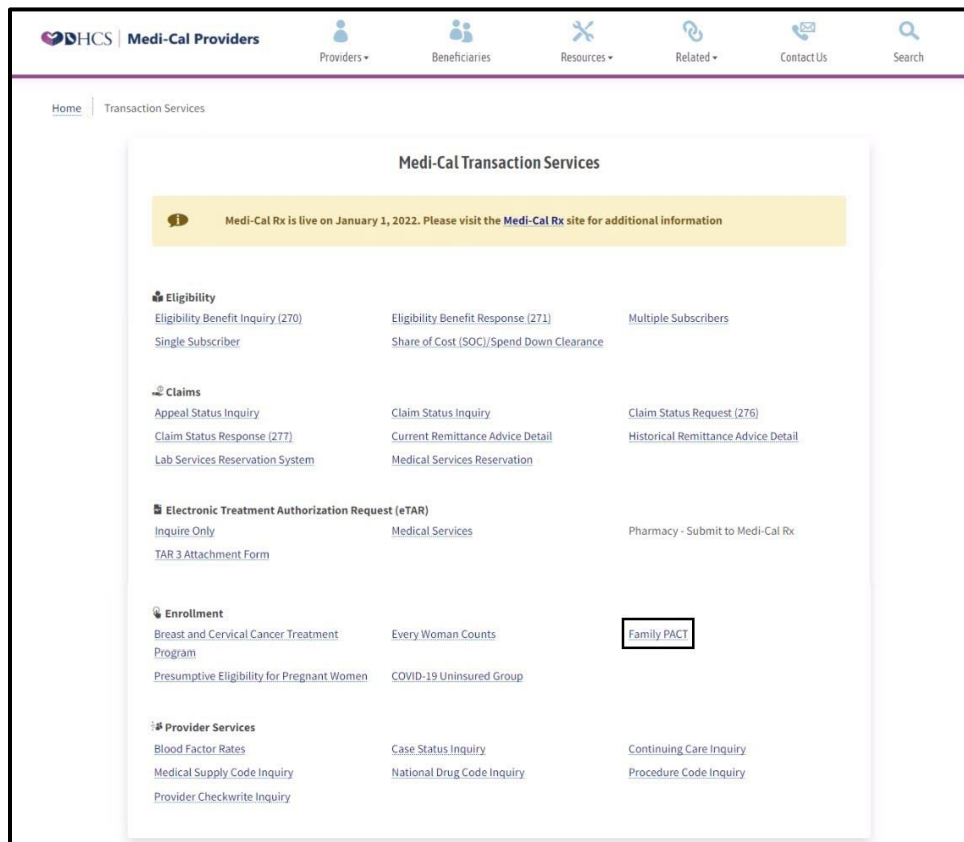


Figure 4.3: Medi-Cal Transaction Services.

- Select a Family PACT transaction from the available option buttons. Enter a valid HAP ID and the Date of Birth for all transactions. Select the **Submit** button.

The screenshot shows the 'Family Planning, Access, Care and Treatment (Family PACT)' transactions menu. At the top, there's a navigation bar with 'Home', 'Transaction Services', and 'Family PACT'. Below this, there's a section titled 'Family Planning, Access, Care and Treatment (Family PACT)'. The main content area is divided into two sections: 'Welcome to Family PACT Transactions' and 'Family PACT Transaction Help'. The 'Welcome to Family PACT Transactions' section includes a 'Select a Family PACT transaction:' section with radio buttons for Inquire, Activate, Recertify, Update, and Deactivate. Below this, there are input fields for 'HAP Card Number' and 'Client Birth Date', and a 'Submit' button. The 'Family PACT Transaction Help' section includes a link to the 'Family PACT community' and contact information for the Office of Family Planning.

Figure 4.4: Family PACT transactions menu.

HAP Client Eligibility System

Providers use the HAP onsite client enrollment system for certifying clients as eligible and for activating the clients' s HAP card. Effective March 1, 2021, Family PACT Program providers will no longer be able to use the telephone Automated Eligibility Verification System (AEVS) to verify client eligibility. AEVS is an interactive voice (IVR) response system accessed through a touch-tone telephone.

Providers with a valid provider number (NPI) and Provider Identification Number (PIN) will continue to perform eligibility transactions through Transaction Services on the Medi-Cal Provider website: www.medi-cal.ca.gov.

The HAP system allows providers and/or designees to perform the following functions:

Activate, Inquire, Update, Recertify and Deactivate.

HAP Card Activation

The HAP card must be issued and activated immediately upon certification of eligibility using the internet transaction screen. Failure to activate the card will result in denial of payments to providers, laboratories and pharmacies. Providers who neglect to activate a card upon certification of a client are responsible for covered services rendered or ordered by a pharmacy, laboratory, or clinical providers to whom the client is referred. Providers will not receive reimbursement until the HAP card is activated. Clients must not be charged for Family PACT services after certification is complete.

