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CHDP Program Letter No.: 17-06

To: ALL CHILD HEALTH AND DISABILITY PREVENTION (CHDP)
PROGRAM DIRECTORS, DEPUTY DIRECTORS, AND STATE
INTEGRATED SYSTEMS OF CARE DIVISION (ISCD) STAFF

Subject: CHDP HEALTH CARE PROVIDER CARE COORDINATION/FOLLOW-UP
FORM WITH INSTRUCTIONS AND THE HEALTH CARE PROGRAM
FOR CHILDREN IN FOSTER CARE (HCPCFC) FOSTER CARE
MEDICAL/SPECIALTY CARE CONTACT FORM WITH INSTRUCTIONS

CHDP HEALTH CARE PROVIDER CARE COORDINATION/FOLLOW-UP FORM
WITH INSTRUCTIONS

On July 1, 2017, Fee-for-Service (FFS) CHDP providers were required to discontinue use of the Confidential Screening/Billing Report form PM 160 for claiming purposes.¹

The PM 160 claim form has been replaced by the HIPAA compliant form CMS 1500, UB-04, or their electronic equivalents (837 P/I). This new requirement applies to claims for dates of service on or after July 1, 2017. Although FFS CHDP providers are required to continue to submit copies of the PM 160 to the local county CHDP Program for dates of service prior to July 1, 2017, the CMS 1500, UB-04, or the 837 P/I are not to be submitted to local county CHDP programs. These forms do not permit the recording of sufficient health information to enable local CHDP programs to provide follow-up assistance to children/youth receiving FFS well child health assessments.

As specified in Health and Safety (H & S) Code 124040 (a) (4) local county CHDP programs and CHDP providers are responsible for “referral for diagnosis or treatment when needed” and for the “methods for assuring referral is carried out.” All children served by the CHDP Program and CHDP providers who are eligible for Medi-Cal must be provided with “assistance with scheduling appointments for services and with transportation” (H & S Code 124040 (a) (10)). Although FFS CHDP providers no longer

¹ Because of their unique configuration in the claiming system, school based FFS CHDP providers are the only providers enabled to continue to use the CHDP claiming system and will submit copies of the PM 160 to the local CHDP program until their transition to the Medi-Cal claiming system can be accomplished. Local CHDP programs will need to work with these providers to ensure they continue to submit copies of the PM 160.

submit the PM160 claim form to local county CHDP programs (except for assessments performed prior to July 1, 2017), local county CHDP programs will continue to ensure that FFS Medi-Cal beneficiaries receive needed follow-up care. To ensure a referral for follow-up care is carried out, CHDP providers must continue to report children/youth needing follow-up from the health assessment to the local county CHDP program. To facilitate CHDP follow-up, a new follow-up request form has been developed for use by CHDP providers and local county CHDP programs.

The enclosed CHDP Care Coordination/Follow-Up Form, or one developed and approved by the state, replaces the referral for follow-up function of the PM 160 for those children/youth previously reported on the PM 160 with a Follow-Up Code of 4, 5 or 6.

Follow-Up Codes:

4. Diagnosis Pending/Return Visit Scheduled

- a. A return visit has been scheduled for diagnosis, or
- b. A return visit has been scheduled for diagnosis and treatment, or
- c. A return visit has been scheduled for treatment only.

5. Referred to Another Examiner for Diagnosis/Treatment

- a. The patient has been referred to another provider for diagnosis and treatment, or
- b. A diagnosis has been made on the day of the health assessment and the patient has been referred to another provider for treatment, or
- c. A dental problem is suspected.

6. Referral Refused

- a. The patient or the responsible person has refused referral or follow-up by examiner for any reason.

Additionally the CHDP Program will provide follow-up assistance, upon request, for any FFS Medi-Cal beneficiary that is at risk of being lost to follow-up where the determination of the need for care resulted from a CHDP preventive health assessment (e.g., return visit scheduled to complete immunizations but no show and no response to provider follow-up calls and letters).

Generally, the CHDP Care Coordination/Follow-Up Form will be faxed by the FFS CHDP provider to the fax line specified by the local county CHDP program. However, as stated above, local county CHDP programs may develop forms and formats that incorporate the information included in the CHDP Care Coordination/Follow-Up Form and fulfill the same function. This may include locally developed web-based tools that facilitate completion and submission of secure/protected forms by FFS CHDP providers, or submission of the CHDP provider's secure/protected electronic health record of the preventive health assessment.

Note that local county CHDP programs are not to request that CHDP providers submit health assessment information on all children screened. The use of the CHDP Care Coordination/Follow-Up form or any locally developed equivalent form/process is limited to circumstances that require facilitation of needed follow-up care of the CHDP child by the local county CHDP program.

Local county CHDP programs will initiate action on requests received from the CHDP FFS provider within two working days of receipt.

FFS CHDP providers with questions regarding use of the CHDP Care Coordination/Follow-Up Form should contact their local county CHDP program. Local county CHDP programs can assist in orienting CHDP providers and their staff in the use of the form.

In order to avoid a duplication of role and funding, CHDP is not tasked with providing follow-up assistance to Medi-Cal Managed Care Health Plan (MCP) providers and beneficiaries. Referral assistance for MCP beneficiaries is a role and responsibility of the MCP. Local county CHDP programs may not act on requests for follow-up for MCP beneficiaries unless authorized/directed by DHCS to do so.

THE HCPCFC FOSTER CARE MEDICAL/SPECIALTY CARE CONTACT FORM WITH INSTRUCTIONS:

The HCPCFC provides Public Health Nurse (PHN) health care coordination and follow-up support to children, youth and non-minor dependents in foster care. This includes care coordination and follow-up support related to needed medical, dental, mental health and other health care needs. In order to provide this support to these beneficiaries, foster care PHNs require more complete health information from the health care providers that deliver primary, preventive and specialty care to the children and youth that are under the care, custody and control of the county welfare agency. Foster care PHNs acting pursuant to Welfare and Institutions Code 16501.3 (implemented as the HCPCFC) are authorized to receive medical information/protected

health information for a minor child from health care providers in accordance with Civil Code Section 56.103 of the Confidentiality of Medical Information Act.

FFS CHDP providers, MCP providers, dental providers, and other specialty health care providers delivering care to foster children/youth, and with the permission of the non-minor dependent, are required to provide the requested health information to the foster care PHN upon request. Requested health information for foster children/youth and non-minor dependents will be submitted on the enclosed HCPCFC Foster Care Medical/Specialty Care Contact Form, unless the local county CHDP Program/HCPCFC has implemented an equivalent system for capturing this information (e.g., secure web-based submission of the same health information in a standardized format). Like the CHDP form, health care providers will generally fax the completed form to a fax line specified by the local county HCPCFC Program.

General questions and comments regarding the CHDP Care Coordination/Follow-Up Form and instructions or the Foster Care Medical/Specialty Care Contact Form and instructions may be directed to CHDPprogram@DHCS.ca.gov or HCPCFC@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY

Sarah Eberhardt-Rios, Division Chief
Integrated Systems of Care Division

Attachments