

# Child Health and Disability Prevention (CHDP) Program Transition Workgroup Meeting

# Agenda

|  |           |
|--|-----------|
| Welcome and Meeting Information                  | 1:00-1:05 |
| Roll Call  | 1:05-1:10 |
| Policy Updates                                   | 1:10-1:15 |
| May Meeting Summary                              | 1:15-1:20 |
| Workgroup Feedback: Transition of CHDP Resources | 1:20-1:40 |
| CHDP Transition Communication Plan               | 1:40-1:50 |
| HCPCFC Overview and History                      | 1:50-2:30 |
| CHDP Transition: HCPCFC Standalone Plan          | 2:30-3:10 |
| Public Comment                                   | 3:10-3:25 |
| Next Steps                                       | 3:25-3:30 |

# Workgroup Meeting Scope

- » In accordance with Senate Bill (SB) 184 the Department of Health Care Services (DHCS) is creating a stakeholder engagement process to inform the development and implementation of a transition plan and defined milestones to guide the transition of the CHDP program to other existing Medi-Cal delivery systems or California State Departments including:
  - The Health Care Program for Children in Foster Care (HCPCFC)

# Workgroup Meeting Scope (Continued)

- » The intent of today's meeting is to discuss:
  - » Considerations related to the transition of CHDP resources to support HCPCFC as a standalone program
  - » The development and expansion of program resources to support the transition
  - » Communication of the transition plan

# Housekeeping & Webex Logistics

## Do's and Don'ts of WebEx

- » Participants are joining via computer or phone (link/meeting info on [CHDP Program Transition](#) website)
- » For technical support, email [CHDPProgram@dhcs.ca.gov](mailto:CHDPProgram@dhcs.ca.gov)
- » CHDP Transition Workgroup members: Use the Q&A box to submit Questions
  - To use the “Raise Your Hand” function, click on “Participants” in the lower right corner of your chat box and select the raise hand icon
- » Other participants: Use the “Raise Your Hand” function to provide public comment during the designated portion of the meeting
- » Live closed captioning will be available during the meeting

**Note:** DHCS is recording the meeting for note-taking purposes

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# Workgroup Members

- » **Anne Nadler**, Public Health, Alameda County
- » **Beth Malinowski**, Service Employees International Union
- » **Cheri Stabell**, CHDP Deputy Director, Los Angeles County
- » **Diana Boyer**, County Welfare Directors Association of California
- » **Eileen Espejo**, Children Now
- » **Erin Thuston**, California Department of Social Services
- » **Jack Anderson**, County Health Executives Association of California
- » **Karen Motus**, HCPCFC Program, Los Angeles County
- » **Kate Ross**, California Association of Health Plans
- » **Kenzie (Poncy) Hanusiak**, Partnership Health Plan of California
- » **Kim Saruwatari**, Public Health Director, Riverside County

# Workgroup Members (Continued)

- » **Lori Gardner**, Public Health Program Manager, Madera County
- » **Mary Giammona, MD**, Molina Healthcare
- » **Megan Blanchard**, Public Health Nursing Director, Humboldt County
- » **Monica Montano**, California Dental Association
- » **Nancy Netherland**, CHDP Program, MCHAP Parent Representative
- » **Nancy Shifflet**, HCPCFC Program, Shasta County
- » **Tamica Foots-Rachal**, Family Voices of California
- » **Rebecca Sullivan**, Local Health Plans of California
- » **Shakoora Azimi-Gaylon**, California Department of Public Health
- » **Tanesha Castaneda**, Program Manager, Santa Barbara County
- » **Yasangi Jayasinha**, American Academy of Pediatrics California

# Department of Health Care Services Team

- » **Susan Philip**, Deputy Director, Health Care Delivery Systems
- » **Joseph Billingsley**, Assistant Deputy Director, Integrated Systems of Care
- » **Cortney Maslyn**, Division Chief
- » **Sabrina Atoyebi**, Branch Chief
- » **Barbara Sasaki**, Section Chief
- » **Janeen Newman**, Unit Manager
- » **Daria Moore**, Nurse Consultant I
- » **Eva Sanchez**, Health Program Specialist I
- » **Clarissa Sampaga**, Special Programs Analyst

# California Department of Social Services (CDSS) Team

- » **Valerie Earley**, Chief, Child and Youth Permanency Branch
- » **Erin Thuston**, Branch Chief, Family Permanency and Support Services

