

DATE: March 22, 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; Karen Motus; Kate Ross; Kenzie (Poncy) Hanusiak; Kim Saruwatari; Mary Giammona, MD; Megan Blanchard; Monica Montano; Nancy Netherland; Nancy Shifflet; Rebecca Sullivan; Tanesha Castaneda

B. DID NOT ATTEND

Diana Boyer; Lori Gardner; Pip Marks; Shakoora Azimi-Gaylon; Yasangi Jayasinha

C. DHCS STAFF ATTENDED

Adrienne McGreevy; Barbara Sasaki; Chana Lucero; Cortney Maslyn; Courtney Wagner; Dana Durham; Daria Moore; Daryl Hightower; Eva Sanchez; Janeen Newman; Joseph Billingsley; Melissa Mosqueda; Oksana Meyer; Pamela Riley; Sabrina Atoyebi; Stacy Nguyen

D. DHCS CONSULTANTS, SELLERS DORSEY ATTENDED

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

Public Attended: 113

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 and shared meeting information and agenda overview.

Alex Kanemaru, 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) team, and the Sellers Dorsey team.

C. Continuous Coverage Unwinding Update

Sabrina Atoyebi, Chief, Medical Operations Branch, ISCD

Provided an overview of Continuous Coverage Unwinding updates and the role of DHCS Coverage Ambassadors.

Summary of Discussion:

1. Members asked how long Medi-Cal beneficiaries can retain coverage and whether the State will consider an extension for longer than one year.

Response: This redetermination period will occur on a rolling basis over 14 months, starting in June of 2023. DHCS is required by existing regulations to conduct redeterminations on an annual basis. Medi-Cal beneficiaries and providers will be notified of the redetermination 14-month period.

D. February Meeting Summary

Sarah Brooks

Provided an overview of the previous stakeholder meeting in February on managed care monitoring and oversight.

Summary of Discussion:

1. Members asked how DHCS will ensure Workgroup feedback from the last scheduled Workgroup meeting is addressed according to the every-other-meeting cadence for reviewing feedback.

Response: DHCS will take this into consideration.

E. January Workgroup Feedback

Daryl Hightower, Unit Chief, Medi-Cal Eligibility Division

Reviewed Workgroup feedback and related DHCS responses from the January Workgroup Meeting, which focused on Children's Presumptive Eligibility (CPE).

Summary of Discussion:

1. Members clarified that concerns over non-pediatric trained providers billing for pediatric services center around the quality of care given to the child and suggested that some billing codes only be available to pediatric providers.

Response: DHCS will take this into consideration.

2. Members asked whether pediatricians should be considered specialty providers to ensure appropriate referrals.

Response: DHCS will take this into consideration.

F. Current Budget Allocation Overview

Cortney Maslyn, Division Chief, ISCD

Provided an overview of the current budget allocation, including a comparison of CHDP, Health Care Program for Children in Foster Care (HCPFC), and California Children Services (CCS) programs and funding.

Summary of Discussion:

1. Members requested further clarification on the data and methodology that inform the county allocations for the CHDP, HCPFC, and CCS programs.

Response: DHCS will take this into consideration

2. Members stressed the importance of keeping counties whole and ensuring that reallocation focuses on supporting the children and families currently served by CHDP.

Response: DHCS will take this into consideration.

3. Members reiterated that this workgroup meeting serves as the starting point and emphasized the need for additional discussions as the CHDP Transition progresses.

Response: DHCS will take this into consideration.

G. CHDP Budget Overview *Cortney Maslyn*

Provided an overview of the current CHDP budget allocation

Summary of Discussion:

1. Members requested additional discussion around the transition of CHDP staff, taking into consideration skillsets.

Response: DHCS will take this into consideration.

2. Members asked whether DHCS will retain any CHDP funds to support the fee-for-service population that will remain following the CHDP transition.

Response: DHCS will take this into consideration.

3. Members suggested DHCS consider additional avenues for the reallocation of CHDP funds, including funding required Managed Care Plans (MCP) activities (e.g., provider trainings and home visits).

Response: DHCS will take this into consideration.

