



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

# Agenda

Welcome and Meeting Information	1:00-1:05
Roll Call	1:05-1:10
September Meeting Summary	1:10-1:15
CHDP Transition Plan	1:15-1:50
CHDP Transition Workgroup Overview	1:50-2:30
Break	2:30-2:40
Children's Presumptive Eligibility (CPE)	2:40-3:30
February 8 CHDP Transition Workgroup Overview	3:30-3:50
Public Comment	3:50-3:55
Next Steps	3:55-4:00

# Housekeeping & Webex Logistics

## Do's & Don'ts of Webex

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

**Note:** Department of Health Care Services (DHCS) is recording the meeting for note-taking purposes

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# Workgroup Members

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

# Workgroup Members

- » **Mary Giammona, MD**, Molina Healthcare
- » **Megan Blanchard**, Public Health Nursing Director, Humboldt County
- » **Monica Montano**, California Dental Association
- » **Nancy Netherland**, CHDP Program, MCHAP Parent Representative
- » **Nancy Shifflet**, Public Health Nurse, Shasta County
- » **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
- » **TBD**, American Academy of Pediatrics California

# Integrated Systems of Care Division (ISCD) 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

- » **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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# September Meeting Summary

- » During the September meeting, a larger group of stakeholders convened to discuss the following topics:
  - » Purpose and timeline for CHDP transition
  - » Intended outcomes of the CHDP transition
  - » Stakeholder engagement process
    - » Based on stakeholder feedback, the stakeholder process has been revamped and the CHDP Transition Workgroup was developed to allow for focused conversations

# **Workgroup Discussion**

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# Purpose and Timeline

- » The transition of the CHDP Program aligns with DHCS' goal under California Advancing and Innovating Medi-Cal (CalAIM) to reduce administrative complexities.
- » CalAIM will enhance coordination of care and increase standardization of care across Medi-Cal by consolidating care responsibilities for children/youth under Medi-Cal managed care plans (MCP).
- » DHCS will sunset and/or fully transition components of the CHDP Program that already exist in other Medi-Cal delivery systems.

# Overview of Senate Bill (SB) 184

- » SB 184 requires DHCS to consult with stakeholders to develop, transition, and implement the following to sunset the CHDP Program:
  - » Provide an update to the Legislation during FY 2023-24 budget hearings on the proposed CHDP Transition Plan.
  - » Preserve the Childhood Lead Poisoning Prevention (CLPP) program activities through existing Medi-Cal delivery systems.
  - » Establish the Health Care Program for Children in Foster Care (HCPCFC) as a standalone program.
  - » Preserve CHDP Gateway Presumptive Eligibility as CPE.
  - » Broaden provider access to CPE.
  - » Develop a Transition Plan.

# Transition Plan Overview

- » As part of SB 184, a transition plan will be developed and finalized by December 2023.
- » This Transition Plan will establish milestones necessary to be completed in advance of the CHDP transition. Furthermore, it addresses and incorporates activities with respect to the preservations as outlined under SB 184.
- » The CHDP Transition Plan will include:
  - » A post-transition oversight and monitoring plan.
  - » A plan for how providers will be monitored.
  - » CLPP program activities through existing Medi-Cal delivery systems.
  - » A plan to fund administrative and service costs for HCPCFC.
  - » An analysis and plan to retain existing local CHDP positions.
  - » Opportunities for alignment with Population Health Management.

# **Workgroup Discussion**



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# CHDP Transition Workgroup Expectations

- » The purpose of the CHDP Transition Workgroup is to inform DHCS about the development and implementation of a CHDP Transition Plan.
- » The charge of the CHDP Transition Workgroup is to:
  - » Provide feedback to component pieces of the proposed CHDP Transition Plan as available and by defined deadlines.
  - » Participate in, contribute to, and review materials prior to Workgroup meetings.
  - » Provide suggestions, knowledge, and experience on presumptive eligibility (PE).
  - » Provide recommendations and feedback in developing and enhancing the monitoring process for Medi-Cal MCPs oversight of the CLPP.
  - » Provide recommendations and feedback regarding HCPCFC as a standalone program to ensure consistency.

