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

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

March 22, 2023

# Agenda

| | |
|---|---|
| Welcome and Meeting Information | 1:00-1:05 |
| Roll Call | 1:05-1:10 |
| Policy Updates | 1:10-1:25 |
| February Meeting Summary | 1:25-1:30 |
| January Workgroup Feedback | 1:30-1:50 |
| Current Budget Allocation Overview | 1:50-2:05 |
| CHDP Budget Overview | 2:05-2:15 |
| HCPCFC Budget Overview | 2:15-2:30 |
| CHDP CLPP Budget Overview | 2:30-2:35 |
| CCS Budget Overview | 2:35-2:55 |
| Future Budget Allocation | 2:55-3:10 |
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| Upcoming CHDP Transition Workgroups | 3:30-3:45 |
| Public Comment | 3:45-3:55 |
| Next Steps | 3:55-4:00 |

# Workgroup Meeting Scope

- In accordance with Senate Bill (SB) 184 the Department of Health Care Services (DHCS) is conducting a stakeholder engagement process to inform the development and implementation of a transition plan and defined milestones to guide the transition of Child Health and Disability Prevention (CHDP) program to other existing Medi-Cal delivery systems or services including:
  - A plan to fund the administrative and services costs of the Health Care Program for Children in Foster Care (HCPCFC) to meet statutory requirements.
  - 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.

# Workgroup Meeting Scope Continued

- The intent of today's meeting is to discuss considerations related to the transition of CHDP resources to support the administrative costs of the HCPCFC program and California Children's Services (CCS) Monitoring and Oversight efforts.
- The DHCS participates in the formal budget process, which occurs during the legislative session. Final decisions related to any reallocation of CHDP resources will take place during this process.
- Discussions during this Workgroup process will be considered as decisions are made relative to CHDP resource reallocation. DHCS will share Workgroup input with control agencies (e.g., Department of Finance) during the legislative process.

# 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 beneficiaries: 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

- **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
- **Kate Ross,** California Association of Health Plans
- **Karen Motus,** HCPCFC Program, LA County
- **Kenzie (Poncy) Hanusiak,** Partnership Health Plan
- **Kim Saruwatari,** Public Health Director, Riverside County
- **Lori Gardner,** Public Health Program Manager, Madera County

# Workgroup Members (continued)

- **Mary Giammona, MD,** Molina Healthcare
- **Megan Blanchard,** Public Health Nursing Director, Humboldt County
- **Nancy Netherland,** CHDP Program, MCHAP Parent Representative
- **Pip Marks,** 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
- **Tooka Zokaie*,** California Dental Association
- **Yasangi Jayasinha,** American Academy of Pediatrics California

* Indicates delegate

# Department of Health Care Services Team

- **Susan Philip,** Deputy Director, Health Care Delivery Systems
- **Joseph Billingsley,** Assistant Deputy Director, Integrated Systems
- **Cortney Maslyn,** Division Chief
- **Sabrina Atoyebi,** Branch Chief
- **Barbara Sasaki,** Section Chief
- **Janeen Newman,** Unit Manager
- **Daria Moore,** Nurse Consultant I

# 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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# Continuous Coverage Unwinding

- **The continuous coverage requirement will end on March 31, 2023, and Medi-Cal beneficiaries may lose their coverage**
- **Medi-Cal redeterminations will begin on April 1, 2023, for individuals with a June 2023 renewal month**
- **DHCS' Top Goal:** Minimize beneficiary burden and promote continuity of coverage
- **How you can help:**
  - Become a **DHCS Coverage Ambassador**
  - Join the DHCS Coverage Ambassador mailing list to receive updated toolkits as they become available
  - Check out the Medi-Cal COVID-19 PHE and Continuous Coverage Unwinding Plan (Updated January 13, 2023)

# Continuous Coverage Unwinding Communications Strategy

- On February 8, 2023, DHCS launched the Medi-Cal renewal campaign, a broad and targeted public information, education, and outreach campaign to raise awareness among Medi-Cal beneficiaries about the return of Medi-Cal redeterminations when the continuous coverage requirement ends on March 31, 2023. The campaign will complement the efforts of the DHCS Coverage Ambassadors that was launched in April 2022.
- **Download** the Phase 2 Toolkit that focuses on Medi-Cal renewals and is customizable for your use.
- **Direct Medi-Cal beneficiaries to the newly launched** KeepMediCalCoverage.org, which includes resources for beneficiaries to update their information and find their local county offices. It will also allow them to sign up for email or text updates from DHCS.

