



Department of Health Care Services (DHCS) Child Health and Disability Prevention Program (CHDP) Transition Workgroup Capstone Meeting Summary

I. CHDP TRANSITION WORKGROUP MEMBERS

A. ATTENDED

Anne Nadler; Beth Malinowski; Cheri Stabell; Diana Boyer; Eileen Espejo; Erin Thuston; Jack Anderson; Kamalpreet Uppal (delegate for Laurie Gardner); Karen Motus; Lori Gardner; Mary Giammona, MD; Megan Blanchard; Nick Lutton (delegate for Tamica Fouts-Rachal); Rebecca Sullivan; Tanesha Castaneda; Yasangi Jayasinha

B. DID NOT ATTEND

Kate Ross; Kenzie (Poncy) Hanusiak; Kim Saruwatari; Monica Montano; Nancy Netherland; Nancy Shifflet; Shakoora Azimi-Gaylon

C. DHCS STAFF ATTENDED

Adrienne McGreevy; Barbara Sasaki; Chana Lucero; Clarissa Sampaga; Cortney Maslyn; Courtney Wagner; Dana Durham; Eva Sanchez; Joseph Billingsley; Lauren Mason; Linh Le; Sabrina Atoyebi; Samantha Fraser; Stacy Nguyen; Venus Benavidez; Janeen Newman

D. DHCS CONSULTANTS, SELLERS DORSEY ATTENDED

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

E. PUBLIC ATTENDED: 251

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, reviewed previous meeting topics, and provided an overview of the meeting scope and agenda.

Olivia Brown, DHCS Consultant with Sellers Dorsey

Reviewed housekeeping items.

B. Roll Call

Sarah Brooks

Conducted a roll call of Workgroup members, the Integrated Systems of Care Division (ISCD) and other DHCS Sister Division representatives, and the Sellers Dorsey team.

C. Policy Updates

Sabrina Atoyebi, Chief, Medical Operations Branch, ISCD

Janeen Newman, Unit Chief, Medical Operations Branch, ISCD

Provided updates on forthcoming DHCS publications, including CHDP Program County Guidance for Activities in FY 2023-2024 and the Health Care Program for Children in Foster Care (HCPCFC) Program Manual.

D. Workgroup Feedback

Samantha Fraser, Associate Governmental Program Analyst, Medi-Cal Eligibility Division (MCED)

Reviewed workgroup feedback and DHCS responses from the May 3 workgroup meeting pertaining to Children's Presumptive Eligibility (CPE) and dental and oral health.

Linh Le, Branch Chief, Medi-Cal Dental Services Division (MDSB)

Reviewed workgroup feedback and DHCS responses from the May 3 workgroup meeting pertaining to dental services and screenings.

Adrienne McGreevy, Section Chief, Managed Care Quality and Monitoring Division (MCQMD)

Reviewed workgroup feedback and DHCS responses from the May 3 workgroup meeting pertaining to Managed Care Plan (MCP) responsibilities related to dental and oral health.

Barbara Sasaki, Section Chief, Medical Operations Branch, ISCD

Reviewed workgroup feedback and DHCS responses from the May 3 and June 14 Workgroup meetings related to county responsibilities, Newborn Hearing Screening Program (NHSP), and closed loop referrals.

Adrienne McGreevy

Reviewed workgroup feedback and DHCS responses from the June 14 workgroup meeting related to MCP responsibilities.

Summary of Discussion:

1. Workgroup members inquired about a timeline for the release of the memorandum of understanding (MOUs) between the local health jurisdictions (LHJs) and MCPs.

Response: DHCS will take this into consideration.

2. Workgroup members flagged that there is an option on the Medi-Cal application asking whether applicants need additional assistance and asked whether that field will be removed from the application or whether California Department of Social Services (CDSS) will take on follow-up responsibilities.

Response: DHCS will take this into consideration.

Action Item: DHCS will follow up on this inquiry and provide clarification, as needed, in the CHDP Program Transition Plan or other avenues of communication.

3. Workgroup members inquired about the timeline for the release CHDP County Guidance for Activities in FY 2023-2024.

Response: DHCS is working to release this guidance as soon as possible recognizing counties need it for FY 2023-2024 activities.

Action Item: DHCS is exploring the possibility of sharing a draft of the CHDP County Guidance with the County Health Executives Association of California (CHEAC) and other relevant stakeholders to gather input before finalizing the document and posting it publicly.

4. Workgroup members requested additional information about the timing of updated Facility Site Review tool for MCP use.

Response: DHCS is currently validating the tool and included language with a MCP Master Trainer and plans to release the update in an All Plan Letter shortly.

