Department of Health Care Services
Proposal to Discontinue the
Child Health and Disability Prevention Program

Summary of the Proposal

The Department of Health Care Services (DHCS) proposes to sunset the Child Health and Disability Prevention (CHDP) program by July 1, 2023 in order to simplify and streamline the delivery of services to children and youth under the age of 21, in alignment with the goals of the California Advancing and Innovating Medi-Cal (CalAIM) initiative. DHCS will eliminate CHDP county allocations in FY 2023-2024 budget.

The CHDP program includes:

- Programs providing Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) screening, including preventive health, vision, and dental screening, follow-up services, and care coordination;
- CHDP Gateway which serves as an presumptive eligibility entry point for children, to receive temporary preventive, primary and specialty health care coverage through the Medi-Cal Fee-For-Service (FFS) delivery system; and
- Responsibility for local administration of the Health Care Program for Children in Foster Care (HCPCFC) and the Childhood Lead Poisoning Prevention (CLPP) program.

DHCS' proposal to sunset CHDP programs which will not affect EPSDT services as they are currently required to be covered in both the Medi-Cal FFS and managed care delivery systems. In addition, presumptive eligibility services will continue under the new Children's Presumptive Eligibility (CPE) program and all applicable Medi-Cal providers will be eligible to participate.

Furthermore, DHCS proposes to preserve the HCPCFC as a stand-alone program and transition the CLPP program responsibilities to Medi-Cal managed care plans (MCP).

CHDP Background

The CHDP program, established in 1973 by AB 2068 (Brown, Chapter 1069, Statutes of 1973), provides preventive health, vision, and dental screens to children and youth. The local CHDP program provides EPSDT screening and follow-up services, as well as care

coordination, for children and youth under the age of 21 who are enrolled in the FFS Medi-Cal program. The CHDP program is locally administered by 58 counties and 3 cities (i.e., Berkeley, Long Beach and Pasadena) that receive an annual budget allocation from DHCS.

In July 2003, the CHDP program began using the "CHDP Gateway," an automated pre-enrollment process for non-Medi-Cal, uninsured children. Children/youth enrolled through CHDP Gateway receive Medi-Cal coverage for up to 60 days while enrollment in continuing Medi-Cal is established.

Proposal

DHCS proposes to sunset the CHDP program by July 1, 2023. DHCS will eliminate CHDP county allocations in FY 2023-2024 budget. DHCS proposes to preserve the HCPCFC as a stand-alone program and transition the CLPP program responsibilities to MCPs. In addition, presumptive eligibility services will continue under the CPE program and all applicable Medi-Cal providers will be eligible to participate.

Appendix A, CHDP Program Responsibilities Crosswalk, includes a complete and detailed listing of existing CHDP requirements cross-walked with DHCS' proposed outcomes and transition plan.

Below is a summary of key provisions in this proposal.

Children's Presumptive Eligibility

Today, CHDP providers use the CHDP Gateway process, which is an automated pre-enrollment process, to confer and provide temporary, full scope Medi-Cal services to CHDP-eligible children and youth. DHCS proposes to preserve this enrollment process and transition this function to the new, CPE program as of July 1, 2023. Under presumptive eligibility, a family can quickly and easily enroll their child in temporary full scope Medi-Cal based on a simple attestation of their circumstances. They then must file a full Medi-Cal application to ensure that they are in fact eligible to maintain coverage, but, in the interim, their child can secure prompt access to care.

DHCS proposes to expand the list of qualified CPE providers to all Medi-Cal providers including Federally Qualified Health Centers, family centers, and community clinics (which have historically been eligible to conduct presumptive eligibility for pregnant women), as well as pediatricians, family practitioners, internists, independent certified family or pediatric nurse practitioners that are not CHDP providers to increase overall access to services this population.

Table 1 - Proposed Transition Plan for CPE

Current CHDP Program Activities	Proposed Outcomes/ Transition Plan / Next Steps

CHDP providers use the CHDP Gateway process to temporarily pre-enroll CHDP-eligible children and youth in FFS, full-scope Medi-Cal. Eligibility is based on age, household composition and family income. Services are available beginning on the date eligibility is determined. (CHDP Manual – Gateway)	Proposed Outcome(s): DHCS proposed to 1) Transition the Presumptive Eligibility Gateway to the CPE program; and 2) Expand access to the CPE program to include all applicable Medi-Cal providers (not just CHDP identified providers).
	
	Additional Information/Background:
	• California long has authorized certain providers – namely CHDP Gateway providers (i.e., pediatricians, family practitioners, internists, independent certified family or pediatric nurse practitioners) – to conduct presumptive eligibility determinations.
	• Non-Medi-Cal children and youth who meet the following criteria are eligible for pre-enrollment through the CHDP Gateway:
	  ○ Residents of California
	  ○ Younger than 19 years of age.
	  ○ Members of a family whose income is at or below 266 percent of the federal poverty guidelines.
	  ○ Those with limited-scope Medi-Cal eligibility.
	  ○ Those with a share of cost, regardless of whether the share of cost has been obligated for the month of service.
	• Note: Enrollment in Medi-Cal through the CHDP Gateway for children and youth younger than 20 years of age is limited to two presumptive eligibility program enrollment periods in a 12-month period. Pregnant women are exempted. Pregnant women can be enrolled into presumptive eligibility once per pregnancy regardless of the12-month period.
	• As of October 2021, there are 2,915 active medical providers approved to provide services and access the CHDP Gateway.
	• In fiscal year 2020/2021, on average approximately 15,000 monthly pre-enrollments were processed via the CHDP Gateway.
	
	Transition Plan/Action Steps:
	1. DHCS will develop a CPE Program training module (similar to Hospital presumptive eligibility) as part of applicable State requirements for presumptive eligibility qualified entities.

	2. Existing CHDP providers will be transitioned into the presumptive eligibility program.

EPSDT Screening and Follow-Up Services

While local CHDP programs provide EPSDT screening, including preventive health, vision, and dental screening, follow-up services, and care coordination, for children and youth under the age of 21 who are enrolled in the FFS Medi-Cal program, the services provided under the CHDP program are Medi-Cal EPSDT services and are available in both FFS and Managed Care delivery systems. MCPs are currently responsible for providing all EPSDT preventive, treatment, care coordination and management services to their members. Access to preventative health screenings and follow-up services will not be diminished due to this proposal. In fact, with the additional of all eligible Medi-Cal providers in the CPE Program, DHCS anticipates that more children/youth will have access to care than is the case today.