4. Members suggested DHCS consider funding whole child model counties with a portion of CHDP funds.

Response: DHCS will take this into consideration

H. HCPCFC Budget Overview

Cortney Maslyn

Provided an overview of the current HCPCFC budget allocation

Summary of Discussion:

1. Members suggested DHCS share information about the amount of funding available for reallocation toward HCPCFC.

Response: DHCS will take this into consideration.

2. Members requested reviewing and updating the base allocation in light of the caseload ratio for Public Health Nurses (PHN)s.

Response: DHCS will take this into consideration.

I. CLPP Budget Overview
Cortney Maslyn

Provided an overview of the current CHDP Childhood Lead Prevention Program (CLPP) budget allocation

Summary of Discussion:

1. Members requested further clarification between CLPP, which is part of CHDP, and CLPPB, which is a separate CDPH program with a distinct allocation.

Response: DHCS will take this into consideration.

Action Item: DHCS will address this distinction at the upcoming workgroup meeting on CLPP activities.

J. CCS Budget Overview
Cortney Maslyn

Provided an overview of the CCS budget, including the budget timeline and impacts from the public health emergency.

Summary of Discussion:

1. Members requested that DHCS separate the CCS budget from CHDP and use other existing avenues of communication for CCS discussions.

Response: DHCS will take this into consideration

K. Future Budget Allocation

Cortney Maslyn

Discussed the planned reallocation of CHDP funds and gathered Workgroup members' suggestions and insight into the redistribution of funds.

Summary of Discussion:

1. Members suggested transitioning CHDP staff into county public health departments to assist with provider training, particularly around pediatrics.

Response: DHCS will take this into consideration.

2. Members stated that HCPCFC has historically been underfunded and needs additional support staff in addition to broader administrative support.

Response: DHCS will take this into consideration.

3. Members emphasized the need for cooperation between HCPCFC and Enhanced Care Management (ECM) to avoid silos in care.

Response: DHCS will take this into consideration.

4. Members clarified that the role of ECM providers will vary according to agreements with MCPs in a given county.

Response: DHCS will take this into consideration.

5. Members offered additional county insight to inform a statewide methodology for the reallocation of CHDP funds.

Response: DHCS will take this into consideration.

6. Members requested DHCS take cost of living into account when deciding on the reallocation of CHDP staff and funding, as higher salaries are needed to retain staff in areas with higher costs of living.

Response: DHCS will take this into consideration.

L. Transition of CHDP Staff
Cortney Maslyn

Discussed considerations related to the transition of CHDP staff, including specific staffing categories for existing full-time employees.

Summary of Discussion:

1. Members requested additional time to analyze and gather information related to the discussion questions.

Response: DHCS will take this into consideration.

Action Item: DHCS will include discussion questions in workgroup homework.

2. Members suggested reformatting discussion questions into survey questions and sending out to all county administrators, public health directors, and welfare directors.

Response: DHCS will take this into consideration.

Action Item: DHCS will consider drafting a survey and sending to county administrators, public health directors, and/or welfare directors, as appropriate.

3. Members inquired about the level of Managed Care Division engagement in this transition and the status of efforts to ensure MCPs are aware of and following through on their training responsibilities.

Response: DHCS will take this into consideration.

Action Item: DHCS will follow up with additional detailed information at a later date, including understanding how MCPs will engage with counties as needed.

4. Members stated that transitioning staff is not always a simple shift from CHDP to HCPCFC, as each program necessitates unique skill sets.

Response: DHCS will take this into consideration.

M. Upcoming CHDP Transition Workgroup Meetings
Sarah Brooks

Provided an overview of planned topics for the upcoming workgroup meeting on CLPP.

Daria Moore, Nurse Consultant I, ISCD

Provided an overview of ongoing and planned work around transitioning HCPCFC to a standalone program

Summary of Discussion:

1. Members asked that a future workgroup meeting discuss the Newborn Hearing Screening Program.

Response: DHCS will take this into consideration.

Action Item: DHCS will provide additional detailed information at a later date.

2. Members reiterated their request for opportunities to comment on the transition plan throughout its development.

Response: DHCS will take this into consideration.

N. Public Comment
Sarah Brooks

Opened the meeting up for public comment.

Summary of Discussion:

1. Members of the public requested additional clarification on the delineation of responsibilities for provider training and other activities to avoid duplication of services between local CHDP programs and MCPs.

Response: DHCS will take this into consideration

O. 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 3:40 p.m.