Family PACT
(Planning, Access, Care & Treatment) 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)
- Explain the importance of the Health Access Programs Family PACT Program Retroactive Eligibility Certification (REC) form (DHCS 4001)
- Highlight Health Access Program (HAP) cards and activation options
- Discuss Family PACT Program bulletin updates and announcements

Acronyms

A list of current acronyms is located in the Appendix section of each complete workbook.
Family PACT Overview

The Family PACT Program is designed to assist individuals who are of childbearing age and 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.

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. Affiliate primary care clinic’s 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 application packet to the Office of Family Planning. The 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 at (www.familypact.org) or the DHCS Forms, Laws & Publications web page at (https://www.dhcs.ca.gov/formsandpubs/Pages/default.aspx). The DHCS 4469 and DHCS 4470 forms will be provided to applicants upon approval of the DHCS 4468 form.

Non-Physician Medical Practitioners (NMPs) employed by a Medi-Cal provider who is applying to enroll in the Family PACT Program and will be delivering Family PACT services, must be identified on the DHSCS 4468 form and complete a DHCS 4470 form. NMPs eligible to participate in the Family PACT Program include Nurse Practitioners (NPs), Physician Assistants (PAs) and Certified Nurse Midwives (CNMs).

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

New Family PACT provider applicants and/or new provider locations will be provisionally certified for enrollment in the Family PACT Program until an eligible representative completes a legislatively mandated Provider Orientation as determined by DHCS. 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 Provider 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 (NP) or Certified Nurse Midwife (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 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, 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 website at (www.familypact.org).

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

For more information about upcoming provider orientation sessions, refer to the Family PACT Update Bulletins, the Family PACT website (www.familypact.org) or contact Family PACT at (916) 650-0414.
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.

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.

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

NOTE:
Only the client is responsible for claim submission.

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, 2011, the client may be eligible back to January 1, 2011.

For more information or to file a claim, the client may call the Telephone Service Center (TSC) at 1-800-541-5555.

Client Eligibility Determination

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

1. California Resident
   The client must be a resident of California.

2. Total Taxable Family Income
   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 applicants basic family unit includes the client, applicant’s spouse if living together, the tax filer and the tax filer’s other tax dependents.

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.

The federal poverty guidelines are updated annually by the federal government. Providers are notified of annual changes in the Family PACT Update Bulletin.

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.

3. No Other Health Coverage (OHC)

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

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 limited scope Medi-Cal that does not cover family planning
- Client has a Medi-Cal unmet share of cost (SOC) on the date of service
- Client needs to keep the appointment confidential from their spouse, partner or parents.

Clients with OHC
- OHC does not cover any family planning contraceptive methods.
- OHC requires an annual deductible that the client is unable to meet on the date of service.
- 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.

For more information, refer to “Client Eligibility Determination Table” in the Client Eligibility section of the PPBI.
4. Medical Necessity
The client must have a medical necessity for family planning services.

Clients with Medi-Cal Managed Care
For Medi-Cal Managed Care enrolled members 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.
Client Eligibility Determination Table

The following table assists providers in determining client eligibility. For more information, refer to the Client Eligibility (client elig) section in the Family PACT Program, Policies, Procedures and Billing Instructions (PPBI) provider manual.

<table>
<thead>
<tr>
<th>Client Information</th>
<th>Family PACT Eligibility</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client has full-scope Medi-Cal with no Share of Cost (SOC).</td>
<td>No</td>
<td>No activation – bill to Medi-Cal</td>
</tr>
<tr>
<td>Client has Medi-Cal with an unmet SOC.</td>
<td>Yes</td>
<td>Issue and activate HAP card</td>
</tr>
<tr>
<td>Client has Medi-Cal with an unmet SOC and requests confidentiality because a barrier to access exists.*</td>
<td>Yes</td>
<td>Issue and activate HAP card</td>
</tr>
<tr>
<td>Client has restricted services Medi-Cal (no coverage of contraceptive methods).</td>
<td>Yes</td>
<td>Issue and activate HAP card</td>
</tr>
<tr>
<td>Client has OHC (covers contraceptive methods) with no deductible.</td>
<td>No</td>
<td>No activation – bill insurance</td>
</tr>
<tr>
<td>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.*</td>
<td>Yes</td>
<td>Issue and activate HAP card</td>
</tr>
<tr>
<td>Client has OHC (covers contraceptive methods) with an unmet deductible.</td>
<td>Yes</td>
<td>Issue and activate HAP card</td>
</tr>
<tr>
<td>Client has no health care coverage.</td>
<td>Yes</td>
<td>Issue and activate HAP card</td>
</tr>
<tr>
<td>Client is enrolled in Medi-Cal managed care, but requests out-of-plan family planning services.</td>
<td>No</td>
<td>No activation – provide services, bill fee-for-service to plan</td>
</tr>
</tbody>
</table>