# Workgroup Discussion

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# February Meeting Summary

- During the February meeting, the CHDP Transition Workgroup convened to discuss the following topics:
  - Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) processes, activities, and toolkit.
  - Quality and Population Health Management (QPHM) initiatives to support the CHDP transition.
  - Managed care monitoring and oversight.
- Additionally, the workgroup provided feedback about relevant considerations for today's workgroup meeting. These include, but are not limited to:
  - Need for a better understanding of current staffing and funding levels.
  - Desire for continued, as well as funding for trainings currently provided by county CHDP programs.
  - Adequate funding to support various functions of both California Children's Services (CCS) and Health Care Program for Children in Foster Care (HCPCFC), including HCPCFC administration needs.
  - Emphasis on variations among counties in administrative time currently devoted to CCS, CHDP, and HCPCFC.

# Workgroup Discussion

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# January Workgroup Feedback

Related to Children's Presumptive Eligibility (CPE):

| Question or Feedback | DHCS Response |
|---|---|
| Multiple workgroup beneficiaries inquired about the CHDP transition timeline. | DHCS clarified that the updated CHDP sunset date is July 1, 2024. |
| How will the success of this transition be measured (related to CPE)? | The success of the transition will be measured by: (1) an increase in CPE enrollment; (2) expanded provider network (i.e., number of enrolled qualified providers); and (3) increased movement into Medi-Cal. |
| Multiple workgroup beneficiaries inquired about the potential for non-pediatric providers to provide/bill for pediatric services. | Oversight for all Medi-Cal providers exists. If there is excessive billing or billing for services outside the provider's scope of practice, providers may be subject to billing and records audits. If deficiencies are found, providers may be subject to limitation until they provide timely verification to address discrepancies in billings or services billed. |
| Multiple workgroup beneficiaries expressed concerns about children whose families do not fill out a Medi-Cal application or who cannot afford insurance. | If the CPE beneficiary fails to apply for Medi-Cal, CPE eligibility ends just as it does under current presumptive eligibility regulation. Healthcare affordability remains an issue; however, income limits for children remain higher, at 266% of the federal poverty level (FPL), to expand access. |

# January Workgroup Feedback (continued)

elated to CPE:

| Question or Feedback | DHCS Response |
| --- | --- |
| Multiple workgroup members inquired about supports to ensure families understand the CPE process and can find a qualified provider. | The CPE provider will guide families through the CPE application process, share the CPE eligibility determination, and offer a Medi-Cal application.<br><br>Provider site staff must complete CPE trainings before they can make a CPE determination. CPE providers and staff, should encourage families to apply for Medi-Cal to meet their ongoing and routine healthcare needs, as current CHDP providers do.<br><br>All new CPE providers must undergo a computer-based training and will have access to provider training materials. The Telephone Service Center is available for assistance during business hours. Providers can also e-mail the CPE inbox with technical issues and will be referred to our Fiscal Intermediary Gainwell Technologies for resolution.<br><br>To assist families in finding qualified providers, presumptive eligibility providers are listed on DHCS landing pages and updated periodically. CPE provider lists and landing page will be launched on the DHCS website. |

# January Workgroup Feedback (continued)

Related to CPE:

| Question or Feedback | DHCS Response |
|---|---|
| What happens for those over age 18? | CPE only covers up to and including age 18. If someone over age 18 needs presumptive eligibility, Hospital Presumptive Eligibility (HPE) is a potential avenue. |
| Children in foster care need additional support in navigating the CPE system due to caregiver transitions. | If a child in foster care is enrolled in Medi-Cal, they do not need to disenroll every time a new caregiver is assigned and their Medi-Cal coverage would remain active throughout the transition. |

