

December 14, 2023

CHDP Provider Notice: 23-04

TO: Child Health and Disability Prevention Program Directors, Deputy Directors, Medi-Cal Consultants, and Department of Health Care Services Staff

SUBJECT: Child Health and Disability Prevention Program Activities in Fiscal Year 2023-2024

The purpose of this notice is to provide Child Health & Disability Prevention (CHDP) program counties with guidance regarding fiscal year (FY) 2023-2024 program activities.

As announced in CHDP Provider Notices 22-02 and 22-06, the CHDP program will be discontinued effective July 1, 2024.<sup>1</sup> <sup>2</sup> Information regarding the transition can be found on the CHDP program transition webpage.<sup>3</sup> Alternative resources and additional information regarding the transition of specific CHDP program activities to existing delivery systems will be integrated on the CHDP program webpage in the coming months. Updates will also be announced by CHDP program letter and provider notice as needed.<sup>4</sup>

### Required Program Activities

All routine CHDP program activities are to continue as in previous years, to the extent possible, up until the transition date. CHDP program counties should plan accordingly to wrap up CHDP program activities by June 30, 2024, this includes but is not limited to: provider oversight, education and relations, local school district(s) support, provider and community referrals, community education and Newborn Hearing Screening Program (NHSP) referrals. CHDP program administrative activities affecting the Health Care Program for Children in Foster Care (HCPCFC) must successfully be transitioned on or before July 1, 2024.

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<sup>1</sup> [CHDP Provider Information Notice 22-02](#)

<sup>2</sup> [CHDP Provider Information Notice 22-06](#)

<sup>3</sup> [CHDP Transition](#)

<sup>4</sup> [CHDP Program Overview](#)



If adequate staffing is not available or other limiting factors hinder the continuation of all or some local CHDP program activities, please notify [CHDPprogram@dhcs.ca.gov](mailto:CHDPprogram@dhcs.ca.gov) and include the following information:

- Email Subject Line: [county/city name] CHDP Program Service Interruption;
- County/City;
- Name, Title, Email Address of Primary CHDP Program contact;
- A brief list of CHDP activities that are not being conducted, including:
  - Effective date
  - A brief description of the reason(s) that the activity is not being conducted.
  - Provide a transition plan for these activities, with the enrollment of new CHDP Gateway providers being last to sunset.
- A list of CHDP program providers within your jurisdiction, which includes the following:
  - Primary office contact
  - Most recent date of recertification
  - Any outstanding concerns (if applicable)
- Include the HCPCFC administrator(s) name, email, and phone number.

Once the information has been received and approved, DHCS will track the counties that are no longer able to participate in CHDP program for FY 23-24. Furthermore, DHCS will notify the Medi-Cal Managed Care Plans (MCP) to provide assistance, when the local CHDP programs are no longer offering services. DHCS does not have the resources to assume county responsibilities. Local CHDP program counties will be directed to communicate with the local CHDP program providers and MCPs, informing them that they will no longer be participating in the CHDP program during FY 23-24. Additionally, the local CHDP program counties will be directed to communicate to the beneficiaries, who are currently receiving services under the CHDP program, advising them that their services will be discontinued and providing them with an effective end date and any relevant referrals to other county programs. DHCS is working to provide the local CHDP program counties a letter template to inform providers/MCPs of the discontinuance of CHDP program activities.

If a local CHDP program county has received the allocated funds but is not rendering services, DHCS has the authority to enforce a corrective action plan per, Health & Safety

Code Section 104395(e).<sup>5</sup> DHCS may exercise its authority to impose financial sanctions and/or recoup any allocated funds as part of the corrective action plan.

If a local CHDP program county can no longer complete all CHDP program activities, below is the order of importance in which a CHDP program county must prioritize activities. Enrolling new CHDP Gateway providers should be the highest priority and the last activity a CHDP program county should sunset.

Guidance for Prior and Post CHDP Program Transition Activities:

**1. CHDP Gateway/Children's Presumptive Eligibility Providers (CPE)**

The CHDP Gateway, which is used by Medi-Cal providers to establish presumptive eligibility into Medi-Cal, will be rebranded as the Children's Presumptive Eligibility (CPE) Portal effective July 1, 2024.

Prior to the CHDP Program Transition:

- CHDP program counties should accept and process new CHDP Gateway provider applications by June 30, 2024, or as close to the CHDP program transition, whichever is later. Please ensure all received applications are processed by June 30, 2024.
- To maintain active provider status, CHDP program providers must continue to meet the monitoring and oversight requirements of the local CHDP program in their jurisdiction.
- Prior to the CHDP program sunset, for any Medi-Cal provider enrollment questions, please contact the Provider Enrollment Division (PED).<sup>6</sup> Once CPE goes live, providers will continue to contact PED for Medi-Cal provider enrollment questions but should contact the Telephone Service Center (TSC) with any presumptive eligibility provider enrollment process questions.<sup>7</sup> Should you have any questions regarding presumptive eligibility qualifications and/or the process for manual determination applications during portal outages, please contact the [ChildrenPE@dhcs.ca.gov](mailto:ChildrenPE@dhcs.ca.gov).