5. Workgroup members emphasized the need for continued follow up for children who have elevated blood levels following the CHDP transition, as MCPs do not have the capacity for this function.

Response: DHCS will take this into consideration and communicate this concern to the California Department of Public Health (CDPH).

6. Workgroup members requested additional detail about the HCPCFC Program Administrator position.

Response: This information will be included in the CHDP County Guidance for Activities in FY 2023-2024, which is currently under internal DHCS review.

7. Workgroup members asked whether DHCS and CDSS are collaborating to ensure continued compliance with the federal mandate for providing services to foster children in HCPCFC.

Response: DHCS and CDSS meet regularly to discuss the CHDP Transition and its impact on the HCPCFC.

8. Workgroup members clarified whether both time studies and site visit files need to be maintained for three years following the CHDP Program sunset.

Response: DHCS will take this into consideration.

Action Item: DHCS will validate that both file types are covered in the forthcoming CHDP County Guidance.

9. Workgroup members emphasized the need for trainings and related materials currently posted on the CHDP Webpage remain available to HCPCFC programs following the CHDP sunset.

Response: DHCS is in the process of updating the HCPCFC webpage to include training materials and other relevant resources.

E. CHDP Program Transition Plan Updates

Barbara Sasaki

Shared an overview of the public comment period for the CHDP Program Transition Plan as well as forthcoming communications.

Samantha Fraser

Discussed recent and forthcoming updates related to Children's Presumptive Eligibility (CPE) in relation to the CHDP Program transition.

Barbara Sasaki

Discussed recent and forthcoming updates related to the fee-for-service (FFS) population; Early and Periodic Screening, Diagnostic, and Testing (EPSDT) Services; HCPCFC; CHDP-Childhood Lead Poisoning Prevention (CLPP); and NHSP.

Summary of Discussion:

1. Workgroup members clarified whether DHCS's intent is for the FFS population to be served by other existing programs.

Response: Yes, that is DHCS's intent. Following the CHDP Sunset, various programs will remain to serve the FFS population, including California Children's Services (CCS), HCPCFC, and Maternal, Child, and Adolescent Health (MCAH) Programs. The CHDP Program sunset will eliminate duplication with these other programs.

2. Workgroup members inquired about the specific information included on resources shared with the families of children enrolled in CPE to ensure it includes information available navigation supports.

Response: DHCS will take this into consideration.

Action Item: DHCS will review the informational fliers and other resources to confirm they are inclusive of these navigation supports.

3. Workgroup members requested clarity on the impact of the CHDP Program transition on the existing CMS director role.

Response: The existing CMS director role will primarily oversee the CCS program.

4. Workgroup members spoke to the value of maintaining a Medical Director position at the local level to guide Public Health Nurses (PHNs) who serve foster children who are not enrolled in managed care.

Response: DHCS will take this into consideration.

5. Workgroup members emphasized the need for multiple HCPCFC Administrative positions for some counties.

Response: DHCS will take this into consideration.

6. Workgroup members suggested DHCS clarify the category of “sub-acute hospitals” in relation to NHSP, as the definition can vary according to context.

Response: DHCS will take this into consideration.

7. Workgroup members stressed the need for DHCS to consider whether the HCPCFC Administrator position will be required to be a licensed PHN, as California licensure has very specific requirements.

Response: DHCS will take this into consideration.

8. Workgroup members inquired as to whether there will be new performance measures for HCPCFC as a standalone program.

Response: DHCS and CDSS are engaging in ongoing discussions about the need for and details of potential performance measures.

F. Public Comment
Sarah Brooks

Provided an opportunity for members of the public to ask questions and share comments.

Summary of Discussion:

1. Members of the public asked whether there are any specific full time equivalent (FTE) guidelines or limits for the HCPCFC Administrator role.

Response: DHCS first needs to go through the budgetary process to determine the amount of funding that will be reallocated to HCPCFC before the Department can provide additional insight.

2. Members of the public inquired about the intent to redirect funding to MCPs for the transition of CHDP activities.

Response: MCPs are already responsible for training and other requirements currently included under CHDP; therefore, funding is already built into MCP rates.

3. Members of the public shared their understanding that some MCPs do not actually provide training, but rather ensure providers are performing contracted services.

Response: MCPs are required to ensure not only that services are provided, but that they are provided correctly. This entails MCPs training providers and all MCPs have a Master Trainer to lead these efforts.

4. Members of the public requested clear delineation of existing CHDP services that are and are not duplicative of current MCP responsibilities.

Response: This information is covered throughout the CHDP Program Transition Plan.