*See “Eligible Clients with Other Health Coverage (OHC)” section for more information.
Family PACT Program Policy

Consent

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 on the basis of their need for these services, without parental consent, according to California Family Code, Section 6925, subd. (a). W&I Code, Section 24003, subd. (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.

Barrier to Access

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. Not all clients seeking family planning services need this additional level of confidentiality or have this barrier to access their OHC. Providers are reminded to clarify accessing services for reasons of "confidentiality" with all clients prior to completing the CEC form in order for the client to make an informed decision. This applies to all clients regardless of age or marital status.

Confidentiality Requirements

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.

Affirming Eligibility Each Visit

The 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.
Ineligible Clients – Reapplicant
If a client was previously determined ineligible returns to a Family PACT provider, a 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.

Recordkeeping and Signature Policy Update
Family PACT record retention policy for the CEC and the REC forms are as follows:

- Retention period is three years.
- Signatures can be captured electronically*.
  * Providers opting to capture signatures electronically should assure that they are in full compliance with California Government Code Section 16.5 and with California Code of Regulations Title 2, Division 7, Chapter 10.
- Forms can be stored electronically rather than hard copy.

Family PACT Providers Required to Give Insurance Affordability Information
Family PACT providers must comply with W&I Code, Section 24005(u), which requires Family PACT providers or the enrolling entity to provide applicants and clients with information about applying to insurance affordability programs. The CEC form has been updated to include an acknowledgement line for the applicant to confirm that they received information about insurance affordability programs.
Client Eligibility Certification (CEC) Process

CEC Form

The Health Access Programs Family PACT Program Client Eligibility Certification (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 Family PACT website (www.familypact.org) or the DHCS website (www.dhcs.ca.gov). These are official State forms and must be reproduced without alteration. 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.

Income Eligibility Guidelines

The following poverty income eligibility guidelines are updated and published annually by the federal government. Please ensure the most current version is used when determining program eligibility.

<table>
<thead>
<tr>
<th>Number of Persons in Family</th>
<th>Monthly Income</th>
<th>Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$2,082</td>
<td>$24,980</td>
</tr>
<tr>
<td>2</td>
<td>$2,818</td>
<td>$33,820</td>
</tr>
<tr>
<td>3</td>
<td>$3,555</td>
<td>$42,660</td>
</tr>
<tr>
<td>4</td>
<td>$4,292</td>
<td>$51,500</td>
</tr>
<tr>
<td>5</td>
<td>$5,028</td>
<td>$60,340</td>
</tr>
<tr>
<td>6</td>
<td>$5,765</td>
<td>$69,180</td>
</tr>
<tr>
<td>7</td>
<td>$6,502</td>
<td>$78,020</td>
</tr>
<tr>
<td>8</td>
<td>$7,238</td>
<td>$86,860</td>
</tr>
<tr>
<td>For each additional person, add:</td>
<td>$737</td>
<td>$8,840</td>
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</tbody>
</table>

Family PACT Income Guidelines
200 Percent of the 2019 Income Eligibility Guidelines
Effective April 1, 2019
Family PACT (Planning, Access, Care & Treatment) Eligibility

Do you currently receive Medi-Cal benefits or services?  □ Yes □ No
Do you have a Medi-Cal Benefits Identification Card (BIC)?  □ Yes □ No

BIC number  Issue date

Do you have health care insurance for family planning services?  (Private insurance, Health Maintenance Organization (HMO), Managed Care Plan, Student Health Insurance, etc.)  □ Yes □ No
Have you had out of pocket expenses for family planning/reproductive health services covered by the Family PACT program in the 3 months immediately preceding enrollment in the Family PACT program?  □ Yes □ No
Does your concern that your partner, spouse, or parent learn about your family planning appointment keep you from using your health care insurance?  □ Yes □ No
How may we contact you if we need to talk to you about something?

