

Date: May 3, 2023

Subject: Department of Health Care Services (DHCS) Child Health and Disability Prevention Program (CHDP) Transition Workgroup Meeting Summary

I. CHDP TRANSITION WORKGROUP MEMBERS

A. ATTENDED

Anne Nadler; Beth Malinowski; Cheri Stabell; Eileen Espejo; Erin Thuston; Jack Anderson; Jessica Ruggiero (delegate for Shakoora Azimi-Gaylon); Karen Motus; Kate Ross; Kenzie (Poncy) Hanusiak; Kim Saruwatari; Lori Gardner; Mary Giammona, MD; Monica Montano; Rebecca Sullivan; Tamica Fouts-Rachal; Tanesha Castaneda; Yasangi Jayasinha

B. DID NOT ATTEND

Diana Boyer; Megan Blanchard; Nancy Netherland; Nancy Shifflet

C. DHCS STAFF ATTENDED

Adrienne McGreevy; Adriana Alcala-Beshara; Barbara Sasaki; Cortney Maslyn; Courtney Wagner; Dana Durham; Daryl Hightower; Eva Sanchez; Janeen Newman; Joseph Billingsley; Linh Le; Melissa Mosqueda; Pamela Riley; Sabrina Atoyebi; Stacy Nguyen

D. DHCS CONSULTANTS, SELLERS DORSEY ATTENDED

Alex Kanemaru; Felicia Spivack; Jill Hayden; Laurie Weaver; Olivia Brown; Sarah Brooks

E. PUBLIC ATTENDED: 226

II. CHDP TRANSITION WORKGROUP MATERIALS

Agenda and Slide Deck

III. WORKGROUP MEETING

A. Welcome and Meeting Information

Sarah Brooks, DHCS Consultant with Sellers Dorsey

Welcomed members, shared meeting information, and provided an overview of the agenda.

Olivia Brown, DHCS Consultant with Sellers Dorsey

Reviewed housekeeping items.

B. Roll Call of Workgroup Members, DHCS, and Sellers Dorsey

Sarah Brooks

Conducted a roll call of Workgroup members, the Integrated Systems of Care Division (ISCD) other DHCS Sister Division representatives, and the Sellers Dorsey team.

C. Policy Updates

Sabrina Atoyebe, Chief, Medical Operations Branch, ISCD

Discussed policy updates related to CHDP and CHDP-CLPP.

Summary of Discussion:

Workgroup members inquired about the process for incorporating stakeholder input into ongoing policy guidance updates.

Response: DHCS will take this into consideration.

D. March Meeting Summary

Sarah Brooks

Summarized the previous stakeholder meeting, which focused on the reallocation of CHDP staff and resources, and workgroup feedback.

Summary of Discussion:

1. Workgroup members stressed that CHDP, California Children's Services (CCS), and Health Care Program for Children in Foster Care (HCPFC) staff have unique skillsets and are not necessarily transferrable from one program to another.

Response: DHCS will take this into consideration.

2. Workgroup members requested that DHCS keep CCS and CHDP allocation discussions separate.

Response: DHCS will take this into consideration.

3. Workgroup members stated that counties and local jurisdictions currently submit staffing and other relevant information that should not be replicated by DHCS's proposed survey.

Response: DHCS will take this into consideration.

E. Children Presumptive Eligibility (CPE) and Monitoring and Oversight Follow Up

Daryl Hightower, Unit Chief, Medi-Cal Eligibility Division

Reviewed outstanding workgroup feedback related to CPE.

Stacy Nguyen, Branch Chief, Managed Care Quality and Monitoring Division (MCQMD)

Reviewed feedback received during or following previous CHDP workgroup meetings related to managed care monitoring and oversight and provided an overview of DHCS' site review unit.

Krista Riganti, Certified Master Trainer, Molina Healthcare

Provided an overview of the site review program, including medical record and facility site reviews, from a managed care plan (MCP) perspective.

Summary of Discussion:

1. Workgroup members asked how and when MCPs and local CHDP programs will connect to ensure an effective and timely knowledge transfer ahead of the CHDP sunset and allow for future collaboration between MCPs and counties.

Response: DHCS will take this into consideration.

Action Item: DHCS will incorporate relevant plans and guidance into the CHDP Transition Plan.

2. Workgroup members emphasized the need to update the medical record and facility site review tools to ensure continuity and avoid a loss of any specific activities following the CHDP transition.

Response: DHCS will take this into consideration.

3. Workgroup members stressed that counties are already experiencing employee attrition due to the upcoming CHDP transition and emphasized the need for proactive communication to avoid the loss of institutional knowledge among current CHDP staff.

Response: DHCS will take this into consideration.

4. Workgroup members inquired about an update related to oversight and monitoring specific to the fee-for-service population and providers, especially during the presumptive eligibility period.

Response: DHCS will take this into consideration.