By January 2022, DHCS, as a part of its CalAIM initiative, will begin transitioning non-dual eligible Medi-Cal populations into managed care. This includes the majority of children and youth under the age of 21. By July 2023, most[1] children and youth under the age of 21 will be enrolled into a MCP. Consequently, once the transition is complete, it will no longer be necessary to retain these components of the CHDP program, since both FFS Medi-Cal providers and MCPs are required to meet all EPSDT requirements under federal law and, as such, cover all medically necessary preventive services for children and youth. Foster care children are only the remaining population of children and youth that will not be fully transitioned into managed care; however, this population is covered under the HCPCFC, which will remain as a standalone program when CHDP sunsets. Maintaining the CHDP program beyond July 2023 is unnecessary and duplicative.

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 educational services as well as coordinating the referrals to non-covered services. MCPs are also required to assess the needs of children and youth for screenings, such as for adverse childhood experiences, and deploy strategies to mitigate impacts of social drivers of health, including the coordination of community-based services and other appropriate resources. Specific care coordination activities MCPs must provide include arranging warm hand-offs, setting appointments, ensuring transportation as necessary, following up on referrals, and exchanging data required for the provision of services.

[1] Today about half of foster care children and youth receive services through the FFS Medi-Cal program and half receive services through Medi-Cal MCPs. For foster care children/youth not enrolled in a MCP, systematic coordination of services and comprehensive care management will continue to be provided through the HCPCFC.

In addition, starting in July 2023, Enhanced Care Management will be made available to eligible children or youth, enrolled in an MCP, with complex physical, behavioral, or developmental health needs (e.g., California Children's Services, children involved in, or with a history of involvement in children welfare, including foster care up to age 26, youth with Clinical High-Risk Syndrome, or first episode of psychosis). Enhanced Care Management will address the clinical and non-clinical needs of high-need, high-cost Medi-Cal Members through systematic coordination of services and comprehensive care management.

Furthermore, Targeted Case Management (TCM) will remain available in counties that chose to participate and provide those services covered under the State Plan.

Finally, Medi-Cal providers must adhere to timely access requirements by offering appointments and making referrals in accordance with state guidelines. There are existing appointment time standards for MCPs. DHCS proposes to engage stakeholders to inform recommendations for adopting timely access/appointment time standards in FFS delivery system.

Table 2 - Proposed Transition Plan for CHDP/ESPDT Prevention and Treatment Services

Current CHDP Program Activities	**Proposed Outcomes/ Transition Plan / Next Steps**
Children and youth are eligible to receive the complete range of Medi-Cal FFS benefits during the pre-enrollment period.	Proposed Outcome(s)/Transition Plan: None necessary/no change. Services are Medi-Cal EPSDT services and are available in both FFS and Managed Care Delivery Systems. In addition, TCM will remain available in counties that chose to participate and provide those services covered under the State Plan. Additional Information/Background: • MCP Contract - Exhibit A, Attachment 10 Scope of Services, Provision 5 Services for Members under Twenty-One (21) Years of Age: ○ Contractor shall cover and ensure the provision of all screening, preventive and Medically Necessary diagnostic and treatment services for Members under 21 years of age required under the EPSDT services 42 United States Code (USC) section 1396d(r), and Welfare and Institutions Code (W&I Code), section 14132(v). The EPSDT benefit includes all Medically Necessary health care, diagnostic services, treatments and other measures listed in 42 USC section 1396d(a), whether or not covered under the State Plan.

Current CHDP Program Activities	Proposed Outcomes/ Transition Plan / Next Steps
Periodicity and Medically Necessary Interperiodic Health Assessments: • Periodic and interperiodic screenings and assessments are reimbursable for infants and children under 21 years of age, as specified in Bright Futures/American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Care. • Comprehensive no-cost preventive visits for children include age and gender appropriate history, examination, counseling/anticipatory guidance, development surveillance, risk factor reduction interventions and the ordering of laboratory/diagnostic procedures.	Proposed Outcome(s)/Transition Plan: None necessary/no change. Services are Medi-Cal EPSDT services and are available in both FFS and Managed Care Delivery Systems. Additional Information/Background: • Additional information about the components of a health assessment, Current Procedural Terminology billing codes, frequency limitations, immunizations and interperiodic health assessments is available in the Preventive Services section of the appropriate Part 2 Medi-Cal manual. • CHDP providers submit claims to the Medi-Cal Fiscal Intermediary for EPSDT services rendered to Medi-Cal FFS enrolled recipients younger than 21 years of age. • MCP Contract - Exhibit A, Attachment 10 Scope of Services, Provision 5 Services for Members under Twenty-One (21) Years of Age: o Contractor shall cover and ensure the provision of all screening, preventive and Medically Necessary diagnostic and treatment services for Members under 21 years of age required under the EPSDT services 42 USC section 1396d(r), and W&I Code, section 14132(v). The EPSDT benefit includes all Medically Necessary health care, diagnostic services, treatments and other measures listed in 42 USC section 1396d(a), whether or not covered under the State Plan.
Dental Periodicity: • A dental screening/oral assessment is required at every EPSDT/CHDP health assessment, regardless of age. • Children and youth should be referred to a dentist as follows: o Beginning at age 1 as required by Health and Safety Code (H&S Code), section 12040 (6) (D).	Proposed Outcome(s)/Transition Plan: None necessary/no change. Services are Medi-Cal EPSDT services and are available in both FFS and Managed Care Delivery Systems. Additional Information/Background: • MCP Contract, Exhibit A, Attachment 11 – Case Management and Coordination of Care, Para 15 – Dental: Contractor shall cover and ensure that dental screenings/oral health assessments for all Members are included as a part of the Initial Health Assessment (IHA). For Members under 21 years of age, Contractor is responsible for ensuring that a dental screening/oral health assessment shall be performed as part of every periodic assessment, with annual dental referrals made with the

Current CHDP Program Activities	Proposed Outcomes/ Transition Plan / Next Steps
○ At any age if a problem is suspected or detected. ○ Every six months for maintenance or oral health. ○ Every three months for children with documented special health care needs when medical or oral condition can be affected, and for other children at high risk for dental caries.	eruption of the child's first tooth or at 12 months of age, whichever occurs first. Contractor shall ensure that Members are referred to appropriate Medi-Cal dental Providers.
CHDP providers must adhere to CHDP Health Assessment Guidelines, which support the AAP Bright Futures Guidelines (CHDP Provider Information Notice 17-03).	Proposed Outcome(s)/Transition Plan: None necessary/no change. Bright Futures/AAP is the nationwide standard of practice for all medical providers, including all Medi-Cal providers in all Medi-Cal delivery systems. The current MCP contract boilerplate already requires MCPs, and their network providers, to comply with these requirements. Additional Information/Background: • CHDP providers are Medi-Cal providers, required to adhere to the Medi-Cal Provider Manual, contracts and policy guidance. • The MCP Contract Boilerplate requires compliance with Bright Futures/AAP and federal EPSDT standards. • See Exhibit A, Attachment 10 Scope of Services, Provision 5 Services for Members under Twenty-One (21) Years of Age: ○ Contractor shall cover and ensure the provision of all screening, preventive and Medically Necessary diagnostic and treatment services for Members under 21 years of age required under the EPSDT services 42 USC section 1396d(r), and W&I Code, section 14132(v). The EPSDT benefit includes all Medically Necessary health care, diagnostic services, treatments and other measures listed in 42 USC section 1396d(a), whether or not covered under the State Plan. • See Exhibit A, Attachment 10 Scope of Services, Provision