# Workgroup Discussion

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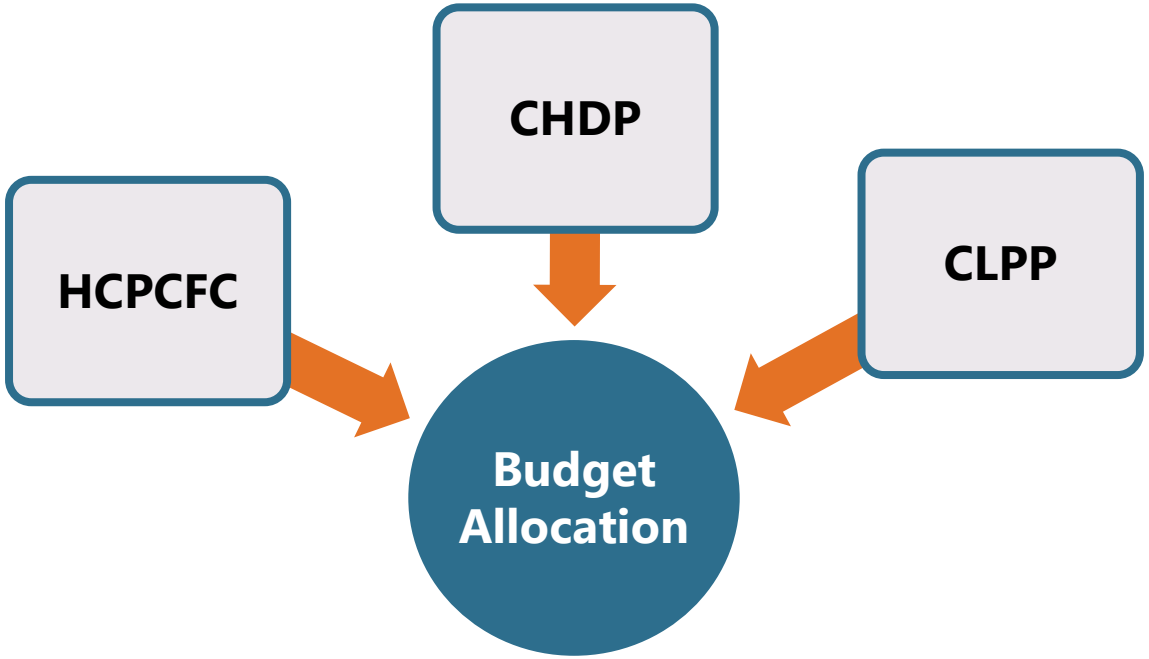
# Current Budget Allocation Overview

# Programs – Current State

| | CHDP | HCPCFC | CCS Program |
|---|---|---|---|
| Populations Served | Medi-Cal eligible children and youth, including those who are presumptively eligible. | Children and youth in out-of-home placement. | Children under age 21 with CCS-eligible medical conditions. |
| Program Activities | Provides complete health assessments for the early detection and prevention of disease and disabilities for low-income children and youth. Oversees screening and follow-up components of federally mandated EPSDT. Training providers and conducting site visits. | A public health nursing program located in county child welfare service agencies and probation departments to provide public health nurse (PHN) expertise in meeting the medical, dental, mental, and developmental needs, of children and youth in foster care. | Provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to eligible populations. |
| Funding | Not caseload-based – Administrative<br>Funding Source – state General Fund and federal funds | Caseload-based<br>Funding Source – state General Fund and federal funds | Caseload-based<br>Funding Source – county funds, state General Fund, and federal funds |

# Current Budget Allocation

- Presently, the budget allocation for CHDP, in part, funds the administration of HCPCFC and the Childhood Lead Poisoning Prevention Program (CLPP).
- As part of this transition, CHDP funds will be reallocated in accordance with SB 184.
- During today's meeting, we will not decide on budgetary adjustments; however, we welcome open dialogue to inform DHCS' decision-making process.



# Fiscal Year 2023-2024 Allocation

| CHDP | HCPCFC | CCS | CHDP CLPP |
|---|---|---|---|
| Allocations will remain the same as FY 2022-23. | • Psychotropic medication monitoring and oversight (PMM&O) Caseload Relief will remain the same as FY 2022-23<br>• Base Allocation will be recalculated. | Allocations will be based on the forecast assumptions. | Allocations will remain the same as FY 2022-23. |

** This information is preliminary and subject to change. The target FY 2023-24 CHDP, HCPCFC, and CHDP CLPP Allocation Letter release date is July 1, 2023.*

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# CHDP Budget Overview

# CHDP Budget Overview

- Allocations for CHDP program requirements as set forth in Health and Safety Code, Article 6, Section 124025 et seq. and Article 4.7, Section 14148.3 of the Welfare and Institutions Code and support CHDP care management and conducting CHDP provider oversight, training, and enrollment
- The CHDP County Allocation is provided to individual local government agencies (58 counties and 3 cities) and controlled on an accrual basis. CHDP County Allocations include:
  - CHDP staffing
  - CHDP operational expenses
  - Administrative functions for the HCPCFC program
  - Administrative functions for the CLPP

# Fiscal Year 2022-23 CHDP Statewide Allocation

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

» CHDP County Allocations are posted online at: FY-2022-23-CHDP-Allocation-Letter

