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

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

September 28, 2023

Agenda

Welcome and Meeting Information	2:00-2:10
Roll Call	2:10-2:15
Policy Updates	2:15-2:20
Workgroup Feedback	2:20-2:50
CHDP Program Transition Plan Updates	2:50-3:30
Public Comment	3:30-3:45
Next Steps	3:45-4:00

Workgroup Meeting Scope

- In accordance with Senate Bill (SB) 184, the Department of Health Care Services (DHCS) created 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.
- The intent of today's meeting is to:
  - Provide responses to outstanding workgroup feedback
  - Share updates on DHCS' decisions related to key CHDP program components
  - Review the status of the transition plan
  - Outline next steps for the completion of the CHDP program transition

Previous CHDP Program Transition Workgroup Meetings

- Throughout 2023, the CHDP program transition workgroup has convened five times to discuss the following topics:
  - Children's Presumptive Eligibility (CPE) - January
  - Monitoring and Oversight Activities – February
  - Transition of CHDP Program Resources – March
  - CHDP-Childhood Lead Poisoning Prevention Program (CHDP-CLPP) - May
  - Health Care Program for Children in Foster Care (HCPCFC) as a Standalone Program - June
- After each workgroup meeting, DHCS requested feedback related to each topic. DHCS has provided responses to this feedback, which has informed updates to the CHDP program 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
- 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 (CDSS)
- **Jack Anderson,** County Health Executives Association of California
- **Karen Motus,** Health Care Program for Children in Foster Care (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, Medi-Cal Children's Health Advisory Panel 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 (CDPH)
- **Tanesha Castaneda,** Program Manager, Santa Barbara County
- **Yasangi Jayasinha,** American Academy of Pediatrics California

Department of Health Care Services (DHCS) 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 Chief
- **Daria Moore,** Nurse Consultant I
- **Eva Sanchez,** Health Program Specialist I
- **Clarissa Sampaga,** Special Programs Analyst

DHCS Team (continued)

Medi-Cal Eligibility Division (MCED)

- **Daryl Hightower,** Unit Chief

Managed Care Quality and Monitoring Division (MCQMD)

- **Dana Durham,** Division Chief
- **Adrienne McGreevy,** Health Program Specialist II

Medi-Cal Dental Services Division (MDSD)

- **Adrianna Alcala-Beshara,** Division Chief
- **Linh Le,** Branch Chief

Sellers Dorsey Team

- **Sarah Brooks,** Managing 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 Program County Guidance for Activities in Fiscal Year 2023-2024
  - CHDP program staffing
  - CHDP Gateway
  - HCPCFC Public Health Nurse (PHN)
  - Communication and trainings with providers and managed care plans
  - Records Retention
  - CHDP- Childhood Lead Poising Prevention (CLPP) Program
  - County Resources
- HCPCFC Program Manual

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Workgroup Feedback

May Workgroup Feedback – Dental and Oral Health

Workgroup Feedback	DHCS Response
How will DHCS monitor provision of dental screening services in the Fee-For-Service (FFS) delivery system while children have CPE coverage?	DHCS will continue its current process for FFS dental services while these children have presumptive eligibility. FFS children will continue to be monitored through Annual Dental Visits.
Will outreach occur to Medi-Cal dental providers informing them that they can become a CPE provider?	Yes, there will be dental provider outreach informing them of how to become a qualified provider of presumptive eligibility (PE).

May Workgroup Feedback – Dental and Oral Health

Workgroup Feedback	DHCS Response
Regarding initial health assessment requirements around dental screenings/oral health assessments, can DHCS clarify the meaning of "all members?" Does this mean all members, regardless of comorbidities?	All members, regardless of comorbidities, should be screened for oral health needs. As to oral health screenings, data is compiled based on age group and doctors' visits to determine the percentage of children that have had an oral health screening or dental examination.
How will the dental managed care (DMC) plan outreach to members lost to follow up? Will there be an email box for this purpose so DHCS staff can assist those families lost to follow up, similar to the Newborn Hearing Screening Program (NHSP) referral email box?	The DMC plans would conduct continual outreach to members per their processes. DHCS does have a general dental email box for any and all types of inquiries at Dental@dhcs.ca.gov.

May Workgroup Feedback – Dental and Oral Health (continued)

Workgroup Feedback	DHCS Response
What is the plan for training medical providers on how to appropriately conduct oral health screenings along with fluoride varnish (FV) application and oral health education in the medical setting? Who is responsible to ensure this training occurs?	DHCS has clarified the training requirements pertaining to FV application and oral health education in its facility site review process for site facility reviewers to ensure medical providers are appropriately trained.
Workgroup members emphasized the utility of the retired PM-160 form for tracking dental health assessments and ensuring MCP follow up. Could community health workers (CHWs) assist in coordinating care for enrolled Medi-Cal members, similar to the role of the MCP liaison?	While the form has valuable information and some important elements, we recognize the importance of having conversations at the local level as we evolve into using electronic formats. Community health workers are able to assist with coordinating care for the Medi-Cal members, but there should still be a MCP liaison available to assist as needed.

