Page Number/Policy (if applicable)	Written Comment	Department of Health Care Services (DHCS) Response
Ineligible Providers, pg. 2	While [Organization] understands the Department's statutory authority to deny or disenroll a Family PACT provider who is under investigation for fraud or abuse, [Organization] requests that the second paragraph (regarding W&I Code, Section 24005(h)) be updated or removed to ensure the policy does not prevent the Department from exercising its discretion, as authorized by the cited statutory language ["may deny"], in determining whether to deny enrollment for an otherwise eligible applicant.	Second paragraph was not updated or removed. Providers that are under investigation for fraud or abuse are not eligible to enroll in the Family PACT Program.
Enrollment, pg. 2	[Organization] requests additional language to clarify the policy of enrolling only one provider NPI per Family PACT site. Because "provider" may refer to either individual clinicians or a physical site, and either or both may have an NPI, this section may cause confusion as to which provider NPI should be used to enroll a location. Especially for PCC and APCC locations, [Organization] recommends additional language to clarify that clinicians who will be working at an enrolled location do not need to be separately enrolled in Family PACT, so long as they are only rendering Family PACT services at an enrolled Family PACT site.	Family PACT enrolls physical service locations, not individual clinicians working at an enrolled location. DHCS clarified the policy to state no other organizational NPI may enroll at the same service location.
One enrolled NPI per site	The proposed Change adds language that a Family PACT site may only be enrolled under one provider's NPI and no other NPI may enroll at the same service location. However, OFP should clarify what this means for clinic providers, some of which use ONE NPI for all their Family PACT locations. Some providers also partner with other sites to provide comprehensive care and would require more than one enrollment at a location. This restriction is contrary to Medi-Cal's rules, which permit more than one provider to enroll at a given location.	
One enrolled NPI per site	The proposed policy adds language requiring that a Family PACT site may only be enrolled under one provider's NPI and no other NPI may enroll at the same service location. Further clarification is needed regarding what this means for clinic providers, some of which use ONE NPI for all Family PACT locations. Some providers also partner with other sites to provide comprehensive care and would require more than one enrollment at a location. This restriction is contrary to Medi-Cal rules, which permit more than one provider to enroll at a given location. The proposed policy limiting one enrolled NPI per site must be removed.	

Page Number/Policy (if applicable)	Written Comment	Department of Health Care Services (DHCS) Response
Intermittent clinics, page 2	While the draft policy states that there is no change, what is being proposed is in fact a significant change to a policy that has been followed for more than two decades. For decades, the Family PACT program did not require separate enrollment of intermittent and mobile sites that were operated by Medi-Cal and Family PACT enrolled parent clinics, but treated the opening and operation of an exempt satellite site as a change of information to the enrollment of the parent. This policy was consistent with both Welfare & Institutions Code § 14043.15(e) relating to Medi-Cal's exemption of such sites from separate enrollment in Medi-Cal but also with W&I §24005, relating to oversight of the Medi-Cal Family PACT benefit described in W&I 14132(aa).	Family PACT provider enrollment is location specific, regardless of licensure or how the location enrolls as a Medi-Cal provider. Since 2016, Family PACT has required intermittent clinics, as defined by Health and Safety Code (H&S Code), Section 1206(h) and mobile clinics, as defined by H&S Code, Sections 1765.120, 1765.150 and 1765.155, to apply for enrollment in the Family PACT Program using their organizational NPI (this latter piece has been updated to allow a mobile clinic or intermittent clinic to use their own NPI). DHCS' Office of Family Planning (OFP) has a process to enroll such entities who apply for enrollment in Family PACT after notification to DHCS' Provider Enrollment Division. While DHCS aims to maintain consistency between the Family PACT and Medi-Cal programs when possible, there are some instances where provider enrollment policies will differ.
"Organizational NPI"	The current and proposed rule uses the term "organizational NPI" and does not address internal "Family PACT NPI." Organizational NPI is not defined and does not exist outside the sub regulatory guidance issued by OFP. OFP should rephrase to "parent clinic NPI" or some similar term describing how most intermittent clinics enroll in Medi-Cal. OFP's practice of creating an internal "Family PACT NPI" that is not shared or explained but is necessary for providers to use when ordering educational materials and HAP cards creates confusion and should be clarified.	OFP does not create or issue any Family PACT NPIs. If providers have more than one NPI associated with their organization they are able to sub-part, in which case they may