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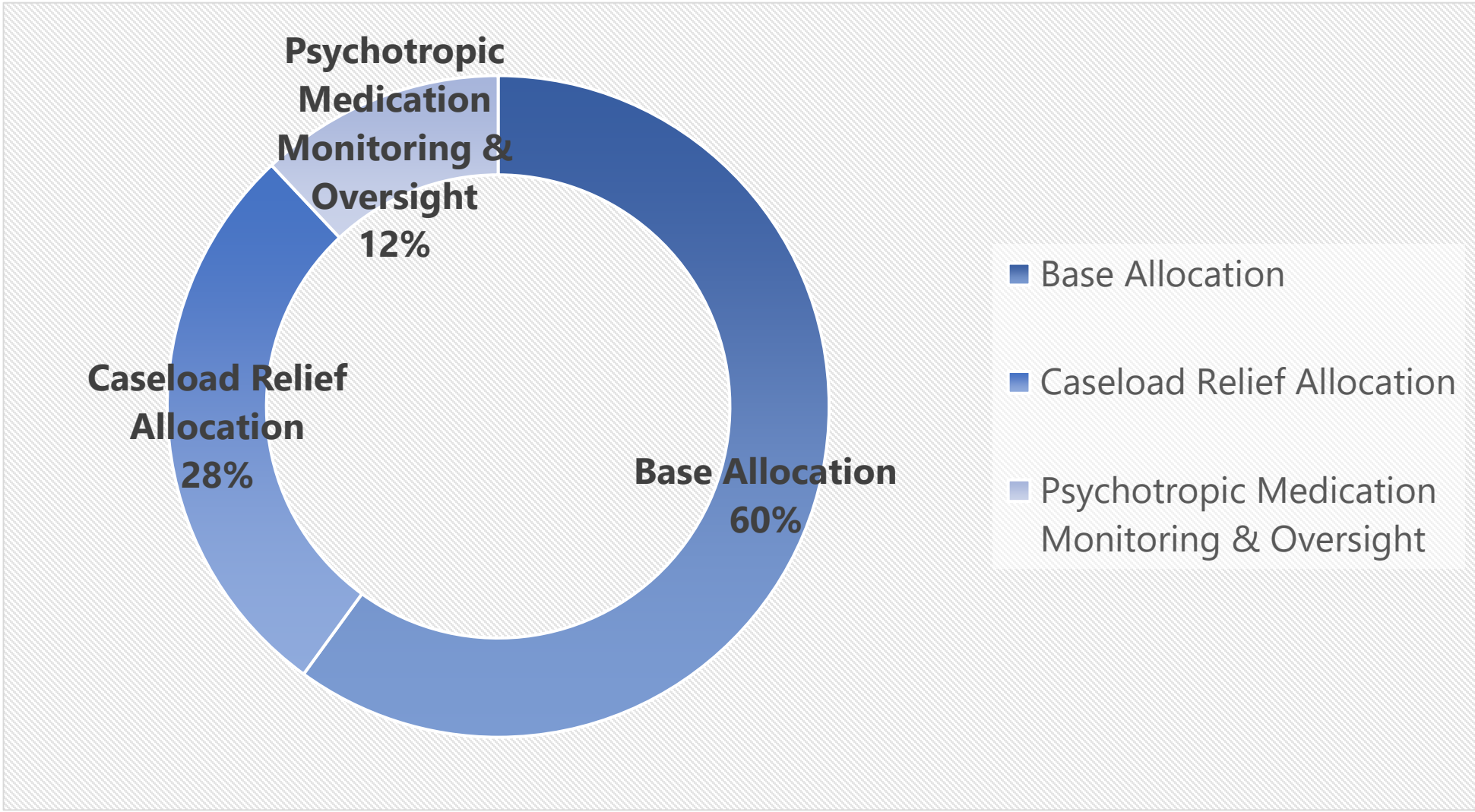
# HCPCFC Budget Overview

# HCPCFC Budget Overview

- Allocations for the HCPCFC program supports public health nursing programs located in county child welfare service agencies and probation departments to provide expertise in meeting the medical, dental, mental, and developmental needs, of children and youth in foster care.
- The HCPCFC County Allocation is provided to individual local government agencies (58 counties and 3 cities) and the HCPCFC County Allocations include:
  - Base – Public Health Nurse funding of case management
  - Psychotropic Medication Monitoring and Oversight - Public Health Nurse funding for monitoring and oversight of psychotropic medications.
  - Caseload Relief- Additional supplemental staff funding

# HCPCFC Budget Allocation




Source: *FY 22-23-HCPCFC-Allocation-Letter*

# HCPCFC Allocation Methodology

- HCPCFC allocation is determined by the county/city's portion of the statewide caseload.
- Caseload data is provided by the California Department of Social Services (CDSS) and reflects averages taken from the most recently complete calendar year (FY 22-23 allocation was based upon CY 2021 data).

# FY 2022-23 HCPCFC Statewide Allocation

| FY 2022-23 | Total Funds | CDSS Provided State General Fund | 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 |
| **Total** | **$54,682,000** | **$13,671,000** | **$41,011,000** |

HCPCFC County Allocations are posted under CHDP Program Letters and Provider Information Notices. The FY 2022-23 county allocation letter can be found here.