Post CHDP Program Transition:

- All active CHDP program providers as of June 30, 2024, will be grandfathered into CPE participation as of July 1, 2024. Grandfathered CHDP Gateway

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<sup>5</sup> [Health & Safety Code § 104395](#)

<sup>6</sup> [Provider Enrollment Division \(PED\) \(ca.gov\)](#)

<sup>7</sup> [Telephone Service Center Main Menu Prompt Options](#)

providers to CPE do not need to submit any additional enrollment paperwork and will only need to complete and pass the CPE computer-based training and establish login credentials in the new provider portal to participate. DHCS will provide additional information about required CPE training in the following months after the transition.

- CHDP program providers that are not active as of June 30, 2024, must complete steps to meet eligibility requirements to become a Medi-Cal provider and then a CPE provider.<sup>8</sup>
- CPE providers may contact the TSC to speak to a billing specialist regarding any billing/claim inquiries.<sup>9</sup>

## 2. **Communication and Trainings with Providers and MCPs**<sup>10</sup>

### Prior to the CHDP Program Transition:

- As soon as possible and prior to March 1, 2024, CHDP program counties must be working in collaboration with their local MCPs to provide existing CHDP program provider trainings and answer questions regarding training and educational resources.
- Local CHDP program counties must work with their local MCPs to provide current training materials.

### Post CHDP Program Transition:

- MCPs must conduct ongoing trainings for network providers on required preventive healthcare services, Medi-Cal for Kids and Teens services, formally known as Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), such as vision, audiometric and anthropometric screenings. Furthermore, MCPs should render network providers information on programs such as Vaccines for Children (VFC).

## 3. **Provider Site Reviews and Provider Site Relocations**

### Prior to the CHDP Program Transition:

- Local CHDP program counties must continue to accept provider site relocations until June 30, 2024. Please notify DHCS if unable to process.
- Local CHDP program counties must continue to perform provider site reviews until June 30, 2024. Please notify DHCS if unable to process.

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<sup>8</sup> [Health & Safety Code § 124024](#)

<sup>9</sup> [Telephone Service Center Main Menu Prompt Options](#)

<sup>10</sup> [Health Plan Directory](#)

Post CHDP Program Transition:

- MCPs will be responsible to conduct provider site reviews and provider site relocations effective July 1, 2024.
- If a local CHDP program county is made aware of any change during a provider site review, the county must contact PED to update the Provider Master File (PMF) after July 1, 2024, with current information.<sup>11</sup>

**4. Newborn Hearing Screening Program (NHSP)**

Prior to the CHDP Program Transition:

- The CHDP program currently assists DHCS NHSP's contracted Hearing Coordination Centers (HCC) by following up with the families of babies who have failed hearing screenings and have not kept their appointments for rescreening or diagnostic evaluation or have become unreachable by the provider and HCC.

Post CHDP Program Transition:

- DHCS and the HCCs will work together to contact the families who need assistance in scheduling appointments or transportation to and from an appointment for hearing screening or diagnostic evaluation. The HCCs will attempt to reach the family a minimum of five times on separate days and times through multiple contact methods, and if unsuccessful, will request DHCS assistance in locating updated contact information for the family.
- To aid their collaborative efforts, DHCS will create a dedicated inbox for the HCC staff to submit requests for updated beneficiary information. DHCS staff will use the Medi-Cal Eligibility Data System (MEDS) to retrieve current contact information and report back to the HCCs weekly for additional contact attempts to be made.
- DHCS is revising the procedures and flow of processes in the HCC Tracking and Monitoring Procedure Manual to have the HCCs notify the baby's primary care physician (PCP) when an initial hearing screen is not passed rather than waiting to notify the PCP by letter when an evaluation appointment is not kept. Looping in the PCP earlier in the process may help decrease the number of babies lost to follow up by ensuring the PCP is aware of the initial hearing screening result and enabling the PCP to also follow up with the family at well-baby checks. The revised procedures will also increase the number of contact attempts made and expand the contact method to telephone and mail.