# Transition Plan Revision Process

- » Over the course of this stakeholder engagement, DHCS will solicit feedback on the [transition plan proposal](#).
- » DHCS will look to the workgroup members to raise any gaps or incorrect statements in the transition plan based on experience, and provide examples of what happens in practice.
- » This engagement will allow DHCS to amend the transition plan as needed.

# Transition Workgroup Topics and Timeline

## CHDP Program Transition Workgroup Timeline\*

Date (2023)	Activity
January 4	<p><i>Meeting Topic: CPE</i></p> <ul style="list-style-type: none"> <li>• Training requirements and content</li> <li>• Provider eligibility criteria, quality assurance and communication</li> <li>• Transition process for ending approval of physicians and deferring providers to Medi-Cal MCPs</li> <li>• Transition for beneficiaries over 19 years old with no health coverage or beneficiaries that max out of presumptive eligibility transactions</li> </ul>
February 8	<p><i>Meeting Topic: Monitoring and Oversight Activities</i></p> <ul style="list-style-type: none"> <li>• Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) monitoring, oversight, and compliance</li> <li>• Provider oversight for fee-for-service (FFS) providers</li> <li>• Provider oversight for MCP providers</li> <li>• Post-transition monitoring and oversight plan for beneficiaries enrolled in FFS and Medi-Cal managed care</li> <li>• Care coordination for FFS population               <ul style="list-style-type: none"> <li>• Referrals to dental, Women, Infants &amp; Children (WIC), specialty care, and Newborn Hearing Screening Program (NHSP) for FFS beneficiaries</li> </ul> </li> </ul>



\* Dates and meeting content are subject to change

# Transition Workgroup Topics and Timeline (continued)

## CHDP Program Transition Workgroup Timeline\*

Date (2023)	Activity
<b>March 22</b>	<p><i>Meeting Topic:</i> Transition of CHDP Resources</p> <ul style="list-style-type: none"> <li>• Reallocation of CHDP funds and staff</li> </ul>
<b>May 3</b>	<p><i>Meeting Topic:</i> CLPP Activities</p> <ul style="list-style-type: none"> <li>• DHCS and California Department of Public Health (CDPH) partnership               <ul style="list-style-type: none"> <li>○ Data sharing agreement, joint lead guidelines, and collaboration regarding lead policy</li> </ul> </li> <li>• Provider education and training</li> <li>• Medical record review</li> </ul>
<b>June 14</b>	<p><i>Meeting Topic:</i> HCPCFC as a Standalone Program</p> <ul style="list-style-type: none"> <li>• Financial Impact               <ul style="list-style-type: none"> <li>○ Administrative supplement, policy and budget restrictions, and allocation methodology</li> </ul> </li> <li>• Training and program manual</li> <li>• Enhanced monitoring and oversight</li> <li>• Memorandums of Understanding (MOU)</li> </ul>



\* Dates and meeting content are subject to change

# Overall CHDP Transition Project Objective:

To transition the CHDP program and establish the HCPCFC as a standalone program.

CHDP Transition Project Objectives		
Number	Program Responsible	Task to be Completed
1	CA-MMIS	Transition CHDP Gateway to CPE
2	HCBE	Expand Access to CPE
3	MCOD	Transition EPSDT and Follow-up Services
4	ISCD	Transition HCPCFC to a Stand-alone Program
5	MCQMD & CDPH/CLPPB	Transition CHDP-CLPP Responsibilities
6	CA-MMIS	CA-MMIS Systems Modifications
7	ISCD	Organizational Change Management
8	ISCD	Organizational & Procedural Change Documentation

# **Workgroup Discussion**

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# **Children's Presumptive Eligibility**

A decorative graphic consisting of several overlapping, wavy, horizontal bands in various shades of purple, ranging from a deep magenta to a lighter lavender, positioned below the main title and above the presenter's name.