*Source: Medi-Cal Local Assistance Estimate*

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# CHDP CLPP Budget Overview

# CHDP CLPP Budget Overview

- Allocations for the CHDP CLPP program support the provision of home visitation, environmental home inspections, and nutritional assessments to families of children found to be severely lead poisoned. Additionally, the CHDPCLPP provides telephone contacts and educational materials to families of lead-poisoned and lead-exposed children.
- The allocation is provided to all 58 counties.

# CHDP CLPP Statewide Budget Allocation

- The CHDP CLPP budget is a separate budget stream; following the CHDP transition, funding for CHDP CLPP will be directed to the California Department of Public Health (CDPH), which will use the funding to continue the administration of the CLPP.

| Allocation | |
|---|---|
| FY 2022-23 | State General Fund |
| | $805,111 |

| Expenditure | |
|---|---|
| FY 2022-23 | State General Fund |
| | $109,730 |

CLPP allocation letters are posted under CHDP Program Letters and Provider Information Notices. The FY 2022-23 county allocation letter can be found at FY-2022-23-CHDP-CLPP-Allocation-Letter

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# CCS Budget Overview

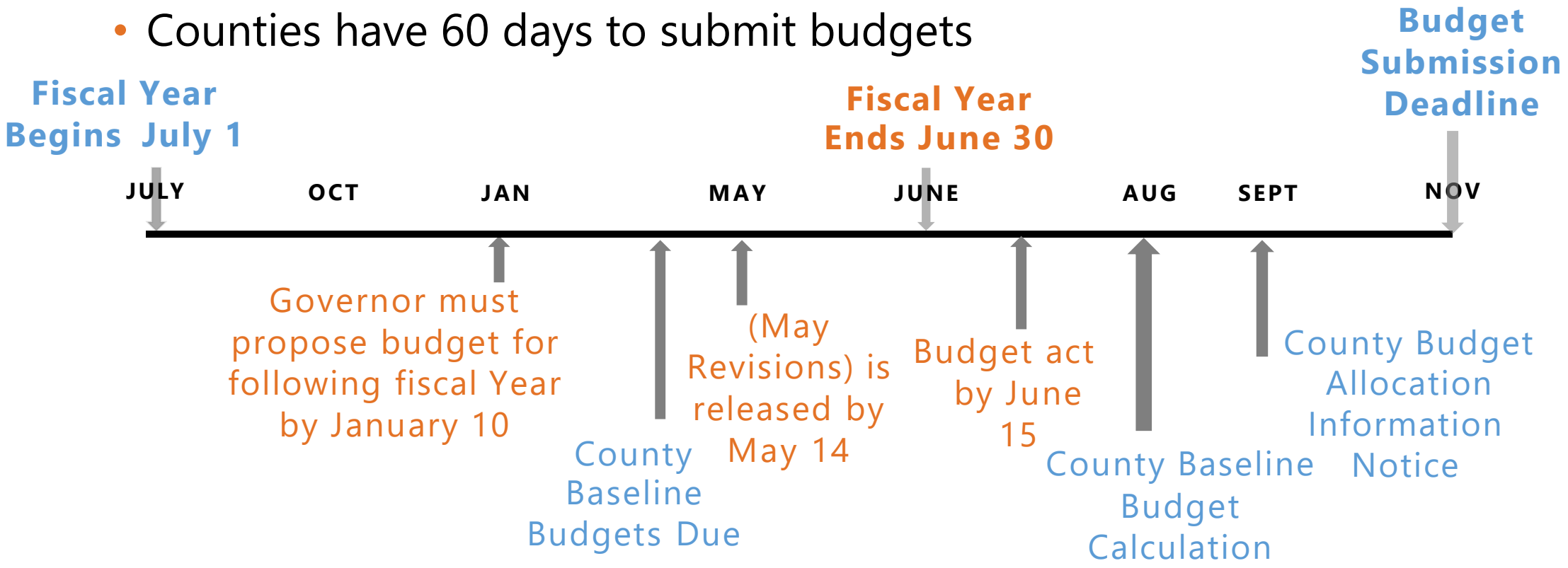
# CCS Budget

- The CCS allocation supports case management activities including determining all phases of program eligibility, evaluating needs for specific services, determining appropriate provider(s), and authorizing for medically necessary care.
- The allocation amount is based on the county model type and size. The funding source is a combination of funds appropriated by the county, State GF, and the federal government. AB 948, the realignment legislation passed in 1992, mandated that the State and county CCS programs share in the cost of providing specialized medical care and rehabilitation to physically handicapped children through allocations of State GF and county monies. The amount of State money available for the CCS program is determined annually through the Budget Act.