## Guest Speakers

- » **Carol Brown**, Alameda County
- » **Susan Bullard**, Public Health Nurse Consultant

# Sellers Dorsey Team

- » **Mari Cantwell**, Managing Director, California Services/Strategic Advisor
- » **Sarah Brooks**, Director/Project Director
- » **Laurie Weaver**, Senior Strategic Advisor/Subject Matter Expert
- » **Jill Hayden**, Director/Subject Matter Expert
- » **Felicia Spivack**, Director/Subject Matter Expert
- » **Alex Kanemaru**, Senior Consultant/Project Manager
- » **Olivia Brown**, Consultant/Project Manager

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# Policy Updates



# Policy Updates

- » CHDP, HCPCFC, and CHDP Childhood Lead Poisoning Prevention (CLPP) allocation letters for fiscal year (FY) 2023-24 will be released soon.
- » CHDP Unwinding Program Guidance
  - CHDP program letter will be released shortly with guidance regarding FY 2023-24 program activities.

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# May Meeting Summary



# May Meeting Summary

- » During the May meeting, the CHDP Transition Workgroup convened to discuss CHDP activities related to:
  - CHDP-CLPP
  - Newborn Hearing Screening Program (NHSP)
  - Oral Health Screening
  
- » DHCS has requested feedback on topics including:
  - Considerations and suggestions for reallocation of CHDP-CLPP funds and staff
  - Proposed process for the NHSP following the transition
  - Oral Health Screening responsibilities and requirements following the transition

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# **Workgroup Feedback: Transition of CHDP Resources**



# 3/22 Workgroup Feedback Summary (Continued)

| Workgroup Feedback  | DHCS Response  |
|---|--|
| <p>Does DHCS intend to provide guidance as to how managed care plans (MCP) should manage the monitoring and reporting for provider training? Our goal is to minimize provider burden and be efficient in counties where multiple plans are prime.</p> | <p>DHCS is evaluating what guidance to provide MCPs. However, there is already Early and Periodic Screening, Diagnostic, &amp; Treatment (EPSDT) provider training guidance that can be found in APL 23-005.</p>   |
| <p>Will DHCS confirm which training programs they will develop for all MCPs to utilize, and who will be responsible for the oversight of continued improvements in the training practices?</p>  | <p>Aside from EPSDT, DHCS does not currently intend to develop specific training programs for MCPs, although DHCS will continue to provide the CHDP-developed provider training currently on the DHCS website as a resource for MCPs. MCPs are ultimately responsible for ensuring the high-quality provision of the EPSDT benefit by whatever means necessary, which may require MCPs to oversee continued improvements in their provider training practices.</p> |

# 3/22 Workgroup Feedback Summary (Continued)

| Workgroup Feedback   | DHCS Response   |
|--|---|
| <p>Will counties continue to receive this separate allocation of funding to be able to continue this specific work (MRR) in provider education?</p>  | <p>For FY 23-24, allocations will remain the same as FY 22-23. MCPs are required to conduct chart audits as part of regular Facility Site Reviews (FSR) and Medical Records Reviews (MRRs). MCPs conduct provider trainings, per their contact with DHCS. MCPs must document biannual provider training, including EPSDT-specific training.</p> |
| <p>Will DHCS consider leaving CHDP-CLPP in place, call it a different name, or have increased allocation so that county public health nurses can continue this work? Increased allocation would be warranted since the new target audience would be all managed care pediatricians/family practice providers and not just enrolled CHDP providers.</p> | <p>No, when the CHDP program sunsets, CDPH and/or MCPs will administer lead prevention through existing programs.</p>   |

# 3/22 Workgroup Feedback Summary (Continued)

| Workgroup Feedback  | DHCS Response   |
|---|---|
| What is the status of the HCPCFC MOU?                                   | DHCS is in the process of creating the MOU between DHCS and the counties. The MOU will provide clarity on local program administration and oversight.   |
| How will the HCPCFC administrative budget be determined?                | DHCS will take into account current administrative positions that support standing up the HCPCFC program. DHCS is exploring how to allocate CHDP administrative funds to HCPCFC. DHCS is assessing the FY 2022-23 baseline budget along with yearly submissions that provide full time employees (FTE), administrative position salaries, and other administrative costs associated to stand up HCPCFC. |
| What is the plan for fee-for-service (FFS) patients after CHDP sunsets? | DHCS is currently working to identify the potential population that will remain in FFS. DHCS' initial review of the data shows the number of children receiving services through CHDP has decreased in FY 2022-23 as a result of the mandatory managed care enrollment in January 2023. DHCS will continue to engage and will include the final decision in the transition plan.                        |