May Workgroup Feedback – Managed Care (continued)

Workgroup Feedback	DHCS Response
Will all children enrolled in a MCP have a care manager for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services?	Only children who require additional care coordination will require a care manager.
Will the annual staff trainings be rolled into the newly required EPSDT training requirement?	DHCS is providing an EPSDT training for both FFS and MCP providers, but the EPSDT training is only required for MCP providers.

May Workgroup Feedback – Managed Care (continued)

Workgroup Feedback	DHCS Response
Can the workgroup facilitate connections between the local health jurisdiction (LHJ) CHDP programs and the MCPs that serve the area?	There may be an opportunity to assist if there is difficulty connecting, but MCPs will have a Memorandum of Understanding (MOU) in place with the LHJs as an avenue to collaborate.
What will MCPs do if nursing staff is not available to help transition on a local level?	DHCS is in communication with MCPs and encourages them to have a robust engagement process with their local partners, including CHDP program staff, prior to the sunset of CHDP.

May Workgroup Feedback – County Responsibilities

Workgroup Feedback	DHCS Response
How long should counties keep CHDP program provider files after the sunset?	It is at the discretion of the local programs to develop guidelines and policies based on regulations that govern retention of medical and administrative records and retain files for the longer period of time. Local programs and CHDP providers are required to retain all administrative, financial and programmatic records, supporting documents, statistical records and other records of recipients for three (3) years, or following county guidelines and policy, whichever is longer.

May Workgroup Feedback – County Responsibilities (continued)

Workgroup Feedback	DHCS Response
Given staffing limitations, what will counties be accountable for? Should counties accept their allocation?	Continued acceptance of funds throughout the fiscal year is an agreement that the local program is in compliance with all federal and state regulations pertaining to CHDP program and adhering to all applicable policies and procedures set by DHCS. Each local program is responsible for overseeing and tracking its expenditures. Additional information and resources will be shared once they become available.

May Workgroup Feedback – NHSP

Workgroup Feedback	DHCS Response
Since some newborns will be in FFS, not yet in MCPs, and they may be high risk for hearing loss, perhaps they can also be referred to California Children's Services (CCS) for coverage under diagnostic services. For newborns enrolled in MCPs, there may be a group considered eligible for enhanced care management (ECM).	Babies enrolled in Medi-Cal are referred to the CCS Program when they have a medically-eligible condition such as hearing loss. DHCS can reach out to an infants' local county CCS office or ECM community worker to request assistance with locating the family to facilitate follow up.

May Workgroup Feedback – NHSP (continued)

Workgroup Feedback	DHCS Response
How will DHCS and hearing coordination centers (HCC) work together to address potential loss to follow-up? Many CHDP programs locate families locally for follow up. Will this same level of outreach and engagement occur by DHCS and HCCs? How will performance of these activities be monitored and reported?	DHCS and the HCCs will utilize every resource available to find and reach out to families of babies who did not pass their initial hearing screening, offering assistance with scheduling appointments or transportation to/from appointments for hearing rescreening or diagnostic evaluation. The HCCs track each infant and can run data reports identifying the number of infants screened, the number in which outcomes were received, the number lost to follow up (unreachable or passive refusal) and the number who were not lost (tested, had a medical outcome or family refused testing).

May Workgroup Feedback – NHSP (continued)

Workgroup Feedback	DHCS Response
We recommend that the primary care provider and/or HCC staff leverage the community health worker benefit and the ECM benefit to ensure follow-up of a family that has been unable to keep the first appointment and to help identify and provide any necessary social driver of health supports to facilitate an appointment to completion.	MCPs are responsible for all case management services related to EPSDT and have policies and procedures in place to ensure follow-up for missed EPSDT related appointments, which includes follow-up with the families of babies that miss their rescreening or diagnostic appointments.
Workgroup members requested additional delineation between roles and responsibilities of DHCS and HCCs in the absence of the CHDP program.	DHCS is working on a plan to delineate the roles and responsibilities of DHCS and HCCs in the absence of the CHDP program. The plan will include a minimum of 5 attempts to reach lost families.

June Workgroup Feedback – County Guidance

Workgroup Feedback	DHCS Response
When will counties receive guidance about cessation of programming activities? Who will provide oversight in managing transition of institutional knowledge between CHDP and managed care plans?	DHCS is currently working on county guidance for the CHDP transition and plans to share with stakeholders as soon possible. Oversight and managing is not needed since MCPs are providing duplicative activities. DHCS highly encourages the sharing of institutional knowledge and collaboration between counties and MCPs, as appropriate, at the local level.

June Workgroup Feedback – Closed Loop Referrals

Workgroup Feedback	DHCS Response
Who is responsible for conducting Closed Loop Referrals for presumptive eligible and/or children not enrolled in HCPCFC and not assigned to a managed care plan from 7/1/24 (CHDP Program Sunset) until January 2025?	Closed loop referrals are a component of the CalAIM initiative, effective January 2025, and applicable to MCPs. Leading up to the CHDP program transition date, referrals and care coordination for the FFS population will continue to be provided by FQHCs, CCS counties, HCPCFC public health nurses, MCAH staff, county social workers and other community resources such as Enhanced Care Management. Leading up to and after the CHDP transition date, DHCS will provide guidance to providers to ensure they are aware of all covered services and available resources to serve FFS beneficiaries to the extent possible. Please note that closed loop referrals are not a reimbursable service for FFS providers as care coordination is not a benefit of the FFS delivery system.