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

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

First name at birth  Middle name at birth  Last name at birth  Suffix (Jr., Sr.)
Number of live births  County of residence  9-digit ZIP code

Gender  □ Male  □ Female
Mother’s first name (optional)  Social security number

Date of birth (mm/dd/yyyy)  Place of birth (county, if California)  State (if not California)  Country (If not USA)
Family PACT (Planning, Access, Care & Treatment) Eligibility

### Race/ethnicity

1 [ ] Asian  
2 [ ] Black  
3 [ ] Filipino  
4 [ ] Hispanic  
5 [ ] Native American  
6 [ ] Pacific Islander  
7 [ ] White  
0 [ ] Other

### Primary Language

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

**Eligibility Determination:** Please list all family members (self, spouse, and children) and all taxable income sources. If someone else claims you on their taxes, list everyone claimed and all related taxable income sources. Reportable income includes but is not limited to: income from employment, self-employment, social security (even if not taxable), passive income (dividends, interest, etc.), pensions and annuities, tips, commissions, spousal support received, and unemployment benefits.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to You</th>
<th>Age</th>
<th>Source of Income</th>
<th>Taxable Monthly Income</th>
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<tr>
<td>(Self)</td>
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**Family size:**

<table>
<thead>
<tr>
<th>Total taxable family income</th>
<th>$</th>
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I received information on how to apply for insurance affordability programs  [ ] Yes  [ ] No  
I understand that I can visit 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 the giving of false information may make me ineligible for this program.

**Signature (or mark) of applicant**  
**Signature of witness**

**Date**  
**Date**

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**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.
Family PACT (Planning, Access, Care & Treatment) Eligibility

FOR PROVIDER USE ONLY

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

Why: ____________________________________________

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

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

<table>
<thead>
<tr>
<th>Print name</th>
<th>Signature</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
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</table>

Deactivation: If client is deactivated  
(no longer eligible)  
Date  
Reason code  
(see Provider Manual)

Fair Hearing Rights

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.

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.

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:

First Level Review
Department of Health Care Services
Office of Family Planning
P.O. Box 997413, Mail Station 8400
Sacramento, CA 95899-7413

Formal Hearing
California Department of Social Services
State Hearings Division
P.O. Box 944243,
Mail Station 9-17-37
Sacramento, CA 94244-2430

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

DHCS 4461 (11/16)
# Client Eligibility Certification Codes

<table>
<thead>
<tr>
<th>CONFIDENTIALITY</th>
<th>COUNTY OF RESIDENCE / COUNTY OF BIRTH, IF CA (continued)</th>
<th>STATE OF BIRTH, IF NOT CALIFORNIA (continued)</th>
<th>STATE OF BIRTH, IF NOT CALIFORNIA (continued)</th>
<th>COUNTRY OF BIRTH, IF NOT USA (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes Y</td>
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<tr>
<td>No N</td>
<td>San Diego 37</td>
<td>Hawaii 11</td>
<td>Texas 43</td>
<td>Guatemala 20</td>
</tr>
<tr>
<td></td>
<td>San Francisco 38</td>
<td>Idaho 12</td>
<td>Utah 44</td>
<td>Guyana 21</td>
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<tr>
<td></td>
<td>San Joaquin 39</td>
<td>Illinois 13</td>
<td>Vermont 45</td>
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<td>Washington 47</td>
<td>Japan 24</td>
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<td>Wisconsin 49</td>
<td>South Korea 26</td>
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<td>Butte 04</td>
<td>Louisiana 18</td>
<td>Wyoming 50</td>
<td>Laos 27</td>
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<tr>
<td></td>
<td>Calaveras 05</td>
<td>Maine 19</td>
<td>District of Columbia 51</td>
<td>Mexico 28</td>
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<tr>
<td></td>
<td>Colusa 06</td>
<td>Maryland 20</td>
<td>Unknown 99</td>
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<td>06 Permanent deactivation of HAP card (lost/stolen)</td>
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</tbody>
</table>