Page Number/Policy (if applicable)	Written Comment	Department of Health Care Services (DHCS) Response
“Organizational NPI"	The current and proposed rule uses the term “organizational NPI” and does not address internal “Family PACT NPI.” Organizational NPI is not defined and does not exist outside the sub regulatory guidance issued by OFP. OFP should rephrase to "parent clinic NPI" or some similar term describing how most intermittent clinics enroll in Medi-Cal. Family PACT practice of creating an internal “Family PACT NPI” that is not shared or explained but is necessary for providers to use when ordering educational materials and HAP cards creates confusion and should be clarified.	designate one NPI to bill for Family PACT-covered services. Due to program integrity concerns, only one entity can be enrolled in Family PACT per location at any given time.
Long Acting Reversible Contraceptive (LARC), pg. 4	[Organization] strongly supports ensuring access to LARCs through the Family PACT program. However, [Organization] is concerned that the requirement to identify, at a minimum, one practitioner trained to provide LARC services onsite overlooks locations operating as an intermittent site, mobile clinic, or student health center for whom it may be infeasible to offer LARC services but still wish to provide other critical family planning services. [Organization] urges the Department to include flexibility for these types of location to offer referral to an affiliated or parent site for LARC services.	Ensuring access to LARCs is a top priority for DHCS' OFP. All service locations enrolled in the Family PACT Program are required to make available to eligible clients the full scope of comprehensive family planning and family planning-related services, consistent with the Family PACT Standards.
LARC Requirement for intermittent sites or PCC sites operating as mobile clinics or student health centers	The proposed amendment requires LARC services to be offered onsite and adds requirements for training and identifying LARC practitioners in application for enrollment. However, this requirement overlooks intermittent sites or PCC sites operating as mobile clinics or student health centers, which routinely do not offer LARC services because it is not feasible for them to do so. Thus, OFP should modify or remove the LARC requirement for intermittent sites or PCC sites operating as mobile clinics or student health centers.	

Page Number/Policy (if applicable)	Written Comment	Department of Health Care Services (DHCS) Response
Applying for Enrollment, pg. 5	[Organization] strongly opposes the proposed addition of a prohibition on attorneys completing forms and on third parties serving as the contact for the Family PACT application. Providers engage legal counsel to help ensure they understand and remain in compliance with the many complex requirements of the Family PACT program, especially as non-compliance, even if inadvertent, could result in considerable liability. Additionally, many providers are part of non-profit membership organizations that represent their interests with the Department. This proposed prohibition is not only inconsistent with DHCS's policy which allows Medi-Cal and Family PACT enrollees to name an authorized representative, but it is also a considerable and impermissible intrusion into the attorney-client relationship and on the ability of providers to conduct their business efficiently. [Organization] is unaware of any statutory or regulatory authority that would permit DHCS to impose such a limitation and urges the Department to continue allowing providers to be represented by an attorney or a third party in their communications with the Department.	
Third parties, including attorneys, to assist with applications or serve as a contact during the application process	The proposed change suggests that enrollment forms completed or received from a third party (including attorneys) will not be accepted, and third parties must not be the contact person listed on the application. It is impermissible to prohibit applicants from using attorneys to complete the forms or to be identified as the contact person on the application. Applications are submitted under penalty of perjury, and participation in the Family PACT program carries significant liabilities. Applicants have the right to engage counsel to ensure they understand the rules and obligations associated with their participation, and no regulator is authorized to interfere with that choice. Prohibiting the use of third parties, especially attorneys, to assist with the preparation of applications and act as contacts for the application interferes with the attorney-client relationship and the ability of association groups to provide effective assistance to their members. It may delay and or prevent providers from applying and providing Family PACT services. Applicants should have the opportunity to consult with third parties during the application process as it is necessary to understand the logistics of the documentation. Thus, we suggest allowing third parties, including attorneys, to complete applications and act as contact person.	DHCS updated the policy to remove who may complete enrollment forms. DHCS retained the policy that enrollment forms received by a third party (i.e. consultants, attorneys, or enrollment brokers) will not be accepted and third parties (i.e. consultants, attorneys, or enrollment brokers) must not be the contact person listed on the application. DHCS must be able to have