# CCS Budget Process

» Budget Act

- DHCS issues the budget allocations
- Counties have 60 days to submit budgets



# Estimate May 2022 versus November 2022

- The public health emergency (PHE), created uncertainty for caseload projections
  - May 2022
    - Assumption: PHE to end in October 2022
    - Result: Lower statewide caseload assumptions for the Med-Cal population in FY 22-23 which led to lower estimated dollars
  - November 2022
    - Assumption: FY 22-23 caseload assumptions were updated to reflect the revised PHE end date
    - Result: Higher caseload assumption for the Medi-Cal which led to higher estimated dollars

# Fiscal Year 2023-2024 Estimate

- Over time, data quality deteriorated due to rapidly changing caseload assumptions
- Assessed the previous estimated average administrative cost per case (population specific)
- Utilized the estimated average cost per case from the May 2021 Estimate for FY 2021-22
- Applied this average cost per case to revised caseload assumptions for FY 2023-24

# CCS Funding Source

| ESTIMATED CASES | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Estimate Cycle | M18 | | M19 | | M20 | | M21 | | M22 | |
| Fiscal Year | 17-18 | 18-19 | 18-19 | 19-20 | 19-20 | 20-21 | 20-21 | 21-22 | 21-22 | 22-23 |
| CCS State Only | 14,885 | 14,819 | 14,631 | 14,639 | 14,306 | 14,417 | 12,569 | 14,601 | 9,206 | 12,812 |
| CCS Medi-Cal | 151,232 | 154,231 | 148,690 | 149,489 | 143,868 | 143,733 | 146,966 | 144,603 | 168,692 | 155,040 |
| CCS OTLICP | 23,046 | 23,068 | 24,000 | 24,227 | 24,219 | 24,395 | 24,095 | 24,377 | 24,678 | 24,521 |
| Total | 189,163 | 192,118 | 187,321 | 188,355 | 182,393 | 182,545 | 183,630 | 183,581 | 202,576 | 192,373 |

| ESTIMATED EXPENDITURES | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Estimate Cycle | M18 | | M19 | | M20 | | M21 | | M22 | |
| Fiscal Year | 17-18 | 18-19 | 18-19 | 19-20 | 19-20 | 20-21 | 20-21 | 21-22 | 21-22 | 22-23 |
| CCS State Only | $ 11,300,000 | $ 11,250,500 | $ 11,250,500 | $ 11,256,500 | $ 12,408,000 | $ 12,504,500 | $ 10,787,000 | $ 14,249,500 | $ 12,740,000 | $ 17,730,500 |
| CCS Medi-Cal | $158,652,000 | $161,401,000 | $163,171,000 | $164,966,000 | $164,966,000 | $164,999,000 | $164,999,000 | $162,986,000 | $148,905,000 | $136,859,000 |
| CCS OTLICP | $ 30,871,000 | $ 30,871,000 | $ 31,002,000 | $ 30,439,000 | $ 30,184,000 | $ 29,277,000 | $ 29,218,000 | $ 28,617,000 | $ 28,195,000 | $ 28,015,000 |
| Total | $200,823,000 | $203,522,500 | $205,423,500 | $206,661,500 | $207,558,000 | $206,780,500 | $205,004,000 | $205,852,500 | $189,840,000 | $182,604,500 |

| ESTIMATED AVERAGE ADMIN. EXPENDITURE PER CASE | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Estimate Cycle | M18 | | M19 | | M20 | | M21 | | M22 | |
| Fiscal Year | 17-18 | 18-19 | 18-19 | 19-20 | 19-20 | 20-21 | 20-21 | 21-22 | 21-22 | 22-23 |
| CCS State Only | $ 759.15 | $ 759.19 | $ 768.95 | $ 768.94 | $ 867.33 | $ 867.34 | $ 858.22 | $ 975.93 | $ 1,383.88 | $ 1,383.90 |
| CCS Medi-Cal | $ 1,049.06 | $ 1,046.49 | $ 1,097.39 | $ 1,103.53 | $ 1,146.65 | $ 1,147.95 | $ 1,122.70 | $ 1,127.13 | $ 882.70 | $ 882.73 |
| CCS OTLICP | $ 1,339.54 | $ 1,338.26 | $ 1,291.75 | $ 1,256.41 | $ 1,246.29 | $ 1,200.12 | $ 1,212.62 | $ 1,173.93 | $ 1,142.52 | $ 1,142.49 |