Current CHDP Program Activities	Proposed Outcomes/ Transition Plan / Next Steps
	5.A.3 Services for Members under Twenty-One (21) Years of Age: ○ Contractor shall ensure that performance of the CaliforniaCHDP program's age appropriate assessment due for each child at the time of enrollment is accomplished at the IHA. The initial assessment must include, or arrange for provision of, all immunizations necessary to ensure that the child is up-to-date for age, and an age appropriate Individual Health Education Behavior Assessment (IHEBA). See PL 13-001 for specific IHEBA requirements. • See Exhibit A, Attachment 10 Scope of Services, Provision 5.B.1 Services for Members under Twenty-One (21) Years of Age: ○ Contractor shall provide preventive health visits for all Members under 21 years of age at times specified by the most recent AAP Bright Futures periodicity schedule and anticipatory guidance as outlined in the AAP Bright Futures periodicity schedule. ○ Contractor shall provide as part of the periodic preventive visit, all age specific assessments and services required by AAP Bright Futures and the age-specific IHEBA as necessary. <u>Transition Plan/Action Steps</u>: 1. Amend MCP contract boilerplate to eliminate specific references to CHDP. 2. Issue All Plan Letters (APLs), as appropriate.
CHDP providers must participate in the Vaccines For Children (VFC) program (CHDP Provider Manual).	<u>Proposed Outcome(s)/Transition Plan</u>: None necessary. Medi-Cal providers are required to provide necessary immunizations. In addition, all Medi-Cal providers that meet the VFC program criteria, as defined in federal law, not just CHDP providers, may participate in the VFC program. <u>Additional Information/Background</u>: • MCP Contract, Exhibit A, Attachment 10 – Scope of Services, Para C – Immunizations: ○ Contractor shall ensure that all children receive necessary immunizations at the time of any health care visit. ○ Contractor shall cover and ensure the timely provision

Current CHDP Program Activities	Proposed Outcomes/ Transition Plan / Next Steps
	of vaccines in accordance with the most recent childhood immunization schedule and recommendations published by the Advisory Committee on Immunization Practices. ○ Contractor shall provide information to all Network Providers regarding the VFC Program.
The local county CHDP programs are responsible for day-to-day program operations, including the following: • Education and outreach to eligible families (CHDP Provider Manual). Providers are responsible for informing patients about the availability of EPSDT/CHDP services and assisting recipients, in coordination with the local CHDP program, to obtain preventive health services for which they are eligible.	Proposed Outcome(s): Maintain existing requirements for MCPs to provide care coordination assistance under EPSDT Additional Information/Background: • MCP Contract, Exhibit A, Attachment 10 – Scope of Services, Para 5.B.4: ○ At each non-emergency primary care encounter with Members under the age of 21 years, the Member (if an emancipated minor) or the parent(s) or guardian of the Member shall be advised of the children's preventive services due and available from Contractor, if the Member has not received children's preventive services in accordance with CHDP preventive standards for children of the Members' age. Transition Plan/Action Steps: 1. Amend MCP contract boilerplate, as appropriate, to eliminate specific references to CHDP. 2. Issue APLs, as appropriate.
The local county CHDP programs are responsible for day-to-day program operations, including the following: • Assistance to families in obtaining services, including transportation for medical appointments and services. • Assistance to providers in contacting patients and scheduling appointments with other providers. (CHDP Provider Manual)	Proposed Outcome(s): 1) Maintain existing requirements for MCPs to provide care coordination assistance under EPSDT; and 2) Maintain existing requirements for county TCM. Additional Information/Background: • MCP Contract, Exhibit A, Attachment 10 – Scope of Services, Para 5.F: ○ Contractor is required to provide appointment scheduling assistance and necessary transportation, including Non-Emergency Medical Transportation and Non-Medical Transportation, to and from medical appointments for Medically Necessary Covered Services that Contractor is responsible for providing pursuant to this Contract. • The TCM program reimburses participating counties for

Current CHDP Program Activities	Proposed Outcomes/ Transition Plan / Next Steps
	the federal share of costs (typically 50%) for case management services provided to Medi-Cal beneficiaries in specific target populations. Participating Local Governmental Agencies use their certified public expenditures to draw down federal funds. Transition Plan/Action Steps: 1. Amend MCP contract boilerplate, as appropriate, to eliminate specific references to CHDP. 2. Issue APLs, as appropriate.

Health Care Program for Children in Foster Care

Although statutorily a separate program, local county and city CHDP programs are responsible for the administration and oversight of the HCPCFC. The HCPCFC program is administered at the state level by DHCS through an interagency agreement (IA) with the California Department of Social Services (CDSS).

DHCS is proposing to establish HCPCFC as a stand-alone program. DHCS will work collaboratively with CDSS to amend the existing IA, seek any necessary federal approvals, and enact new agreements with counties to verify proper oversight of the program.

Table 3 - Proposed Transition Plan for the HCPCFC

Current CHDP Program Activities	Proposed Outcomes/ Transition Plan / Next Steps
Local administration of the HCPCFC by existing CHDP providers.	Proposed Outcome(s): DHCS proposes to 1) maintain the HCPCFC as a stand-alone program; and, 2) establish a separate county allocation for the local county administration of the HCPCFC. Additional Information/Background: • The HCPCFC is a distinct program from the CHDP program. • Per the establishing statute, W&I Code sections 16501.3 and 16501.4: o CDSS is responsible for administering the HCPCFC; and o DHCS is responsible for seeking federal approvals to claim Federal Financial Participation.

Current CHDP Program Activities	Proposed Outcomes/ Transition Plan / Next Steps
	• CDSS entered into an IA with DHCS for state support (currently provided through CHDP programs) to provide oversight of the HCPCFC to provide public health nursing in the Child Welfare and Probation departments. <u>Transition Plan/Action Steps</u>: 1. Engage key stakeholders (e.g., CDSS, counties, county associations, advocates). 2. Establish county allocation for local county administration of HCPCFC. 3. Amend IA with CDSS. 4. Establish Memorandum of Understanding with counties to ensure appropriate oversight of the HCPCFC program.