Page Number/Policy (if applicable)	Written Comment	Department of Health Care Services (DHCS) Response
Third parties, including attorneys, to assist with applications or serve as a contact during the application process	The proposed change suggests that enrollment forms completed or received from a third party (including attorneys) will not be accepted, and third parties must not be the contact person listed on the application. It is impermissible to prohibit applicants from using attorneys to complete the forms or to be identified as the contact person on the application. Applications are submitted under penalty of perjury and participation in the Family PACT program carries significant liabilities. Applicants have the right to engage counsel to ensure they understand the rules and obligations associated with program participation, and no regulator is authorized to interfere with that choice. Prohibiting the use of third parties, especially attorneys, to assist with the preparation of applications and act as contacts for the application interferes with the attorney-client relationship and the ability of association groups to provide effective assistance to their members. It may delay and/or prevent providers from applying and providing Family PACT services. Applicants must have the opportunity to consult with third parties during the application process if they choose to and have the ability to do so. The provider enrollment policy must maintain the right of FPACT providers/applicants to engage support from third party entities, including attorneys and associations, to support the completion of provider enrollment applications and act as contact persons.	direct communication with the enrolling provider applicant. The policy does not prohibit providers from obtaining legal counsel during the course of the enrollment process and after approval into the Family PACT Program. No changes were proposed regarding billing by a third party for Family PACT services. In accordance with Medi-Cal policy, submission of claims by an approved third-party vendor on behalf of the enrolled Family PACT provider is not prohibited.
Third parties	For several years, we have been enrolling uninsured students in Family PACT. Because we are a small clinic, we retire on a third party to bill Family PACT for us. This company also proved invaluable to our efforts to enroll in Family PACT. Now, the Office of Family Planning has decided that Family PACT providers can no longer hire third parties as agents for enrollment or billing. Because of the technical complexity of Medi-Cal billing it is infeasible for us as a small clinic to train and pay in-house staff to perform this task. The result is that we, and others in our situation, are likely to have to disenroll as Family PACT providers, and other small clinics will be unable to tackle the red tape to enroll in the program. Aside from community colleges, others who may be adversely affected include small practices and rural providers who also rely on outside billing companies. Can you help us to find a work-around for this difficulty, or develop a modification for the policy? We need you to allow us to contract with third party agents in order to maintain reproductive services to our uninsured patients.	

Page Number/Policy (if applicable)	Written Comment	Department of Health Care Services (DHCS) Response
Application Deficiencies	Although the proposed change allows up to 60 calendar days from the notification date to correct a deficient application, some sections, such as the section on Provider Groups, indicate that certain deficiencies will result in immediate rejection. This is inconsistent with the right to cure permitted in the Application Deficiencies section. Having to start over with the application process due to a deficiency which could be easily cured will result in unnecessary delays in enrollment in Family PACT and ability to provide Family PACT services. Thus, OFP should allow applicants to cure deficiencies within 60 business days. OFP should also clarify that all deficiencies have a right to cure.	No change. Using "calendar days" is important to reducing turnaround times for applications and decreasing enrollment delays. Using "calendar days" will also align with the "calendar days" allowed for an Affiliate Primary Care Clinic (APCC) to correct deficiencies.
Application Deficiencies	Although the proposed policy change allows up to 60 calendar days from the notification date to correct a deficient application, some sections, such as the section on Provider Groups, indicate that certain deficiencies will result in immediate rejection. This is inconsistent with the right to cure permitted in the Application Deficiencies section. Having to start over with the application process due to a deficiency which could be easily cured will result in unnecessary delays in enrollment in Family PACT and ability to provide Family PACT services. Applicants must be able to cure deficiencies within 60 business days. OFP should also clarify that all deficiencies have a right to cure.	
Additional Documentation, pg. 6	[Organization] has significant concerns about the Department's substantial revision to the required documentation for Family PACT enrollment. The proposed required documentation poses a much higher burden on providers who wish to enroll in Family PACT and may discourage eligible providers from entering the program, thus weakening patient access and exacerbating provider shortages. [Organization] urges the Department to include exceptions or flexibilities be added for APCC's with existing enrolled sites who are in good standing with the Family PACT program. [Organization] also requests that the Department provide boilerplate policies and procedures to assist enrollees with meeting the Department's minimum requirements for clinic policies and procedures. Additionally, [Organization] also urges the Department to strike clinic organizational chart from the list of required documentation, as this could pose a serious safety risk for clinic staff if the Department were to release this information as part of a response to a Public Records Request. Finally, [Organization] requests additional language to clarify that the enrolling provider is only required to provide clinic policies and procedures for referrals and follow-ups specific to the Family PACT services provided at the location when the location offers services outside of the Family PACT program.	