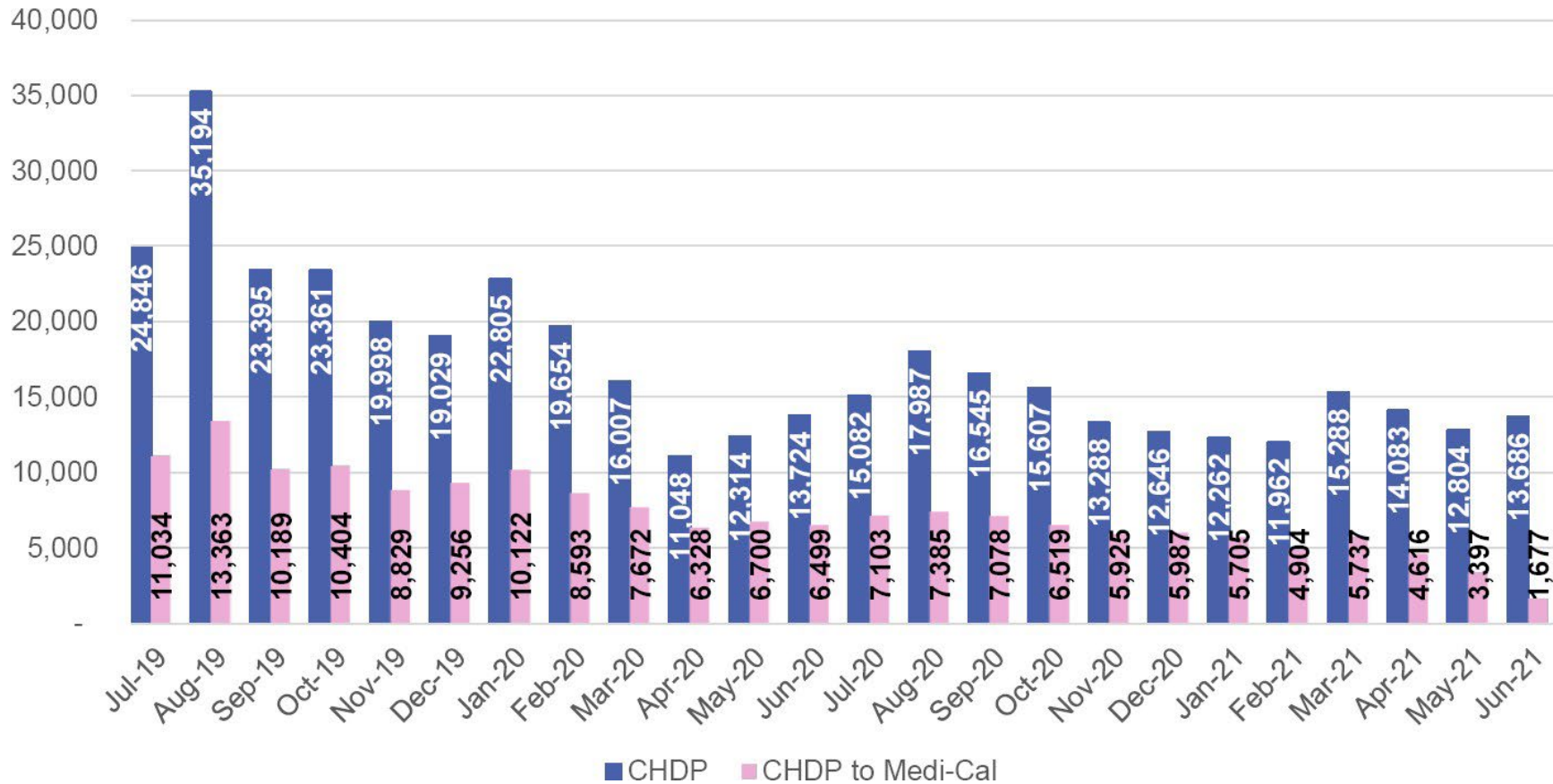
***Daryl Hightower, Medi-Cal Eligibility  
Division (MCED)***