<u>Childhood Lead Poisoning Prevention Program</u>

DHCS proposes to continue all existing CLPP Program activities. The CLPP Program is administratively tied to CHDP through an IA with the California Department Public Health (CDPH). The IA between the CDPH and DHCS outlines several responsibilities of the CLPP Program, including but not limited to the following:

- Identifying and reviewing Medi-Cal lead records;
- Providing CLPP educational material and training to Medi-Cal providers;
- Sharing Medi-Cal data and information with CDPH;
- Working collaboratively to update policy guidance pertaining to lead assessments, blood lead screening, follow-up for lead testing, and appropriate interventions; and
- Ensuring that in counties without contracts with CDPH's Childhood Lead Poisoning Prevention Branch (CLPPB) to manage lead poisoned children such children will be assisted to the greatest extent possible.

Currently, DHCS issues annual budget allocations to local CHDP counties to perform these various activities. However, MCPs are also already responsible for conducting blood lead screening for MCP enrollees. MCPs also conduct chart audits as a part of regular Facility Site and Medical Record Reviews (MRRs), which currently includes lead screening reviews, and provider training. DHCS will align the MCP MRR requirements with the specific CLPP chart review requirements to ensure there is no gap between how these functions are carried out today as those responsibilities are transitioned to MCPs. In addition, DHCS is adding the lead screening measure to its annual performance reporting so all MCPs will be reporting this measure for their population annually.

Table 4 - Proposed Transition Plan for CLPP

Current CHDP Program Activities	Proposed Outcomes/ Transition Plan / Next Steps
Local CHDP programs conduct targeted provider outreach and education activities for the CLPP Program.	Proposed Outcome(s): DHCS proposes to transition these responsibilities to the Medi-Cal MCPs, as appropriate. Additional Information/Background: • CDPH entered into an IA with DHCS. The current term of the IA is through June 30, 2022. • DHCS issues annual CHDP-CLPP allocation letters to county CHDP programs for the administration of the CLPP program. For more information, see current letter: CHDP Program Letter No.: 21-03. • In accordance with the MCP contract and APL 20-016 (text below), MCPs are already required to comply with CLPP program requirements: ○ [page 2] MCPs must ensure that their network providers (i.e. physicians, nurse practitioners, and physician's assistants) who perform PHAs on child members between the ages of six months to six years (i.e. 72 months) comply with current federal and state laws, and industry guidelines for health care providers issued by [CDPH's CLPPB], including any future updates or amendments to these laws and guidelines. ○ [page 4] Current CLPPB-issued guidelines include minimum standards of care a network provider must follow when conducting blood lead screening tests, interpreting blood lead levels, and determining appropriate follow-up.12 MCPs must ensure their network providers follow these CLPPB-issued guidelines. According to current CLPPB guidelines, blood lead screening tests may be conducted using either the capillary (finger stick) or venous blood sampling methods; however, the venous method is preferred because it is more accurate and less prone to contamination. All confirmatory and follow-up blood lead level testing must be performed using blood samples taken through the venous blood sampling method. While the minimum requirements for appropriate follow-up activities, including referral, case management and reporting, are set forth in the CLPPB guidelines, a provider may determine additional services that fall within the EPSDT benefit are

Current CHDP Program Activities	Proposed Outcomes/ Transition Plan / Next Steps
	medically necessary. MCPs must ensure that members under the age of 21 receive all medically necessary care as required under EPSDT. • MCPs are also already responsible for conducting chart audits as a part of regular Facility Site and MRRs. For more information, see APL 20-006: ○ Lead screening is currently a part of the MRR. • DHCS also requires that MCPs conduct provider training, which includes lead screening training. • DHCS is adding the lead screening measure to its annual performance reporting so all MCPs will be reporting this measure for their population annually. • MCP Contract, Ex. A, Attachment 10, requires the following: ○ Contractor shall cover and ensure the provision of a blood lead screening test to Members at ages one (1) and two (2) in accordance with Title 17, Division 1, Chapter 9, Articles 1 and 2, commencing with section 37000. Contractor shall document and appropriately follow up on blood lead screening test results. Contractor shall make reasonable attempts to ensure the blood lead screen test is provided and shall document attempts to provide test. • MCPs are also required to provide enrollees with transportation to and from Medi-Cal appointments. Transition Plan/Action Steps: 1. DHCS will work collaboratively with CDPH to ensure all of the existing responsibilities and resources are appropriately transitioned to MCPs, the local public health department, or to CDPH, as applicable. 2. DHCS will review existing MCP policies to ensure that policies are explicit and ensure continuation of all CLPP program activities.

Rationale for DHCS' Proposal

Sunsetting the CHDP program by July 1, 2023 aligns with the Department's goals under CalAIM to make Medi-Cal a more consistent and seamless system for enrollees to navigate by reducing complexity and increasing flexibility by streamlining and reducing

duplication across multiple programs. DHCS' proposal to sunset CHDP programs which will not affect EPSDT services as they are currently required to be covered in both the Medi-Cal FFS and managed care delivery systems. In addition, presumptive eligibility services will continue under the new CPE program and all applicable Medi-Cal providers will be eligible to participate.

By July 2023, most children and youth under the age of 21 will be enrolled into a MCP. Consequently, once the transition is complete, it will no longer be necessary to retain these components of the CHDP program, since both FFS Medi-Cal providers and MCPs are required to meet all EPSDT requirements under federal law. Foster care children are covered under the HCPCFC, which will remain as a standalone program when CHDP sunsets.

Transition Plan and Stakeholder Process

DHCS engage stakeholders to seek input on a transition plan to ensure the successful transition of the CHDP program, as well as to ensure successful implementation of the CPE Program. With stakeholder input, DHCS will develop any necessary policy guidance (e.g., including All Plan Letters, updates to the Medi-Cal Provider Manual, provider newsflash bulletins, and, as applicable, revisions to the MCP contract boilerplate) to ensure all MCPs and Medi-Cal providers are informed of the transition and will provide any necessary training and/or technical assistance to effect a successful transition.

DHCS will also develop a communication plan and engage stakeholders regarding the establishment of the HCPCFC as a stand-alone program.

Legislative Authority

DHCS is seeking to amend and repeal the CHDP authority below through trailer bill language.