Page Number/Policy (if applicable)	Written Comment	Department of Health Care Services (DHCS) Response
Additional documentation requirements	The proposed change requires the following to be submitted during the application process: 1) All clinic policies and procedures for Family PACT client eligibility and enrollment; 2) All clinic policies and procedures for referrals and follow-ups for all services provided at the location; 2) Clinic organizational chart; 3) Proof or attestation of LARC training for each practitioner identified on the application as being LARC trained, if not an OB/Gynecology or Women's Health NP; 4) Site Certifier's Family PACT training certificates and in-person orientation certificate and; 5) Any additional documentation requested by DHCS. These documents will be largely duplicative for clinic networks applying to participate at multiple sites because the multiple clinics likely have uniform policies and procedures. Providing the site certifier's training certificate and orientation certificate at the time of application also means those activities must be done beforehand - which may be impossible, depending on the training and orientation schedule. We recommend removal of the requirement for additional documentation and/or allowing clinic organizations with multiple sites enrolled to submit this documentation only once for all sites.	Each service location applying for enrollment in Family PACT Program will be required to submit the required documentation. DHCS has updated the policy to provide example that will satisfy the documentation requirements. DHCS acknowledges the concern regarding the disclosure of sensitive information and would not knowingly release information contained in documents that are subject to Government Code 6254.
Additional documentation requirements	The proposed policy change requires the following to be submitted during the application process: 1) All clinic policies and procedures for Family PACT client eligibility and enrollment; 2) All clinic policies and procedures for referrals and follow-ups for all services provided at the location; 2) Clinic organizational chart; 3) Proof or attestation of LARC training for each practitioner identified on the application as being LARC trained, if not an OB/Gynecology or Women's Health NP; 4) Site Certifier's Family PACT training certificates and in-person orientation certificate and; 5) Any additional documentation requested by DHCS. These documents will be largely duplicative for clinic networks applying to participate at multiple sites because health care organizations likely have uniform and standardized operating policies and procedures. To reduce unnecessary administrative burdens, health care organizations with multiple sites enrolled in the FPACT program should only be required to submit required documentation once for all sites.	

Page Number/Policy (if applicable)	Written Comment	Department of Health Care Services (DHCS) Response
Provider Orientation and Trainings, pg. 6	While [Organization] supports the Department encouraging enrollees to complete the Provider Orientation in- person, [Organization] is concerned that the proposed policy update removes language indicating that an online option is available. The COVID-19 Public Health Emergency has repeatedly demonstrated the equivalent effectiveness of virtual participation compared to being in-person, and there are many opportunities to ensure active participation from online participants. Many enrollees, and especially rural locations and non- profits, may not have sufficient resources to attend an in-person orientation that is not in their local region. Given that the proposed policy update would require new enrollees to complete the Provider Orientation prior to enrollment and the limited availability and accessibility (depending on location) of the Provider Orientation, [Organization] urges the Department to retain an option to complete the Provider Orientation online.	The Family PACT in-person Provider Orientation will continue to be offered virtually, and in alternating regions throughout the state.
Training and provider orientations	The proposed change suggests removing the option to complete training and provider orientation online. In-person orientations create significant burdens including financial and operational challenges that come with sending providers to distant all-day trainings. It also increases the likelihood of delayed enrollment, especially alongside the removal of provisional enrollment. We recommend that OFP allow orientations to be either in-person or online and include additional information on the locations and frequency of the in-person training.	
Training and provider orientations	The proposed change suggests removing the option to complete training and provider orientation online. In-person orientations create significant burdens including financial and operational challenges that come with sending providers to distant day-long trainings. It also increases the likelihood of delayed enrollment, especially alongside the removal of provisional enrollment. <u>To ensure expanded access to FPACT services without unnecessary delays or burdens, orientations must be conducted and allowed in-person and online, and regular updates regarding in-person training locations and frequency must be provided.</u>	
Provisional Enrollment, pg. 7 (current manual)	[Organization] is alarmed by the absence of this section from the proposed policy revisions. Requiring the enrolling provider to submit their site certifier training and orientation certificates at the time of application will likely be challenging, if not impossible, depending on the availability of these trainings and the numerous contingencies that affect the timing of an application for enrollment. [Organization] urges the Department to reinstate the Provisional Enrollment policy, or else provide flexibility for an APCC with an existing Family PACT location in good standing to be provisionally enrolled with a six month period to complete the mandated provider orientation.	