G. Next Steps
Sarah Brooks

Provided information on next steps, including the ongoing public comment period and forthcoming DHCS publications. Workgroup members and members of the public can reach out to CHDPprogram@dhcs.ca.gov with questions related to the CHDP Program transition.

H. Questions Pending DHCS Response

1. How long do we need to keep CHDP provider folders/charts when CHDP sunsets?

Response: More information regarding records retention will be provided in the upcoming CHDP Program County Guidance for Activities in FY 2023-2024.

2. Can DHCS please clarify when the final year program guidance will be issued?

Response: DHCS plans to release the CHDP Program County Guidance for Activities in FY 2023-2024 as soon as possible.

3. The guidance was to notify DHCS if partial or all services would not continue. However, further explanation to notify providers and beneficiaries was related to CHDP services no longer being provided. If a local county draws down funds, but will provide partial services, is the guidance the same?

Response: Yes, the guidance remains the same. When budget workbooks are submitted, claims are submitted only for services provided.

4. Will CHDP providers still be able to take Medi-Cal members even after the sunset of the CHDP program? As long as they are a listed Medi-Cal provider?

Response: CHDP program services have already been incorporated into claims processing and providers will continue to bill as they do today. Providers can bill for any services that they are authorized to render based on their provider type as long as the services are a covered benefit of Medi-Cal. Additionally, if CHDP providers maintain

their status as a Medi-Cal providers, they will be grandfathered into the CPE.

5. Not all members will be ECM eligible nor are there CHW services available in all counties, is the MCP expected to manage oral health and other care management activities if there are no local resources?

Response: MCPs are required to provide care coordination to children and youth under the age of 21, including guaranteeing appropriate and timely access to all needed medical, mental health, substance use disorder, developmental, dental, social, and health education services, coordinating the referrals to all non-covered services, as well as all required specialty and/or other follow-up services for problems identified at well-child visits.

6. Is there an auto enrollment in the MCP after CPE?

Response: CPE is not a program. CPE is a means for providers to grant temporary, full-scope coverage to eligible applicants through an online portal. 8W and 8X are temporary aid codes providing up to 60 days of coverage as they currently do through the CHDP Gateway. 8W and 8X are temporary and are not eligible to plan enrollment. However, if a child is reported to the county and determined eligible for ongoing coverage, any plan enrollment requirements of that county apply. Deemed infant aid code 8U provides coverage up to the child's first birthday without the need for a separate Medi-Cal application. This aid code is currently assigned through the CHDP Gateway and will continue to be assigned when the Gateway is rebranded as CPE. 8U is a mandatory managed care aid code and a plan must be selected. If a plan is not selected, managed care would enroll children into a plan based on their processes for that county.

7. Any changes to the HCPCFC funding?

Response: Yes, there will be a 4th allocation to cover administrative and support costs for the HCPCFC. The specific dollar amount will be available pending the release of the Governor's Proposed Budget in January 2024.

8. When do local programs stop processing New CHDP provider applications?

Response: CHDP county programs should not accept new applications after April 30, 2024, unless they can be completed by June 30, 2024.

9. What will happen with vision and hearing training and provider training? Do we continue to provide vision and hearing training certification? Those who have completed these trainings, will they be grandfathered in once CHDP sunsets?

Response: Trainings already completed will be valid for the 4-year duration. There will no longer be any trainings after the transition of CHDP. More information will be provided in the upcoming CHDP Program County Guidance for Activities in FY 2023-2024.

10. Regarding HCPCFC funding, the Draft CHDP Transition plan states "DHCS will reallocate a portion of the current CHDP budget allocation annually to the HCPCFC to cover administrative costs. The remaining CHDP funds will be reallocated to counties for the California Children's Services (CCS) Monitoring and Oversight efforts. So, can counties expect the same total funding amount as previously allocated to CHDP to be provided to the counties, split between HCPCFC & CCS?

Response: Yes, the CHDP Program Transition was not a cost saving effort; it was intended to remove the duplication of services.

11. Is the HCPCFC "administrator" solution suggesting that funding from CHDP will be transferred to HCPCFC only sufficient to support one position?

Response: No. More information is forthcoming once the Governor's Proposed Budget is approved.

12. Will the funding for HCPCFC go to Local Health Departments (LHDs) or Department of Social Services/Child Welfare Services (DSS/CWS) post-CHDP sunset?

Response: Funding will continue to be provided in the same way that it is now, including the additional funding. It will not be going to the local DSS/CWS. The funding for HCPCFC will be used for administrative and support positions to stand up HCPCFC.

Meeting adjourned at 3:58 pm PST.