Enabling legislation of the CHDP program includes:

- H&S Code, sections 104395, 105300, 105305, 120475, and 124025 through 124110 CHDP program regulations that implement, interpret, or make specific the enabling legislation.
- California Code of Regulations (CCR), Title 17, sections 6800 through 6874. Medi-Cal regulations pertaining to the availability and reimbursement of EPSDT services through the CHDP program.
- CCR, Title 22, sections 51340 and 51532.

Appendix A – CHDP Program Responsibilities Crosswalk

Current CHDP Program Activities[2]	Complete Elimination of CHDP Component	Existing Program/ System	Requirement Exists in Multiple Delivery Systems	Proposed Outcomes/ Transition Plan / Next Steps
County Program Administration				
Local county administration of the CHDP program; associated county administration allocation in Medi-Cal Estimate	X			Proposed Outcome(s): DHCS proposes to eliminate CHDP county allocation in FY 2023/2024 Budget. Additional Information/Background: • Associated Budget Document: PC OA 12 N21 Transition Plan/Action Steps: 1. Engage key stakeholders (e.g., counties, county associations, advocates)

Local administration of the HCPCFC by existing CHDP providers		X		Proposed Outcome(s): DHCS proposes to 1) maintain the HCPCFC as a stand-alone program; and 2) establish a separate county allocation for the local county administration of the HCPCFC.
				
				Additional Information/Background:
				• The HCPCFC is a distinct program from the CHDP program.
				• Per the establishing statute, W&I Code sections 16501.3 and 16501.4:
				  ○ CDSS is responsible for administering the HCPCFC; and
				  ○ DHCS is responsible for seeking federal approvals to claim Federal Financial Participation.
				• CDSS entered into an IA (IA #21-10019; term: 7/1/21 - 6/30/24) with DHCS for state support (currently provided through CHDP programs) to provide oversight of the HCPCFC to provide

[2] H&S Code: ARTICLE 6. CHDP Program [124025 - 124110]

Current CHDP Program Activities[2]	Complete Elimination of CHDP Component	Existing Program/ System	Requirement Exists in Multiple Delivery Systems	Proposed Outcomes/ Transition Plan / Next Steps
				public health nursing in the Child Welfare and Probation departments. • The IA clarifies responsibilities of CDSS and DHCS regarding use of budget augmentation to fund additional HCPCFC, including supporting counties in the hiring or use of PHNs for all HCPCFC activities (IA 21-10019; Scope of Work). • Associated Budget Documents: PC OA 12 (CHDP County Allocation); OA 80 (Health Oversight and Coordination for Foster Care Children). Transition Plan/Action Steps: 1. Engage key stakeholders (e.g., CDSS, counties, county associations, advocates). 2. Establish county allocation for local county administration of HCPCFC. 3. Amend IA with CDSS. 4. Establish Memorandum of Understanding with counties to ensure appropriate oversight of the HCPCFC program.
Local CHDP programs conduct targeted provider outreach and education activities for the CLPP program.		X		Proposed Outcome(s): DHCS proposes to transition these responsibilities to the Medi-Cal MCPs, as appropriate. Additional Information/Background: • CDPH entered into an IA with DHCS. The current term of the IA is through June 30, 2022. • DHCS issues annual CHDP-CLPP allocation letters to county CHDP programs for the administration of the CLPP program. For more information, see current letter: CHDP Program

Current CHDP Program Activities[2]	Complete Elimination of CHDP Component	Existing Program/ System	Requirement Exists in Multiple Delivery Systems	Proposed Outcomes/ Transition Plan / Next Steps
				Letter No.: 21-03 • In accordance with the MCP contract and APL 20-016 (text below), MCPs are already required to comply with CLPP program requirements: ○ [page 2] MCPs must ensure that their network providers (i.e. physicians, nurse practitioners, and physician's assistants) who perform PHAs on child members between the ages of six months to six years (i.e. 72 months) comply with current federal and state laws, and industry guidelines for health care providers issued by [CDPH's CLPPB], including any future updates or amendments to these laws and guidelines. ○ [page 4] Current CLPPB-issued guidelines include minimum standards of care a network provider must follow when conducting blood lead screening tests, interpreting blood lead levels, and determining appropriate follow-up.12 MCPs must ensure their network providers follow these CLPPB-issued guidelines. According to current CLPPB guidelines, blood lead screening tests may be conducted using either the capillary (finger stick) or venous blood sampling methods; however, the venous method is preferred because it is more accurate and less prone to contamination. All confirmatory and follow-up blood lead level testing must be performed using blood samples taken through the venous blood sampling method. While the minimum requirements for appropriate follow-up activities, including referral, case

Current CHDP Program Activities[2]	Complete Elimination of CHDP Component	Existing Program/ System	Requirement Exists in Multiple Delivery Systems	Proposed Outcomes/ Transition Plan / Next Steps
				management and reporting, are set forth in the CLPPB guidelines, a provider may determine additional services that fall within the EPSDT benefit are medically necessary. MCPs must ensure that members under the age of 21 receive all medically necessary care as required under EPSDT. • MCPs are also already responsible for conducting chart audits as a part of regular Facility Site and MRRs. For more information, see APL 20-006. ○ Lead screening is currently a part of the MRR. • DHCS also requires that MCPs conduct provider training, which includes lead screening training. • DHCS is adding the lead screening measure to its annual performance reporting so all MCPs will be reporting this measure for their population annually. • MCP Contract, Ex. A, Attachment 10, requires the following: ○ Contractor shall cover and ensure the provision of a blood lead screening test to Members at ages one (1) and two (2) in accordance with Title 17, Division 1, Chapter 9, Articles 1 and 2, commencing with section 37000. Contractor shall document and appropriately follow up on blood lead screening test results. ○ Contractor shall make reasonable attempts to ensure the blood lead screen test is provided and shall document attempts to provide test. • MCPs are also required to provide enrollees with

Current CHDP Program Activities[2]	Complete Elimination of CHDP Component	Existing Program/ System	Requirement Exists in Multiple Delivery Systems	Proposed Outcomes/ Transition Plan / Next Steps
				transportation to and from Medi-Cal appointments. Transition Plan/Action Steps: 1. DHCS will work collaboratively with CDPH to ensure all of the existing responsibilities and resources are appropriately transitioned to MCPs, the local public health department, or to CDPH, as applicable. 2. DHCS will review existing MCP policies to ensure that policies are explicit and ensure continuation of all CLPP program activities.
Provider Enrollment/Provider Training				
The local county CHDP programs are responsible for day-to-day program operations, including the following: • Provider recruitment, review and approval (CHDP Provider Manual). Health care providers who enroll as a provider with the CHDP program must complete an application and be approved by the local CHDP program in order to bill the CHDP		X	X	Proposed Outcome(s): Transition provider enrollment responsibilities to DHCS' Provider Enrollment Division for FFS providers, as appropriate, or to MCPs for managed care network providers. MCPs are currently required to meet credentialing requirements to ensure network providers are appropriately qualified and meet provider standards established for the Medi-Cal program. Additional Information/Background: • Current CHDP Guidance Re: Eligible CHDP Providers: Pediatricians, Family Practitioners, and Internists (for youth 14 years of age and older) or Independent Certified Family or Pediatric Nurse Practitioners, and clinics/agencies employing the preceding types of professionals, may be considered for status as a Comprehensive Care or Health