# CCS Allocations Versus Actual Expenditures

| CCS APPROPRIATIONS | | | | | | |
|---|---|---|---|---|---|---|
| Estimate Cycle | M17 | M18 | M19 | M20 | M21 | M22 |
| Fiscal Year | 2017-18 | 2018-19 | 2019-20 | 2020-21 | 2021-22[2] | 2022-23[2] |
| Total | $200,784,000[1] | $192,947,500[1] | $182,924,499[2] | $181,748,764[2] | $181,974,000[2] | $188,127,000[2] |
| **CCS ACTUAL EXPENDITURES** | | | | | | |
| Estimate Cycle | M17 | M18 | M19 | M20 | M21 | M22 |
| Fiscal Year | 2017-18 | 2018-19 | 2019-20 | 2020-21 | 2021-22 | 2022-23 |
| Total | $176,060,270 | $170,769,099 | $160,226,209 | $153,801,011 | $159,812,879 | N/A |
| % Spent | 88 | 88 | 88 | 85 | 88 | N/A |

1 6 months of Whole Child Model funding
2 12 months of Whole Child Model funding

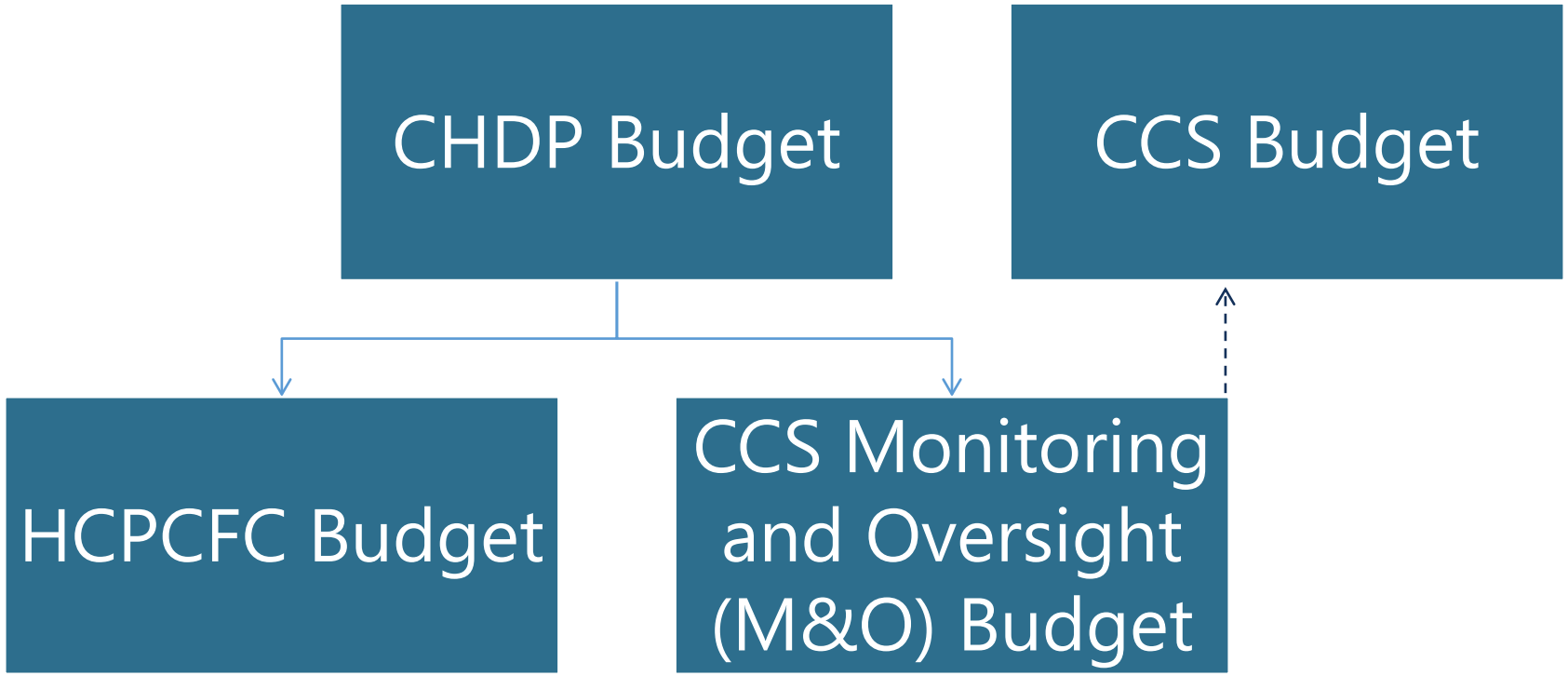
# Workgroup Discussion

# Agenda

| | |
|---|---|
| Welcome and Meeting Information | 1:00-1:05 |
| Roll Call | 1:05-1:10 |
| Policy Updates | 1:10-1:25 |
| February Meeting Summary | 1:25-1:30 |
| January Workgroup Feedback | 1:30-1:50 |
| Current Budget Allocation Overview | 1:50-2:05 |
| CHDP Budget Overview | 2:05-2:15 |
| HCPCFC Budget Overview | 2:15-2:30 |
| CHDP CLPP Budget Overview | 2:30-2:35 |
| CCS Budget Overview | 2:35-2:55 |
| Future Budget Allocation | 2:55-3:10 |
| Transition of CHDP Staff | 3:10-3:30 |
| Upcoming CHDP Transition Workgroups | 3:30-3:45 |
| Public Comment | 3:45-3:55 |
| Next Steps | 3:55-4:00 |