June Workgroup Feedback – MCP Coordination

Workgroup Feedback	DHCS Response
How will MCPs acquire case management history about presumptively eligible children and/or children not enrolled in HCPCFC who have treatment plans developed between 7/1/24 and 1/2025?	MCPs acquire information on presumptively eligible children who are enrolled in an MCP through a monthly file DHCS sends to each MCP with all services that have been provided to individuals transitioning into the MCP. MCPs are then responsible under EPSDT case management requirements to follow-up with providers and coordinate any needs or services identified for those children prior to MCP enrollment.

Workgroup Discussion

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CHDP Program Transition Plan Updates

Public Comment Period

- DHCS posted the CHDP Program transition plan for public comment from September 26 through October 10, 2023.
- Overview of the updated transition plan:
  - Maintains the structure of the Proposal to Discontinue the CHDP program
  - Additional information about stakeholder engagement and communication
  - Stronger focus on outlining current versus post-transition states and related activities
  - Additional details about key program components and subpopulations, discussed in later slides

CPE Updates

- Additional detail about the maximum length of CPE enrollment periods
- Supports for assisting families in submitting full Medi-Cal applications
- Information and training for provider and provider site staff

EPSDT Updates

- Existing programs other than CHDP are available to provide referrals and care coordination to the FFS population, such as CCS, HCPCFC, and Maternal, Child and Adolescent Health (MCAH) programs
- MCP requirements related to:
  - Ongoing provider training
  - Periodicity and medically necessary inter-periodic health assessments
  - Dental periodicity and related assessments and services
  - Facility site and medical record reviews
  - Data submission and cadence
  - Care coordination and referrals
- Standards to avoid duplication between ECM and other programs

FFS Updates

- Throughout the CHDP program workgroup process, DHCS has been working to establish a plan for the FFS population. To date, DHCS has:
  - Analyzed recent data to determine the size of the existing FFS population
  - Confirmed the majority of the FFS population falls into the CPE category
    - In FY 2022/2023, on average, approximately 2,500 monthly pre-enrollments were processed via the CHDP Gateway.
  - Identified other existing programs that already serve much of this population, creating a duplication of services
  - Ensured alignment with the CalAIM goal of standardizing benefits. Non-CHDP FFS beneficiaries to not receive care coordination
  - Reviewed the entire transition plan through a FFS lens to update appropriately

HCPCFC Updates

- Information about the ongoing collaboration and interagency agreement (IA) between DHCS and CDSS
- Steps to establish HCPCFC as a standalone program, include:
  - Revisions to the HCPCFC Program Manual

HCPCFC Updates: Allowable Classifications

» DHCS has conducted an analysis to determine which existing CHDP program staffing classifications will remain once HCPCFC transitions to a standalone program.

Classifications Currently Funded by CHDP

- Administrator (Non PHN/Physician)
- Supervising Public Health Nurse (PHN)
- Public Health Assistant
- Administrative Support Staff
- Fiscal Support Staff
- Dental – Hygienist
- Nutritionist/Registered Dietician
- Registered Nurse

Classification Currently Funded by HCPCFC

- PHNs

HCPCFC Classifications

- Supervising PHN
- Public Health Assistant
- Administrative Support Staff
- Fiscal Support Staff PHNs

CHDP-CLPP Updates

- Expiration of the current IA between DHCS and CDPH.
- The following activities in the IA will continue to the greatest extent possible between the MCPs and CDPH's, Childhood Lead Prevention Program Branch (CLPPB):
  - Medical Record Review (MRR) of Medi-Cal lead services for compliance with lead screening requirements
  - Provider staff training and point of care testing device training.
- The majority of Medi-Cal children are receiving services from a MCP and thus will be covered under the MCP's MRR and staff training for their contracted providers.

NHSP Updates

- Given previous workgroup discussion, DHCS added a new section dedicated to the NHSP in the CHDP program transition plan. The section outlines:
  - The program's purpose
  - Availability to all newborns born in sub-acute hospitals, regardless of insurance type
  - Role of the HCCs in following up with families of newborns who did not pass hearing screenings
  - Process for sharing family contact information between HCCs and DHCS

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Public Comment

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Next Steps

- Once the public comment period closes on October 10, 2023, DHCS will review feedback and update the transition plan as needed
- DHCS will release:
  - CHDP Program Activities in FY 2023-24
  - Additional communication to counties leading up to July 1, 2024
- DHCS Requirements under SB 184:
  - The department shall issue a certification letter
  - The department shall post the CHDP Program Transition Plan

Contact Information

- For questions related to the CHDP program transition, please email CHDPprogram@dhcs.ca.gov

Thank You!

DHCS