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<sup>11</sup> [Provider Enrollment Division \(PED\) \(ca.gov\)](https://www.cdph.ca.gov/Programs/OPA/Pages/NR2023-0001.aspx)

- The requirements and procedures for NHSP family follow-ups will exceed the current standards to ensure families receive at minimum the same level of outreach and engagement as families who were referred to CHDP.
- The HCCs will continue to track each baby screened and run data reports identifying the number and percentage of babies lost to follow-up which can be compared to past data on those referred to CHDP. As needed, DHCS will make changes to the procedures for NHSP family follow-ups to ensure there are no gaps between how these functions are carried out today, as these responsibilities will transition to DHCS and the HCCs.
- DHCS and the HCCs will utilize every resource available to find and reach out to families of babies who did not pass their initial hearing screening, offering assistance with scheduling appointments or transportation to/from appointments for hearing rescreening or diagnostic evaluation.
  - For instance, babies enrolled in Medi-Cal are referred to California Children's Services (CCS) when they have a medically eligible condition such as hearing loss. DHCS can reach out to an infants' local county CCS office or enhanced care management (ECM) community worker to request assistance with locating the family to facilitate follow up.
  - MCPs are responsible for case management services related to EPSDT and have policies and procedures in place to ensure follow-up for missed EPSDT related appointments, which includes follow-up with the families of babies that miss their rescreening or diagnostic appointments.
  - If a family contacts their county for assistance with follow-up services, the county would continue to either refer the family to CCS if the baby is CCS-eligible or to the HCCs who can direct the family to available providers within their insurance plan.

## 5. **Records Retention**

### Prior and Post CHDP Program Transition:

Local programs have the discretion to develop guidelines and policy based on regulations that govern retention of medical and administrative records and must retain them for the longer period of time.<sup>12</sup>

- State and federal law requires local programs and CHDP program providers to retain records of each service rendered under the program for a period of ten

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<sup>12</sup> [Health & Safety Code § 124040](#)

- (10) years from the date of service or from the date of completion of any audit, whichever is later.<sup>13, 14</sup>
- Local CHDP programs and CHDP program providers are required to retain all administrative, financial and programmatic records (i.e., time studies, provider site visits), supporting documents, statistical records and other records of recipients for three (3) years or following county guidelines and policy, whichever is longer.<sup>15</sup>
  - Fee-For-Service (FFS) CHDP providers were instructed to discontinue the use of the Confidential Screening/Billing Report (PM 160), effective July 1, 2017.<sup>16</sup> The PM 160 is considered an administrative program record, not a medical record; therefore, it should be retained for three (3) years, or longer if an audit is in process and findings have not been resolved.<sup>17</sup> If the provider has documented in the medical record all findings of the CHDP program exam, the PM 160 should be retained for three (3) years as a fiscal record.

## 6. **CHDP Program - Childhood Lead Poisoning Prevention (CLPP) Program**

### Prior CHDP Program Transition:

- CHDP program counties should be working with California Department of Public Health (CDPH) on provider training to ensure continuity.
- MCP Medical Record Reviews (MMR) requirements will align with the specific CHDP-CLPP chart review requirements to ensure there is no loss in services.
- Participating local CHDP-CLPP programs are to communicate and share all CHDP-CLPP program training materials with their local MCPs and CDPH's CLPP Branch by March 1, 2024, at [CHDPTransition@cdph.ca.gov](mailto:CHDPTransition@cdph.ca.gov).

### Post CHDP Program Transition:

- CHDP-CLPP program responsibilities will be transitioned to the MCPs, as they are already responsible for conducting blood lead screenings for MCP enrollees and chart audits as part of regular Facility Site and MRRs, which includes lead screening reviews and provider trainings.

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<sup>13</sup> [Welfare & Institution Code 14124.1](#)

<sup>14</sup> [42 CFR § 438.3](#)

<sup>15</sup> [42 CFR § 200.334](#)

<sup>16</sup> [CHDP Program Letter 17-06](#)

<sup>17</sup> [CHDP Director/Deputy Director Training Modules](#)

## 7. **Local County Websites**

### Prior to the CHDP Program Transition:

In preparation of CHDP program transition, CHDP counties must repurpose/revise their local CHDP program websites to go into effect by July 1, 2024.

- Local CHDP program counties must repurpose their websites to reflect other resources that are available to beneficiaries post the CHDP program transition.
- Local CHDP program counties must update their websites to include standard language informing users that the HCPCFC will stand alone as its own program. Websites should direct users to the corresponding county HCPCFC webpage and the DHCS website for more information.

Additional resources are provided in Section 9 for your use.