HAP Card Deactivation

When it is determined that a client is no longer eligible for Family PACT services, the provider must deactivate the HAP card and advise the client of ineligibility. Providers should select the appropriate “deactivation” option using the internet transaction screen, indicate the reason for deactivation using the deactivation code, and refrain from billing Family PACT for services.

Deactivation Codes Table

| Code | Description |
|------|--|
| 01 | Not a resident of California |
| 02 | Over 200 percent of the poverty level guidelines |
| 03 | Sterilized, no longer contracepting |
| 04 | Health insurance coverage for Family Planning Services |
| 05 | Full-scope Medi-Cal (does not have an unmet SOC) |
| 06 | Permanent deactivation of HAP card (lost/stolen) |

Additional Information for Sterilization and Pregnancy Deactivation Codes

Permanent Sterilization (Code 03)

Clients who undergo permanent sterilization are no longer eligible for Family PACT services and the HAP card must be deactivated using deactivation code 03.

Pregnancy (Code 05)

If the client is determined to be pregnant, the client is no longer eligible for Family PACT services. The HAP card should be deactivated using deactivation code 05 on the day following the visit at which the diagnosis of pregnancy was determined. The HAP card may be retained in the client’s file for future use by the client.

Note: Do not deactivate the client’s HAP card until the end of the designated post-operative period; earlier deactivation can occur if the clinician determines that the client is no longer at risk for pregnancy or causing pregnancy.

Knowledge Review

1. Retroactive eligibility may be offered to all Family PACT clients. _____
 - a. True
 - b. False
2. Clients must be recertified how often? _____
 - a. Every time they choose a new provider
 - b. Every year
 - c. Every six months
3. Clients must report any changes pertinent to their eligibility status such as? _____
 - a. Family size/income
 - b. California residency
 - c. Health insurance coverage changes
 - d. All of the above
4. Can providers obtain signatures and store CEC/RECs electronically. _____
 - a. True
 - b. False
5. Providers must maintain the completed CEC form in the client's medical record for a period of: _____
 - a. One year
 - b. At least four years
 - c. Three years
6. The provider determines the total family size and total taxable monthly income based on information provided by the client. _____
 - a. True
 - b. False

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7. Clients who have been determined ineligible for Family PACT services must be offered a copy of the completed CEC form, which includes a “Fair Hearing Rights” notification. _____
- a. True
 - b. False
8. Failure to adequately certify the client or to sign and date the CEC form may result in the provider being disenrolled. _____
- a. True
 - b. False
9. A client may have more than one HAP card activated at any given time. _____
- a. True
 - b. False
10. Providers must remember to clarify accessing services for reasons of “barrier to access” with all clients prior to completing the CEC form. _____
- a. True
 - b. False

See the Appendix for the [Answer Key](#)

Resource Information

References

The following reference materials provide Family PACT Program and eligibility information.

Provider Manual References

Family PACT Policies, Procedures and Billing Instructions (PPBI) Manual Sections and Forms

Client Eligibility (client elig)

Family PACT Program Overview (fam)

Health Access Programs (HAP) Cards (hap cards)

Health Access Programs Family PACT Program Client Eligibility Certification (CEC) form (DHCS 4461)

Health Access Programs Family PACT Program Retroactive Eligibility Certification (REC) form (DHCS 4001)

Program Standards (prog stand)

Provider Enrollment (prov enroll)

Provider Responsibilities (prov res)

Bulletins

Family PACT Update

Medi-Cal Update

Other References

[Family PACT](#) website

[Medi-Cal Providers](#) website

Module C Answer Key

Knowledge Review 1

Question 1: Retroactive eligibility may be offered to all Family PACT clients.

Answer: b

Question 2: Clients must be recertified how often?

Answer: b

Question 3: Clients must report any changes pertinent to their eligibility status such as?

Answer: d

Question 4: Can providers obtain signatures and store CEC/RECs electronically

Answer: a

Question 5: Providers must maintain the completed CEC form in the client's medical record for a period of:

Answer: c

Question 6: The provider determines the total family size and total taxable monthly income based on information provided by the client.

Answer: a

Question 7: Clients who have been determined ineligible for Family PACT services must be offered a copy of the completed CEC form, which includes a "Fair Hearing Rights" notification.

Answer: a

Question 8: Failure to adequately certify the client or to sign and date the CEC form may result in the provider being disenrolled.

Answer: a

Question 9: A client may have more than one HAP card activated at any given time

Answer: b

Question 10: Providers must remember to clarify accessing services for reasons of "barrier to access" with all clients prior to completing the CEC form

Answer: a