Current CHDP Program Activities[2]	Complete Elimination of CHDP Component	Existing Program/ System	Requirement Exists in Multiple Delivery Systems	Proposed Outcomes/ Transition Plan / Next Steps
program for CHDP services (see DHCS 4490, CHDP Health Assessment Provider Application; DHCS 4491, CHDP Health Assessment Provider Program Agreement).				Assessment Only Provider. • MCP APL 19-004 outlines Provider Credentialing and Enrollment requirements • MCP Contract, Exhibit A, Attachment 4 – Quality Improvement System, Para 12: ○ Contractor shall implement and maintain written policies and procedures concerning the initial credentialing, recredentialing, recertification, and reappointment of Network Providers, developed by the Department in accordance with 42 CFR 438.214 and APL 19-004, and including but not limited to: Primary Care Physicians; Specialists; Providers for acute, behavioral health, and substance use disorders; and Managed Long-Term Services and Supports Providers as appropriate per the requirements in Exhibit A, Attachment 21, Managed Long-Term Services and Supports, Provision 4, Provider Network. Transition Plan/Action Steps: 1. Assess existing requirements to determine if appropriate to issue additional guidance to MCPs and/or FFS providers.
The local county CHDP programs are responsible for day-to-day program operations, including the following: • Provider education and quality		X	X	Proposed Outcome(s): 1) Counties will no longer conduct provider education and quality assurance activities; 2) DHCS to develop a CPE program training module (similar to Hospital presumptive eligibility) as part of applicable State requirements for presumptive eligibility qualified entities; and 3) MCPs continue to conduct required provider education and quality assurance activities per the

Current CHDP Program Activities[2]	Complete Elimination of CHDP Component	Existing Program/ System	Requirement Exists in Multiple Delivery Systems	Proposed Outcomes/ Transition Plan / Next Steps
assurance.				MCP contract. Additional Information/Background: • Existing MCP Contract Boilerplate includes provider training requirements (Exhibit A, Attachment 7 Provider Relations, Provision 5 - Network Provider Training): o Contractor shall ensure that all Network Providers receive training regarding the Medi-Cal Managed Care program in order to operate in full compliance with the Contract and all applicable federal and State statutes and regulations. Contractor shall ensure that network Provider training relates to Medi-Cal Managed Care services, policies, procedures and any modifications to existing services, policies or procedures. Transition Plan/Action Steps: 1. DHCS will develop a CPE program training module (similar to Hospital presumptive eligibility) as part of applicable State requirements for presumptive eligibility qualified entities.
Presumptive Eligibility Gateway				
CHDP providers use the CHDP Gateway process to temporarily pre-enroll CHDP-eligible children and youth in FFS, full-scope Medi-Cal. Eligibility is		X		Proposed Outcome(s): DHCS proposed to 1) Maintain/transition the Presumptive Eligibility Gateway to the Children/Youth Presumptive Eligibility program; and 2) Expand access to the Children/Youth Presumptive Eligibility program to include all applicable Medi-Cal providers (not just CHDP identified providers).

Current CHDP Program Activities[2]	Complete Elimination of CHDP Component	Existing Program/ System	Requirement Exists in Multiple Delivery Systems	Proposed Outcomes/ Transition Plan / Next Steps
based on age, household composition and family income. Services are available beginning on the date eligibility is determined (CHDP Manual – Gateway).				Additional Information/Background: Non-Medi-Cal children and youth who meet the following criteria are eligible for pre-enrollment through the CHDP Gateway: • Residents of California • Younger than 19 years of age. • Members of a family whose income is at or below 266 percent of the federal poverty guidelines. • Those with limited-scope Medi-Cal eligibility. • Those with a share of cost, regardless of whether the share of cost has been obligated for the month of service. Note: Enrollment in Medi-Cal through the CHDP Gateway for children and youth younger than 20 years of age is limited to two presumptive eligibility program enrollment periods in a 12-month period. Pregnant women are exempted. Pregnant women can be enrolled into presumptive eligibility once per pregnancy regardless of the12- month period. Transition Plan/Action Steps: 1. DHCS will develop a CPE program training module (similar to Hospital presumptive eligibility) as part of applicable State requirements for presumptive eligibility qualified entities. 2. Existing CHDP providers will be transitioned into the presumptive eligibility program (also in trailer bill language).

Current CHDP Program Activities[2]	Complete Elimination of CHDP Component	Existing Program/ System	Requirement Exists in Multiple Delivery Systems	Proposed Outcomes/ Transition Plan / Next Steps
Prior to rendering services to a recipient, CHDP providers are responsible for determining recipient eligibility (CHDP Provider Manual).			X	Proposed Outcome(s): No change. Providers who determine presumptive eligibility under the Children/Youth Presumptive Eligibility program will be required to determine recipient eligibility. Additional Information/Background: • None Transition Plan/Action Steps: 1. DHCS will develop a CPE program training module (similar to Hospital presumptive eligibility) as part of applicable State requirements for presumptive eligibility qualified entities. 2. Existing CHDP providers will be transitioned into the presumptive eligibility program (also in trailer bill language).
Services and Program/Provider Standards				
Children and youth are eligible to receive the complete range of Medi-Cal FFS benefits during the pre-enrollment period.		X	X	Proposed Outcome(s)/Transition Plan: None necessary/ no change. Services are Medi-Cal EPSDT services and are available in both FFS and Managed Care Delivery Systems. In addition, TCM will remain available in counties that chose to participate and provide those services covered under the State Plan. Additional Information/Background: • MCP Contract - Exhibit A, Attachment 10 Scope of Services, Provision 5 Services for Members under Twenty-One (21) Years of Age: ○ Contractor shall cover and ensure the provision of all screening, preventive and Medically Necessary diagnostic and

