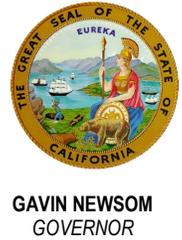




State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

**DEPARTMENT OF HEALTH CARE SERVICES (DHCS)
Child Health and Disability Prevention Program (CHDP)
Transition Workgroup
January 4, 2023
1 p.m. – 4 p.m.**

MEETING SUMMARY

CHDP Transition Workgroup Members Attended:

Beth Malinowski; Diana Boyer; Eileen Espejo; Erin Thuston; Jack Anderson; Kate Ross; Kenzie (Poncy) Hanusiak; Kim Saruwatari; Lori Gardner; Megan Blanchard; Monica Montano; Nancy Netherland; Pip Marks; Rebecca Sullivan; Yasangi Jayasinha (delegate in place of Cheri Stabell)

CHDP Transition Workgroup Members that Did Not Attend:

Anne Nadler; Karen Motus; Mary Giammona, MD; Nancy Shifflet; Shakoora Azimi-Gaylon; Tanesha Castaneda

DHCS Staff Attended: Susan Philip; Joseph Billingsley; Cortney Maslyn; Sabrina Atoyebi; Barbara Sasaki; Janeen Newman; Daria Moore

DHCS Consultants, Sellers Dorsey Attended: Sarah Brooks; Laurie Weaver; Jill Hayden; Felicia Spivack; Alex Kanemaru; Olivia Brown

Public Attended: 108

CHDP Transition Workgroup Materials: Agenda and Slide Deck

I. Welcome and Meeting Information
Sarah Brooks, DHCS Consultant with Sellers Dorsey

Welcomed members and shared meeting information and agenda overview

Alex Kanemaru, DHCS Consultant with Sellers Dorsey

Reviewed housekeeping items

II. Roll Call of ISCD and Sellers Dorsey Teams
Susan Philip, Deputy Director
Health Care Delivery Systems

Introductions from each ISCD team member

Sarah Brooks

Introduction of Sellers Dorsey team

III. September Meeting Summary
Sabrina Atoyebi, Chief
Medical Operations Branch

Provided an overview of the previous stakeholder meeting, which focused on purpose, timeline, and stakeholder engagement for the CHDP transition

IV. CHDP Transition Plan
Sarah Brooks

Reviewed the purpose and timeline for the CHDP Transition Workgroup, overview of Senate Bill 184, and Transition Plan overview

Summary of Discussion:

- Members commented on the importance of providing sufficient time between workgroup meetings to follow through on action items, gather feedback from relevant non-workgroup members, and make necessary changes to the transition plan
 - **Response:** DHCS will take this into consideration

V. Roll Call of Workgroup Members
Sarah Brooks

Conducted a roll call of workgroup members and asked workgroup members to give a one-sentence summary of their interest in the CHDP transition

VI. CHDP Transition Workgroup Overview *Sarah Brooks*

Reviewed workgroup expectations, revision process, timeline, and objectives

Summary of Discussion:

- Members requested the opportunity to provide feedback following each meeting through homework and to receive meeting materials further in advance of the meeting
 - **Response:** DHCS will take this into consideration
- Members commented overlapping initiatives, such as the EPSDT Rebrand and CalAIM, may impact the CHDP transition plan
 - **Response:** DHCS will take this into consideration
- Members requested to review a plan for HCPCFC in June
 - **Response:** DHCS plans to present a draft plan for making HCPCFC a standalone program at the June Workgroup Meeting.

VII. Children's Presumptive Eligibility *Daryl Hightower, Health Program Specialist Medi-Cal Eligibility Division (MCED)*

Presented the Child Presumptive Eligibility (CPE) slide deck, detailing impacts of the CHDP transition on CPE and the current versus future states of the enrollment process

Summary of Discussion:

- Members encouraged the use of the current versus future states structure for upcoming presentations
 - **Response:** DHCS will take this into consideration
- Members requested consideration of the impacts of the CHDP transition on the existing workforce in future meetings
 - **Response:** DHCS will take this into consideration
- Members asked whether dentists are eligible to be Medi-Cal CPE providers
 - **Response:** DHCS will work to provide a response
 - **Action Item:** MCED team will follow up with dental services to determine whether dentists can be presumptive eligibility providers
- Members inquired about the impact of the CHDP transition on PM 357s and how DHCS will ensure those who indicate they need additional services currently offered through CHDP receive them
 - **Response:** DHCS will take this into consideration
- Members commented on the complexity of children's preventive medical care and on the need to ensure CPE providers without a background in

pediatrics can successfully guide children to the appropriate care and services

- **Response:** DHCS will consider ways to effectively educate CPE providers about additional steps they may need to take to ensure children receive needed care. DHCS will continue to emphasize that the ultimate goal is to enroll children into comprehensive Medi-Cal coverage
- **Action Item:** DHCS will request workgroup members and other providers provide additional information about providers' current processes for connecting children to care to identify potential gaps and solutions
- Members commented on the importance of ensuring multiple providers are not reenrolling the same child in instances in which the child changes providers after being presumptively enrolled
 - **Response:** The child would retain a 60-day eligibility period even if they change providers and would not be re-enrolled into presumptive eligibility. To avoid confusion, members get a temporary Medi-Cal Benefits Identification Card (BIC) once presumptively enrolled. DHCS noted children are eligible for two 60-day presumptive eligibility periods in a 12-month period

VIII. Break
Sarah Brooks

A 10-minute break commenced

IX. February 8 CHDP Transition Workgroup
Sarah Brooks

Discussed planned and suggested topics for the next workgroup meeting on provider oversight and monitoring

Summary of Discussion:

- Members suggested the next workgroup include discussion of care coordination, referrals to dental services, and managed care plans (MCPs) will require following the CHDP transition
 - **Response:** DHCS will take this into consideration
- Members suggested the next workgroup include discussion of the post-transition process for site reviews related to oversight and monitoring
 - **Response:** DHCS will take this into consideration
- Members suggested the workgroup discuss which referral-related measures MCPs will need to track for dental services. These may include

languages spoken by evening/weekend ability for Medi-Cal dental providers

- **Response:** DHCS will take this into consideration
- Members commented CHDP public health nurses currently carry out many care coordination functions, especially in rural counties, and requested that we discuss how this fits into managed care
 - **Response:** DHCS will take this into consideration
- Members suggested the workgroup discuss oversight specific to pediatrics and how to ensure children receive tailored care, follow up, and oversight
 - **Response:** DHCS will take this into consideration

X. Public Comment
Sarah Brooks

No public comments received

XI. Next Steps
Sarah Brooks

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

Meeting adjourned at 2:45 p.m.