## 8. **HCPCFC Public Health Nurse (PHN) Program Administrator**

### Post to the CHDP Program Transition:

The HCPCFC PHN Program Administrator will assume all new and previously CHDP program conducted administrative and supervisory responsibilities pertaining to HCPCFC on or before July 1, 2024.<sup>18</sup> Effective July 1, 2024, the HCPCFC PHN Program Administrator:

- Will be the primary contact for the program, and the primary administrator, of HCPCFC staff and local program activities. As soon as possible and no later than July 1, 2024, please notify [HCPCFC@dhcs.ca.gov](mailto:HCPCFC@dhcs.ca.gov) with your HCPCFC administrator(s)' contact information (i.e., name, phone number and email).
- Is responsible for adherence to Federal, State, and local requirements.
- Must have an active California Public Health Nurse certificate.

## 9. **CHDP Program County Resources**

### Prior to the CHDP Program Transition:

Alternative resources and further information regarding the transition of specific activities to existing delivery systems will be updated on the CHDP program webpage in the coming months.<sup>19</sup> Updates will also be announced through CHDP Program Letter and Provider Notice as needed. CHDP programs may refer those seeking information to the following resources, as appropriate to the circumstance:

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<sup>18</sup> [Health & Safety Code § 124024](#)

<sup>19</sup> [CHDP Transition](#)



- Childhood Lead Poisoning Prevention<sup>20</sup>
  - Provider Resources<sup>21</sup>
  - Patient Materials<sup>22</sup>
  - Information for Public Health Workers<sup>23</sup>
  
- Bright Futures: Recommendations for Preventive Pediatric Health Care<sup>24</sup>
  - Periodicity Schedule<sup>25</sup>
  
- Medi-Cal Provider Home<sup>26</sup>
  - PAVE Provider Portal<sup>27</sup>
  - Provider Manuals<sup>28</sup>
  - Medi-Cal References<sup>29</sup>
  - Medi-Cal Updates<sup>30</sup>
  - Medi-Cal Learning Portal<sup>31</sup>
  - Medi-Cal Provider Training Workbooks<sup>32</sup>

Post CHDP Program Transition:

- Medi-Cal for Kids & Teens<sup>33</sup>
  - Resources<sup>34</sup>
  - Provider Information<sup>35</sup>
  - Provider Training<sup>36</sup>
  - Preventative Services Manual<sup>37</sup>

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<sup>20</sup> [Childhood Lead Poisoning Prevention Program](#)

<sup>21</sup> [Provider Resources](#)

<sup>22</sup> [Patient Materials](#)

<sup>23</sup> [Public Health Workers](#)

<sup>24</sup> [Preventive Care/Periodicity Schedule](#)

<sup>25</sup> [Periodicity Schedule](#)

<sup>26</sup> [Medi-Cal Providers](#)

<sup>27</sup> [PAVE Provider Portal](#)

<sup>28</sup> [Medi-Cal Provider Manuals](#)

<sup>29</sup> [Medi-Cal References](#)

<sup>30</sup> [Medi-Cal Updates](#)

<sup>31</sup> [Medi-Cal Learning Portal](#)

<sup>32</sup> [Medi-Cal Providers Training Workbooks](#)

<sup>33</sup> [Medi-Cal for Kids & Teens](#)

<sup>34</sup> [Resources](#)

<sup>35</sup> [Provider Information](#)

<sup>36</sup> [Provider Training](#)

<sup>37</sup> [Preventive Services Manual](#)

- Oral Health
  - Accessing Benefits<sup>38</sup>
  - Educational Materials<sup>39</sup>
  - Educational Videos<sup>40</sup>
  - Child Friendly Materials<sup>41</sup>
  - Oral Health & School Readiness<sup>42</sup>
  - Periodicity Schedule<sup>43</sup>
  - Dental Case Management Referral<sup>44</sup>
  
- CHDP Transition Plan
  - All CHDP transition updates are posted to the CHDP transition webpage as they become available.
  - The CHDP webpage will be updated throughout FY 2023-2024 to provide alternative resources identified in the CHDP transition plan.

Questions regarding specific activities not addressed here or on the CHDP Transition webpage may be directed to [CHDPprogram@dhcs.ca.gov](mailto:CHDPprogram@dhcs.ca.gov).<sup>45</sup>

Sincerely,

**ORIGINAL SIGNED BY**

Cortney Maslyn, Chief  
Integrated Systems of Care Division  
Department of Health Care Services

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<sup>38</sup> [About Medi-Cal Dental](#)

<sup>39</sup> [Medi-Cal Dental Materials](#)

<sup>40</sup> [Smile, California Videos](#)

<sup>41</sup> [Kid-Friendly Material](#)

<sup>42</sup> [Oral Health and School Readiness](#)

<sup>43</sup> [Medi-Cal Dental Provider Bulletin](#)

<sup>44</sup> [Medi-Cal Dental Program - Dental Case Management Program](#)

<sup>45</sup> [CHDP Transition](#)