Current CHDP Program Activities[2]	Complete Elimination of CHDP Component	Existing Program/ System	Requirement Exists in Multiple Delivery Systems	Proposed Outcomes/ Transition Plan / Next Steps
				treatment services for Members under 21 years of age required under the EPSDT services 42 USC section 1396d(r), and W&I Code, section 14132(v). The EPSDT benefit includes all Medically Necessary health care, diagnostic services, treatments and other measures listed in 42 USC section 1396d(a), whether or not covered under the State Plan.
Periodicity and Medically Necessary Interperiodic Health Assessments: • Periodic and interperiodic screenings and assessments are reimbursable for infants and children under 21 years of age, as specified in Bright Futures/AAP Recommendations for Preventive Pediatric Health Care. • Comprehensive no-cost preventive visits for children include age and gender appropriate history, examination, counseling/anticipatory guidance,			X	Proposed Outcome(s)/Transition Plan: None necessary/ no change. Services are Medi-Cal EPSDT services and are available in both FFS and Managed Care Delivery Systems. Additional Information/Background: • Additional information about the components of a health assessment, Current Procedural Terminology billing codes, frequency limitations, immunizations and interperiodic health assessments is available in the Preventive Services section of the appropriate Part 2 Medi-Cal manual. • CHDP providers submit claims to the Medi-Cal Fiscal Intermediary for EPSDT services rendered to Medi-Cal FFS enrolled recipients younger than 21 years of age. • MCP Contract - Exhibit A, Attachment 10 Scope of Services, Provision 5 Services for Members under Twenty-One (21) Years of Age: Contractor shall cover and ensure the provision of all screening, preventive and Medically Necessary diagnostic and treatment services for Members under 21 years of age required under the EPSDT services 42 USC section 1396d(r),

Current CHDP Program Activities[2]	Complete Elimination of CHDP Component	Existing Program/ System	Requirement Exists in Multiple Delivery Systems	Proposed Outcomes/ Transition Plan / Next Steps
development surveillance, risk factor reduction interventions and the ordering of laboratory/diagnostic procedures.				and W&I Code, section 14132(v). The EPSDT benefit includes all Medically Necessary health care, diagnostic services, treatments and other measures listed in 42 USC section 1396d(a), whether or not covered under the State Plan.
Dental Periodicity • A dental screening/oral assessment is required at every EPSDT/CHDP health assessment, regardless of age. • Children and youth should be referred to a dentist as follows: ○ Beginning at age 1 as required by H&S Code, section 12040 (6) (D). ○ At any age if a problem is suspected or detected. ○ Every six months for maintenance or oral health. ○ Every three months for children with			X	Proposed Outcome(s)/Transition Plan: None necessary/ no change. Services are Medi-Cal EPSDT services and are available in both FFS and Managed Care Delivery Systems. Additional Information/Background: • MCP Contract, Exhibit A, Attachment 11 – Case Management and Coordination of Care, Para 15 – Dental: ○ Contractor shall cover and ensure that dental screenings/oral health assessments for all Members are included as a part of the IHA. ○ For Members under 21 years of age, Contractor is responsible for ensuring that a dental screening/oral health assessment shall be performed as part of every periodic assessment, with annual dental referrals made with the eruption of the child's first tooth or at 12 months of age, whichever occurs first. ○ Contractor shall ensure that Members are referred to appropriate Medi-Cal dental providers.

Current CHDP Program Activities[2]	Complete Elimination of CHDP Component	Existing Program/ System	Requirement Exists in Multiple Delivery Systems	Proposed Outcomes/ Transition Plan / Next Steps
documented special health care needs when medical or oral condition can be affected, and for other children at high risk for dental caries.				
CHDP providers must adhere to CHDP Health Assessment Guidelines, which support the AAP Bright Futures Guidelines (CHDP Provider Information Notice 17-03).			X	Proposed Outcome(s)/Transition Plan: None necessary/no change. Bright Futures/AAP is the nationwide standard of practice for all medical providers, including all Medi-Cal providers in all Medi-Cal delivery systems. The current MCP contract boilerplate already requires MCPs, and their network providers, to comply with these requirements. Additional Information/Background: • CHDP providers are Medi-Cal providers, required to adhere to the Medi-Cal Provider Manual, contracts and policy guidance. • The MCP Contract Boilerplate requires compliance with Bright Futures/AAP and federal EPSDT standards. • See Exhibit A, Attachment 10 Scope of Services, Provision 5 Services for Members under Twenty-One (21) Years of Age: Contractor shall cover and ensure the provision of all screening, preventive and Medically Necessary diagnostic and treatment services for Members under 21 years of age required under the EPSDT services 42 USC section 1396d(r),

Current CHDP Program Activities[2]	Complete Elimination of CHDP Component	Existing Program/ System	Requirement Exists in Multiple Delivery Systems	Proposed Outcomes/ Transition Plan / Next Steps
				and W&I Code, section 14132(v). The EPSDT benefit includes all Medically Necessary health care, diagnostic services, treatments and other measures listed in 42 USC section 1396d(a), whether or not covered under the State Plan. • See Exhibit A, Attachment 10 Scope of Services, Provision 5.A.3 Services for Members under Twenty-One (21) Years of Age: Contractor shall ensure that performance of the California CHDP program's age appropriate assessment due for each child at the time of enrollment is accomplished at the IHA. The initial assessment must include, or arrange for provision of, all immunizations necessary to ensure that the child is up-to-date for age, and an age appropriate IHEBA. See PL 13-001 for specific IHEBA requirements. • See Exhibit A, Attachment 10 Scope of Services, Provision 5.B.1 Services for Members under Twenty-One (21) Years of Age: o Contractor shall provide preventive health visits for all Members under 21 years of age at times specified by the most recent AAP Bright Futures periodicity schedule and anticipatory guidance as outlined in the AAP Bright Futures periodicity schedule. o Contractor shall provide as part of the periodic preventive visit, all age specific assessments and services required by AAP Bright Futures and the age-specific IHEBA as necessary. <u>Transition Plan/Action Steps</u>: 1. Amend MCP contract boilerplate to eliminate

Current CHDP Program Activities[2]	Complete Elimination of CHDP Component	Existing Program/ System	Requirement Exists in Multiple Delivery Systems	Proposed Outcomes/ Transition Plan / Next Steps
				specific references to CHDP. 2. Issue APLs, as appropriate.
CHDP providers must participate in the VFC program (CHDP Provider Manual).		X		Proposed Outcome(s)/Transition Plan: None necessary. Medi-Cal providers are required to provide necessary immunizations. In addition, all Medi-Cal providers that meet the VFC program criteria, as defined in federal law, not just CHDP providers, may participate in the VFC program. Additional Information/Background: • MCP Contract, Exhibit A, Attachment 10 – Scope of Services, Para C – Immunizations: ○ Contractor shall ensure that all children receive necessary immunizations at the time of any health care visit. ○ Contractor shall cover and ensure the timely provision of vaccines in accordance with the most recent childhood immunization schedule and recommendations published by the Advisory Committee on Immunization Practices. ○ Contractor shall provide information to all Network Providers regarding the VFC Program.
DHCS Issuance of Policy Letters		X	X	Proposed Outcome(s)/Transition Plan: As part of the transition, DHCS will assess the need develop All Plan Letters, updates to the Medi-Cal Provider Manual and/or issue any needed policy guidance to Medi-Cal providers. Additional Information/Background: Current CHDP Policy Letters are posted on the