# Future Budget Allocation

# CHDP Budget Reallocation



# Discussion Questions

- Effective July 1, 2024, the HCPCFC program will be a standalone program. Allowable expense categories may include: Personnel, Direct, Indirect, Capital, and Other. Is there additional information DHCS should consider for the HCPCFC allocation methodology?
- What factors should DHCS consider when determining the budget split between HCPCFC and the CCS M&O Program?
  - How do you propose DHCS split CHDP funding between the HCPCFC and CCS program? For example, 90% HCPCFC and 10% CCS.

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# Transition of CHDP Staff

# Staffing Categories – Current State

| Categories* | CCS Applicable | CHDP Applicable | HCPCFC Applicable |
|---|---|---|---|
| Administrator/Supervisor - Non PHN/Physician | X | X | |
| Administrator/Supervisor - PHN | X | X | X |
| Physician / Medical Director | X | X | |
| Registered Nurse | X | X | |
| Public Health Nurse | X | X | X |
| Finance/Accounting | X | X | |
| Supporting Staff | X | X | X |

* Categories consist of a variety of positions grouped in order to allow for visualization of movement between the three programs.

# Statewide CHDP Positions – Current State

| Staffing Classification Categories | Allocation Funded* |
|---|---|
| Administrator/Supervisor - Non PHN/Physician | 9 |
| Administrator/Supervisor - PHN | 18 |
| Dental - Hygienist | 0 |
| Dental - Support Staff | 0 |
| Supporting Staff | 76 |
| Finance/Accounting | 2 |
| Nutritionist/Registered Dietician | 1 |
| Physician/Medical Director | 3 |
| Public Health Nurse | 56 |
| Registered Nurse | 8 |
| **Grand Total** | **173**** |

*The above table reflects the combined total full-time equivalents (FTE) statewide budgeted in FY 2022-23
** The number of people that make up this total is more than 173

# Discussion Questions

- Approximately what percent of your county's administrative time (Director, Deputy Director and Manager) is separately devoted to CCS, CHDP, and HCPCFC?
- How much of your county's administrative time is spent on each:
  - Program Administration (record keeping, reporting, contracts, oversight of time studies, etc.)
  - Staff Management and Supervision
  - Other
- What barriers are there to reallocating staff to CCS or HCPCFC?

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# Upcoming CHDP Transition Workgroups

# May CHDP Transition Workgroup: CLPP

- ***Meeting Topic:*** **CLPP Activities**
  - DHCS and CDPH partnership includes:
    - Joint lead guidelines
    - Provider education and training
    - Medical record review
- ***Workgroup Discussion:*** *What additional topics and items would you like covered at the CHDP CLPP Activities Workgroup Meeting?*

# June CHDP Transition Workgroup: HCPCFC Standalone Plan

- Memorandum of Understanding (MOU) Between DHCS & Local Programs
- Program Manual Revision & Expansion
- Written & Live Training
- New & Revised Forms and Templates
- DHCS Monitoring & Oversight
- Performance Measures
- HCPCFC Website Expansion

***Workgroup Discussion:*** *What additional topics and items would you like covered at the June HCPCFC standalone workgroup meeting?*

*The above listed items are in development. Updates and the opportunity for feedback will be provided at the June meeting.*

# HCPCFC Stakeholder Engagement Plan

- DHCS will engage with HCPCFC county staff in existing meetings and request stakeholder input on the memorandum of understanding between the counties and DHCS through the following steps:
  - Initial work will take place in HCPCFC Subcommittees
  - DHCS & CDSS administrative review & edits
  - Larger HCPCFC statewide community engagement
  - CHDP stakeholder engagement meeting series
- Updates will be provided at the CHDP Transition Workgroup.

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# Public Comment

# Agenda

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# Next Steps

- Meeting summary
- **Following this meeting, DHCS will request feedback on discussion questions from workgroup members.**

# Workgroup Meeting Logistics

Meeting notices and materials to be posted on the CHDP Program Transition website

**2023 Workgroup Meeting Dates***

- May 3
- June 14

* Dates and meeting content are subject to change

# Contact Information

- For more information, questions, or feedback regarding the CHDP Transition Workgroup, please email Sarah Brooks at SBrooks@sellersdorsey.com and Olivia Brown at OBrown@sellersdorsey.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

# Thank You!

DHCS