# Workgroup Discussion



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# CHDP Transition Communication Plan



# CHDP Transition Communication To Date

- » The Governor's Proposed FY 22-23 Budget
- » The initial [Proposal to Discontinue the CHDP Program](#)
- » CHDP Program Letter / Provider Notice 22-02 and 22-06
  - Medi-Cal Provider Bulletin
  - CHDP Program Email
  - [CHDP Program Letters Webpage](#)
- » References and past meeting materials can be found on the [CHDP Transition Webpage](#)

# CHDP Transition Communication Plan

- » Updates and transition plan action items will be communicated via:
  - DHCS Updates:
    - [CHDP Transition Stakeholder Engagement Meetings](#)
    - Quarterly CHDP Executive Committee Meetings
    - Quarterly HCPCFC Statewide Meetings
  - Website:
    - Updates will be shared on the [CHDP Transition website](#) as they become available
    - Webpage revision to direct to new resources and planning information

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# Health Care Program for Children in Foster Care (HCPCFC) History and Overview



# HCPCFC Legislative Authority

- » **The State Budget Act of 1999:** Appropriated State General Funds to the CDSS to increase the use of public health nurses to meet the health care needs of children in foster care.
- » **Assembly Bill 1111 (1999):** Enabling legislation for HCPCFC. It defined the components of the program and added to the [Welfare and Institution Code, Section 16501.3\(a\) through \(e\).](#)

# HCPCFC: CDSS and DHCS in Partnership

- » Interagency agreement to maintain public health nurses in the Child Welfare Services Program
- » Quarterly meetings between CDSS and DHCS
- » Ongoing collaboration (i.e., letters, data, etc.)
- » CDSS determines the HCPCFC county allocations based on caseload

# History of Public Health Nurses in HCPCFC

- » Foster care stakeholders
- » Code Blue
  - Recommendation to hire public health nurses
  - Title 19 funding and federal match
  - Placed in county child welfare offices and probation offices

# Psychotropic Oversight and Monitoring

- » Involvement of public health nurses in the HCPCFC
- » Role of public health nurses in oversight and monitoring
- » Barriers to public health nurses providing oversight and monitoring

# Workgroup Discussion



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# **CHDP Transition HCPCFC Standalone Plan**



# HCPCFC Program Description

- » HCPCFC is administered through the local public health department CHDP to provide public health nursing expertise in meeting the medical, dental, mental, and developmental health needs of children and youth in court-ordered out-of-home placement, or foster care.
- » The public health nurse works in collaboration with the child's social worker or probation officer to ensure the needed health care resources are provided.
- » For more information, please visit the DHCS HCPCFC Program website: <https://www.dhcs.ca.gov/services/hcpcfc>

# HCPCFC Standalone Overview

- » HCPCFC will be a standalone program effective July 1, 2024
- » HCPCFC stakeholder engagement:
  - Quarterly HCPCFC statewide meetings
  - HCPCFC subject-based subcommittees
  - Today's [CHDP Transition Stakeholder Engagement Meeting](#)
  - Individual Feedback sent to: [HCPCFC@dhcs.ca.gov](mailto:HCPCFC@dhcs.ca.gov)

# SB 184 Requirements for HCPCFC

## » [CA Health & Safety Code § 124024](#)

- (a)(2)(C) A plan to fund the administrative and services costs of the Health Care Program for Children in Foster Care to meet statutory requirements.
- (a)(2)(D) An analysis and plan for retaining existing local CHDP positions through the exploration of new partnerships and roles, or through bolstering existing programs that can leverage CHDP expertise, or through both.
- (a)(5) Take actions necessary, in consultation with the State Department of Social Services, to continue the Health Care Program for Children in Foster Care, including entering into contracts pursuant to subdivision (f) of Section 16501.3 of the Welfare and Institutions Code