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## Gender

- M: Male
- F: Female

## State of Birth, If Not California

- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- District of Columbia
- China
- Cuba

## Country of Birth, If Not USA

- Argentina
- Bangladesh
- Brazil
- Canada
- China
- Colombia
- Cuba
- Ecuador
- El Salvador
- Germany
- Guam
- Guatemala
- Great Britain
- Haiti
- Hawaii
- India
- Indonesia
- Japan
- Laos
- Mexico
- Nigeria
- Panama
- Peru
- Philippines
- Poland
- Russia
- Samoa
- Spain
- Suriname
- South Korea
- Sri Lanka
- Taiwan
- Thailand
- Turkey
- U.S.
- United Kingdom
- Uruguay
- U.S. Virgin Islands
- Vietnam
- Venezuela
- Vietnam

## Deactivation Codes

- 01 Not resident of California
- 02 Over 200 percent of the federal poverty level
- 03 Sterilized, no longer contracepting
- 04 Health insurance coverage for family planning services
- 05 Full-scale Medi-Cal (does not have an unmet Share of Cost)
- 06 Permanent deactivation of HAP card (lost/stolen)
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 recipient has met any required Share of Cost (SOC). If the client has met their SOC and has no barrier to access, the client should not be enrolled into Family PACT.

NOTE:
Both BIC cards are valid.
HAP Card

Sample: HAP Initial Teal Card

Replacement Card

Sample: HAP Replacement Teal Card

Family PACT providers can order new and replacement HAP cards by calling the TSC at 1-800-541-5555. Additional information can be found on the Family PACT Contact Us page of the Family PACT website at (www.familypact.org).

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 provider in California as long as the provider is enrolled as a Family PACT provider.

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. Providers must write the client’s name and original ID # from the client’s CEC form onto the blank replacement card.

Lost or Stolen Card
Providers are responsible for the safekeeping of the HAP cards. HAP cards should be stored securely. A ratio of cards issued to cards activated is traced, and will determine the availability for the 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, NPI and returned to:
California MMIS Fiscal Intermediary
Attn: Print and Distribution Center
830 Stillwater Road
West Sacramento, CA  95605

HAP Card Activation Options
The HAP card must be issued and activated immediately upon certification of eligibility. Failure to activate the card will result in denial of payments to providers, laboratories and pharmacies. Providers who neglect to activate a card in a timely manner are responsible for covered services rendered or ordered. Clients must not be charged for Family PACT services after certification is complete.
There are two types of eligibility transaction methods to activate a HAP card:
- Internet Transaction Application
- Automated Eligibility Verification System (AEVS)

Eligibility Transactions
Providers and/or designees can perform the following transactions:
- Activate
- Inquire
- Update
- Re-certify
- Deactivate
HAP Card Deactivation

When a client is determined to no longer be eligible for Family PACT services, providers must deactivate the HAP card and advise the client of ineligibility. Providers should select the appropriate “deactivation” option on the internet or AEVS and indicate the reason for deactivation using the deactivation code and refrain from billing Family PACT for services.

### Deactivation Codes

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

### Additional Information for Pregnancy and Sterilization 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 the diagnosis of pregnancy was determined. The HAP card may be retained in the client’s file for future use.

**NOTE**

Do not deactivate the client’s HAP card until the end of the designated post-operative period, or earlier, if the clinician determines the client is no longer at risk for pregnancy or causing pregnancy.

### NOTES
Knowledge Review

1. Retroactive eligibility may be offered to all Family PACT clients.
   a. True
   b. False

2. Clients must be recertified?
   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. Providers can 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

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

Answer Key:  1) b;  2) b;  3) d;  4) a;  5) c;  6) a;  7) a;  8) a;  9) b;  10) a
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* ([www.familypact.org](http://www.familypact.org))
- *Medi-Cal website* ([www.medi-cal.ca.gov](http://www.medi-cal.ca.gov))