Action Item: DHCS will provide an update on the Department's plan for the fee-for-service population and providers at a later date.

5. Workgroup members requested detail on DHCS' plan for effectively sharing medical records and other relevant information in light of the discontinuation of the PM-160 form.

Response: DHCS will take this into consideration.

F. Overview of DHCS and California Department of Public Health (CDPH) Lead Screening Programs

Sabrina Atoyebi

Discussed the state lead screening program structure and an overview of the current CHDP-CLPP program, governed by the DHCS-CDPH interagency agreement (IA).

Adrienne McGreevy, Health Program Specialist II, MCQMD

Presented current CHDP-CLPP activities, emphasizing MCP lead screening activities and processes.

***Jessica Ruggiero, Chief of Community Outreach and Education Unit,
CDPH***

Discussed lead screening programs currently administered by CDPH.

Sarah Brooks

Reviewed discussion questions and facilitated workgroup discussion.

Summary of Discussion:

1. Workgroup members asked about the funding source for CHDP-CLPP to better understand potential options for reallocating CHDP-CLPP funding, potentially to county CDPH programs.

Response: DHCS will take this into consideration.

Action Item: DHCS will discuss this question with appropriate sister divisions and provide a response.

2. Workgroup members stressed the need to ensure MCPs have the ability and capacity to carry out environmental assessments following the CHDP sunset.

Response: DHCS will take this into consideration.

G. CHDP Activities under the Newborn Hearing Screening Program (NHSP)

Janeen Newman, Unit Manager, ISCD

Discussed the goals, requirements, and current versus future processes for the NHSP.

Summary of Discussion:

1. Workgroup members asked how responsibilities for NHSP will transition following the sunset of CHDP.

Response: The NHSP will not change following the transition; rather, the relationship with CHDP will no longer exist. DHCS will be responsible for providing NHSP services.

H. CHDP Activities Related to Oral Health Screening

Linh Le, Branch Chief, Medi-Cal Dental Services Division

Discussed requirements related to oral health screening and outlined current versus future processes following the CHDP transition.

Summary of Discussion:

1. Workgroup members shared feedback that not all MCPs are consistently conducting dental care coordination, despite existing contractual requirements.

Response: DHCS will take this into consideration.

2. Workgroup members asked whether local CHDP programs should cease doing fluoride varnish in anticipation of the CHDP transition.

Response: Local CHDP programs should not cease such activities until instructed otherwise by DHCS.

I. Public Comment

Sarah Brooks

Opened the meeting up for public comment.

Summary of Discussion:

1. Workgroup members asked whether DHCS will consider adding additional CHDP Transition Workgroup meetings to ensure the Workgroup addresses outstanding topics.

Response: DHCS is considering the addition of a capstone meeting in the future to close out remaining topics and discuss next steps.

2. Members of the public requested details about DHCS' plan for the continuation of provider staff trainings currently provided by CHDP.

Response: Responsibility for these trainings will transition to MCPs and DHCS will work to ensure effective knowledge transfer from local CHDP programs to MCPs.

3. Members of the public requested information about DHCS' timeline for sharing updates to the CHDP Transition Plan.

Response: DHCS stated that the final CHDP Transition Plan will be released by the end of 2023. Additionally, DHCS is planning to provide an opportunity for public comment on the draft Transition Plan.

4. Members of the public suggested DHCS leverage the CHDP Transition Workgroup to facilitate connections between local jurisdictions and MCPs.

Response: DHCS will take this into consideration.

5. Members of the public asked whether local CHDP programs should cease enrolling prospective CHDP providers at this time.

Response: Local CHDP programs should not cease such activities until instructed otherwise by DHCS.

6. Members of the public asked whether MCPs will require providers to provide COVID-19 vaccines.

Response: Please refer to the list of alternate venues to address on the slide deck to redirect this question appropriately.

7. Members of the public expressed concerns about counties' ability to continue CHDP operations and fulfill existing program requirements considering some staff members have been proactively vacating local CHDP program positions.

Response: DHCS will take this into consideration and invited counties to reach out to CHDPprogram@dhcs.ca.gov with additional feedback or concerns.

8. Members of the public asked whether monthly NHSP data reports should be sent directly to the MCPs rather than local CHDP programs.

Response: NHSP data reports should be sent to Hearing Coordination Centers, who will share the reports with appropriate stakeholders.

9. Members of the public requested clarity on technical details related to the CHDP Transition, including how long counties should keep CHDP provider files after the CHDP transition.

Response: DHCS will take this into consideration and provide updated guidance.

10. Members of the public asked whether dental providers will receive outreach about their eligibility to become CPE providers.

Response: Yes.

J. Next Steps

Sarah Brooks

Provided information on next steps, including the posting of this meeting summary and provision of homework, and relayed contact information for additional questions or feedback.

Meeting adjourned at 3:47 pm PST.