# Current Program Funding

- Current CHDP Funding

| FY 2022-23   | Total Funds         | State General Fund  | Federal Funds       |
|--------------|---------------------|---------------------|---------------------|
| <b>Total</b> | <b>\$33,962,000</b> | <b>\$12,115,250</b> | <b>\$21,846,750</b> |

- Current HCPCFC Funding

| FY 2022-23                                       | Total Funds         | State Funds         | Federal Funds       |
|--|---------------------|---------------------|---------------------|
| Base Allocation                                  | \$32,682,000        | \$8,171,000         | \$24,512,000        |
| Psychotropic Medication Monitoring and Oversight | \$6,600,000         | \$1,650,000         | \$4,950,000         |
| Caseload Relief                                  | \$15,400,000        | \$3,850,000         | \$11,550,000        |
| <b>Total</b>                                     | <b>\$54,682,000</b> | <b>\$13,671,000</b> | <b>\$41,011,000</b> |

# Administrative Budget Considerations

- » DHCS is taking into account current administrative positions that support standing up the HCPCFC program.
  - Support staff positions
  - Supervising public health nurses
  
- » Additionally, DHCS is considering:
  - Operating expenses (travel, training, office expenses communications, postage, supplies, utilities)

# HCPCFC Standalone New Guidance

- » MOU between DHCS and local programs
  - Topics to include:
    - General local program administration and oversight
    - Local MOU/interagency agreement
    - Program policy and procedure guidelines
    - Staff onboarding and supervision
    - Staff system access
    - Reporting and record keeping requirements
    - Staffing requirements

# HCPCFC Revisions

» DHCS is revising the following:

- Program manual
- Performance measures
- Financial policies and procedures
- Website
- Tools/forms

# HCPCFC Revisions (Continued)

## » HCPCFC financial policies and procedures

- Updated Program Manual and MOUs with the counties will include the following topics:
  - Budgeting
  - Invoicing
  - Time study
  - Document submission procedure and timing
  - Federal financial participation
  - Removing current budget expense restrictions

# HCPCFC Revisions (Continued)

## » Program manual

- Subject addressed:
  - Quick reference guide
  - Scope of work
  - Documentation requirements
  - Confidentiality and consent
  - Psychotropic medication monitoring and oversight specific procedures
  - Workflows/checklists
  - Forms/tools
  - Applicable regulation
  - Resource and frequently used contact lists
  - Use of systems (MEDS, Medi-Cal Rx, etc.)
  - Understanding child welfare and probation
  - Performance measures

# HCPCFC Revisions (Continued)

## » Website expansion:

- HCPCFC public contact list
- HCPCFC letters/notices page
  - Including links to applicable CDSS letters and notices
- Educational resources and reference materials
- Program brochure
- Training modules
  - Administrative and financial procedures
  - Scope of work, accessing resources
  - Use of program forms and tools
- Current and past program documents

# Discussion Questions



# Discussion Questions

- » Are there any gaps that will be created when HCPCFC becomes a standalone program?
- » Are there any additional topics we should consider adding to the MOU to provide support and guidance to the HCPCFC program?

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# Public Comment



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# Next Steps

## » Following this meeting, DHCS will:

- Post the meeting summary to the CHDP Transition [Website](#)
- Request feedback on considerations related to establishing HCPCFC as a standalone program.

## » Looking ahead, DHCS intends to:

- Hold a capstone meeting to discuss outstanding feedback and provide updates on the CHDP Transition Plan. The specific date and time for the capstone meeting will be communicated once finalized.
- Provide an opportunity for public comment on the CHDP Transition Plan.
  - To date, DHCS has been leveraging workgroup feedback to update and clarify the CHDP Transition Plan.
  - Once DHCS receives feedback from today's workgroup meeting, we will update appropriate sections of the CHDP Transition Plan and address additional outstanding items before releasing the Transition Plan for public comment.

# Contact Information

- » For more information, questions, or feedback regarding the CHDP Transition Workgroup, please email Sarah Brooks at [SBrooks@sellersdorseys.com](mailto:SBrooks@sellersdorseys.com) and Olivia Brown at [OBrown@sellersdorseys.com](mailto:OBrown@sellersdorseys.com)
- » For assistance in joining the CHDP Transition Workgroup meetings, including information about meeting details and obtaining assistive services, please email [chdpprogram@dhcs.ca.gov](mailto:chdpprogram@dhcs.ca.gov)

**Thank You!**