Page Number/Policy (if applicable)	Written Comment	Department of Health Care Services (DHCS) Response
6-month provisional enrollment period	The current rule allows providers to complete site certifier training and provider orientation within 6 months of application approval. The removal of the provisional enrollment period altogether makes enrollment incredibly difficult. Providing site certifier training certificate and orientation certificate at the time of the application means those activities must be completed beforehand which may be impossible and overly burdensome, depending on the schedule and frequency that the trainings and orientations are provided. Removing the provisional enrollment option makes it significantly less likely that providers will be able to enroll in Family PACT and be ready to provide services and submit claims on a clinic's opening day. Thus, it is imperative that the administration retain the 6-month provisional enrollment period.	Data from pre-enrollment provider screenings conducted by DHCS between January 2021 and May 2022 show that 30 percent of provider applicants are not knowledgeable about Family PACT policies and program standards when applying for enrollment. Given these findings, it is important that provider applicants complete the trainings prior to enrollment so they have an understanding of the program standards, requirements. and administrative policies. Family PACT trainings are available online and the in-person Provider Orientation is offered virtually every other month.
6-month provisional enrollment period	The current rule allows providers to complete site certifier training and provider orientation within 6 months of application approval. The removal of the provisional enrollment period altogether makes enrollment incredibly difficult and potentially out of reach. Providing the site certifier training certificate and orientation certificate at the time of the application means those activities must be completed beforehand, which may be impossible and overly burdensome, depending on the schedule and frequency that the trainings and orientations are provided. Removing the provisional enrollment option makes it significantly less likely that providers will be able to enroll in Family PACT and be ready to provide services and submit claims on a clinic's opening day. <u>It is therefore imperative that the</u> <u>administration retain the 6-month provisional enrollment period.</u>	
Site Certifier, pg. 7	Provider shortages continue to challenge most of the health care industry, but especially safety-net providers with fewer resources compared to locations who primarily serve patients with commercial insurance. As such APCCs with multiple Family PACT sites often face amplified challenges with hiring and retaining full-time clinicians. [Organization] requests flexibility for a clinician who works at multiple affiliated locations under an APCC structure to be able to assume the responsibility of site certifier for those locations. [Organization] strongly believes that allowing a site certifier to oversee more than one location under an affiliate model improves program compliance and consistency, whereas requiring each site to have its own site certifier imposes additional administrative costs, burdens, and challenges for APCCs.	

Page Number/Policy (if applicable)	Written Comment	Department of Health Care Services (DHCS) Response
Site certifier requirements	The current rule suggests that each service location must designate one eligible representative to be the site certifier. Current rule does not state the representative must work at the service location. Under the current rule, the site certifier cannot certify multiple locations. The proposed change includes language stating the eligible representative selected as site certifier must "work at the service location." However, it is unclear whether someone could act as site certifier for multiple sites or what it means for a site certifier to "work at the service location." For instance, would remote work qualify as "working at the service location" and are there time minimums? We request more clarification regarding these requirements and suggest allowing site certifiers to certify multiple locations.	To ensure that Family PACT Program Standards are being met at each enrolled site, it is important for one individual (site certifier) to assume responsibility for one site.
Site certifier requirements	The current policy suggests that each service location must designate one eligible representative to be the site certifier. Current policy does not state the representative must work at the service location. Under the current rule, the site certifier cannot certify multiple locations. The proposed change includes language stating the eligible representative selected as a site certifier must "work at the service location." However, it is unclear whether someone could act as site certifier for multiple sites or what it means for a site certifier to "work at the service location." For instance, would remote work qualify as "working at the service location" and are there time minimums? We request more clarification regarding these requirements and suggest allowing site certifiers to certify multiple locations.	
Enrollment Confirmation, pg. 8	The proposed removal of the option for a Primary Care Clinic (PPC) or APCC's enrollment date to be retroactive to the date of Medi-Cal enrollment further delays the clinic's ability to provide Family PACT services. Since health centers, licensed as PCCs or APCCs, are intended to provide care regardless of a patient's ability to pay, any delays in enrollment and ability to submit claims increase the risk of revenue loss. We recommend continuing to allow retroactive enrollment in Family PACT to the date of Medi-Cal enrollment.	No changes were proposed with respect to retroactive dates. As stated in the proposed policy (page 3), the PCC/APCC's Family PACT enrollment date will be made retroactive to the date the PCC/APCC was enrolled in Medi-Cal. For all other providers, once all provider