Current CHDP Program Activities[2]	Complete Elimination of CHDP Component	Existing Program/ System	Requirement Exists in Multiple Delivery Systems	Proposed Outcomes/ Transition Plan / Next Steps
				DHCS website.
Care Coordination Activities/Recipient Education Activities				
The local county CHDP programs are responsible for day-to-day program operations, including the following: • Liaison with schools and various community agencies (CHDP Provider Manual).		X	X	Proposed Outcome(s): Maintain existing requirements for MCPs to enter into cooperative arrangements or subcontracts with local school districts or school sites. Additional Information/Background: • MCP Contract, Exhibit A, Attachment 11 – Case Management and Coordination of Care, Para 13: ○ Contractor shall maintain a "medical home" and ensure the overall coordination of care and case management of Members who obtain CHDP services through the local school districts or school sites. Transition Plan/Action Steps: 1. Amend MCP contract boilerplate to eliminate specific references to CHDP. 2. Issue APLs, as appropriate.
The local county CHDP programs are responsible for day-to-day program operations, including the following: • Education and outreach to eligible families. (CHDP Provider Manual)		X	X	Proposed Outcome(s): Maintain existing requirements for MCPs to provide care coordination assistance under EPSDT Additional Information/Background: • MCP Contract, Exhibit A, Attachment 10 – Scope of Services, Para 5.B.4: At each non-emergency primary care encounter with Members under the age of 21 years, the Member (if an emancipated minor) or the

Current CHDP Program Activities[2]	Complete Elimination of CHDP Component	Existing Program/ System	Requirement Exists in Multiple Delivery Systems	Proposed Outcomes/ Transition Plan / Next Steps
Providers are responsible for informing patients about the availability of EPSDT/CHDP services and assisting recipients, in coordination with the local CHDP program, to obtain preventive health services for which they are eligible.				parent(s) or guardian of the Member shall be advised of the children's preventive services due and available from Contractor, if the Member has not received children's preventive services in accordance with CHDP preventive standards for children of the Members' age. <u>Transition Plan/Action Steps</u>: 1. Amend MCP contract boilerplate, as appropriate, to eliminate specific references to CHDP. 2. Issue APLs, as appropriate.

Current CHDP Program Activities[2]	Complete Elimination of CHDP Component	Existing Program/ System	Requirement Exists in Multiple Delivery Systems	Proposed Outcomes/ Transition Plan / Next Steps
The local county CHDP programs are responsible for day-to-day program operations, including the following: • Assistance to families in obtaining services, including transportation for medical appointments and services. • Assistance to providers in contacting patients and scheduling appointments with other providers. (CHDP Provider Manual)		X	X	Proposed Outcome(s): 1) Maintain existing requirements for MCPs to provide care coordination assistance under EPSDT; and 2) Maintain existing requirements for county TCM. Additional Information/Background: • MCP Contract, Exhibit A, Attachment 10 – Scope of Services, Para 5.F: Contractor is required to provide appointment scheduling assistance and necessary transportation, including Non-Emergency Medical Transportation and Non-Medical Transportation, to and from medical appointments for Medically Necessary Covered Services that Contractor is responsible for providing pursuant to this Contract. • The TCM program reimburses participating counties for the federal share of costs (typically 50%) for case management services provided to Medi-Cal beneficiaries in specific target populations. Participating Local Governmental Agencies use their certified public expenditures to draw down federal funds. Transition Plan/Action Steps: 1. Amend MCP contract boilerplate, as appropriate, to eliminate specific references to CHDP. 2. Issue APLs, as appropriate.

Current CHDP Program Activities[2]	Complete Elimination of CHDP Component	Existing Program/ System	Requirement Exists in Multiple Delivery Systems	Proposed Outcomes/ Transition Plan / Next Steps
CHDP Access Standards				

Providers must offer appointments to referred patients on a timely basis (CHDP Provider Manual).		X	X	Proposed Outcome(s): 1) DHCS proposes to develop FFS access standards; 2) MCPs are already required to comply with appointment time standards.
				
				Additional Information/Background:
				• At the time of an EPSDT/CHDP health assessment, and in accordance with the CHDP Health Assessment Guidelines, providers must:
				  ○ Schedule an appointment for the next periodic health assessment for children younger than 2 years of age.
				  ○ Inform the family and/or patient in writing of the date when the next examination is due for children 2 years of age and older.
				• MCP Contract Boilerplate, Exhibit A, Attachment 9 – Access and Availability:
				  ○ Contractor shall ensure the provision of acceptable accessibility standards in accordance with Title 28 CCR section 1300.67.2.2 and as specified below.
				  ○ Contractor shall communicate, enforce, and monitor Network Providers' compliance with these standards.
				
				Transition Plan/Action Steps:
				1. Develop a recommendation for adopting timely access/appointment time standards in FFS delivery system.
				2. Engage stakeholders

Current CHDP Program Activities[2]	Complete Elimination of CHDP Component	Existing Program/ System	Requirement Exists in Multiple Delivery Systems	Proposed Outcomes/ Transition Plan / Next Steps
Provider Monitoring and Oversight Activities				
Conduct a Facility Review and MRR of Providers (CHDP Provider Manual).		X	X	Proposed Outcome(s): Update MCP Facility Site Review Requirements to include existing CHDP facility review and MRR requirements. Additional Information/Background: • MCP Contract Boilerplate, Exhibit A, Attachment 4, Quality Improvement System, Provision 10. Site Review: ○ Contractor shall conduct Facility Site and MRRs on all Primary Care Provider sites in accordance with the Site Review Policy Letter, Policy Letter (PL) 14-004 and Title 22, CCR, section 53856. ○ Contractor shall also conduct Facility Site Physical Accessibility reviews on Primary Care Provider sites, and all Provider sites which serve a high volume of SPD beneficiaries, in accordance with the Site Review Policy Letter, PL 12-006 and W&I Code 14182(b)(9). Transition Plan/Action Steps: 1. Amend MCP contract boilerplate, as appropriate, to eliminate specific references to CHDP. 2. Issue APLs, as appropriate.