Page Number/Policy (if applicable)	Written Comment	Department of Health Care Services (DHCS) Response
Retroactive enrollment	The proposed removal of the option for a Primary Care Clinic (PPC) or APCC's enrollment date to be retroactive to the date of Medi-Cal enrollment further delays the clinic's ability to provide Family PACT services. Since health centers, licensed as PCCs or APCCs, are intended to provide care regardless of a patient's ability to pay, any delays in enrollment and ability to submit claims increase the risk of revenue loss. We recommend continuing to allow retroactive enrollment in Family PACT to the date of Medi-Cal enrollment.	enrollment requirement have been met and the Family PACT application is approved, the Family PACT enrollment effective date will be retroactive to the date DHCS' OFP received the Family PACT application.
Program Integrity and Compliance, pg. 9	While [Organization] supports efforts to ensure FPACT program integrity, we are concerned that the changes to the "Program Integrity and Compliance" provisions are overly broad and that they exceed what is necessary to ensure program integrity as well as the statutory and regulatory authority of the Department. First, the new language, in requiring disclosure of medical records, staff employment files, and business-related contracts without limitation, potentially conflicts with other provider obligations. Accordingly, [Organization] urges that the Department clarify the scope of these disclosures to be consistent with Section 24005 of the Welfare & Institutions Code, and Section 51476 of Title 22 of the California Code of Regulations. This includes limiting required medical records disclosures to those services provided to FPACT enrollees and limited other requests for records to those pertinent to the provision of services to FPACT enrollees. Further, the proposed language seems to require the disclosure of records regardless of when they were generated. [Organization] further urges the Department to limit to the scope of records requested to those generated within the preceding three years, consistent with the Department's existing audit-related statutory and regulatory mandates. Finally, [Organization] requests that the Department clarify that records must be reviewed on-site and that it will provide advance notice of before any proposed on-site record review.	Under HIPAA Privacy Rule, 45 Code of Federal Regulations 164.512(d)(1), "A covered entity may disclose protected health information to a health oversight agency for oversight activities authorized by law, including audits . . . or other activities necessary for appropriate oversight . . ." and all Family PACT-related records requested by the Department are limited to the record-type and timeframe specifications listed in other sections of the PPBI, and the Provider and Practitioner Agreements signed at the time the provider applied for enrollment into the Family PACT program. Additionally, while many onsite reviews conducted by DHCS will be prearranged with the provider, California Welfare and Institutions Code (W & I) Sections 14124.2 (a) (1) and 14124.2 (b) (1), allow for unannounced visits under exceptional situations where the arrangement of an appointment beforehand is clearly not possible, or is clearly inappropriate to the nature of the intended visit.

Page Number/Policy (if applicable)	Written Comment	Department of Health Care Services (DHCS) Response
Reinstatement, pg. 12	The use of “ineligible” appears to be a typo, or else it is unclear that this section is describing ineligible providers who subsequently reapply and are found to be eligible upon reapplication.	DHCS clarified policy to state that if a provider was determined ineligible to participate in the Medi-Cal program, and is reinstated, the provider’s Family PACT status is not automatically reinstated. The provider must reapply to become a Family PACT provider.
HIPAA Requirements and Notice of Privacy Practices, pg. 14	[Organization] urges the Department to update this section to reflect that Notice of Privacy Practices may be posted on the website of providers who have them and that they may be provided to patients via electronic means such as email. This is especially important for those patients receiving care via telehealth.	HIPAA requirements were removed from the Provider Enrollment section and will be included in the *Client Eligibility* section.
Sterilization Consent Form, pg. 18	[Organization] requests that additional language directing applicants where to find the PM 330 form.	DHCS has added additional language in *Benefits: Family Planning section,* directing providers were to find the PM 330 form.