# CPE Overview

- » CHDP implemented the "CHDP Gateway" in 2003. The Gateway:
  - » Is an automated pre-enrollment process for non-Medi-Cal, uninsured children.
  - » Serves as an entry point for children to enroll in ongoing Medi-Cal health care coverage.
  - » Is authorized by Titles XIX and XXI of the Social Security Act.
- » All Medi-Cal providers will be eligible to participate as a CPE enrolling provider.
  - » This includes physicians, nurse practitioners, medical groups, and health clinics.
  - » CHDP Provider Manual is available [online](#) to provide specifics and Frequently Asked Questions (FAQ's).

# CPE Gateway Individuals (Children)

Monthly count of children entering the CHDP Gateway; and of those, how many were subsequently approved for Medi-Cal



Data Source: Extracted from MIS/DSS on 15JUL2021; Data has been refreshed for the most recent 12-month period

# CHDP Transition: Impact on CPE

- » SB 184 does the following:
  - » Authorizes DHCS to broaden the provider network.
  - » Reduces complexities, enhances coordination of care and whole person care, and increases standardization of care across Medi-Cal.

# CPE Continuation

- » CHDP services will be provided by Medi-Cal MCPs, but the Gateway will remain the PE pathway for enrolling children in temporary Medi-Cal.
  - » The new PE program will be named **Children's Presumptive Eligibility (CPE)** and will continue under the existing authority.
- » All Medi-Cal providers are eligible to provide CPE through the Gateway once they submit a Provider Agreement in order to facilitate access to the CPE online application.

# CHDP Transition Impacts

- » With this transition, there will be minimal or no impact on the enrollment process:
  - a. New providers will continue to participate in enrollment training.
  - b. New and existing providers will have access to the CPE portal.
  - c. All other processes will remain the same.

# CPE Provider Enrollment Process

## Current Process

Providers contact local office and apply to participate in the CHDP program, gaining access to the portal (Gateway). PE will provide 60 days of full scope Medi-Cal, and possibly longer if a full Medi-Cal application is submitted and county is adjudicating application.

- Medi-Cal enrolled FFS provider (Enroll via Provider Enrollment Division (PED))
- Medi-Cal Qualified Provider, is a subset of the enrolled FFS provider network and they enroll via California Medicaid Management Information Systems (CA-MMIS) *after* they become enrolled with PED

## Future Process

Medi-Cal enrolled FFS providers request access to the portal to provide PE. The provider becomes a Medi-Cal Qualified Provider via CA-MMIS. Current CHDP providers will retain access to the PE portal. PE will provide 60 days of full scope Medi-Cal, and possibly longer if a full Medi-Cal application is submitted and county is adjudicating application.

- Medi-Cal enrolled FFS provider (Enroll via PED)
- Medi-Cal Qualified Provider, is a subset of the enrolled FFS provider network and they enroll via CA-MMIS *after* they become enrolled with PED



# CPE Child Enrollment Process (continued)

## Current Process



An uninsured family goes to the CHDP provider for routine/periodic health assessment



Through the portal, the CHDP provider presumptively enrolls the child into Medi-Cal



If all eligibility criteria are met, child is conferred immediate, temporary eligibility under CHDP Gateway, and the system assigns an appropriate aid code based on income

## Future Process



An uninsured family goes to a Medi-Cal Qualified Provider



Through the portal, the Medi-Cal Qualified Provider presumptively enrolls the child into Medi-Cal



If all eligibility criteria are met, child is conferred immediate, temporary eligibility under CPE, and the system assigns an appropriate aid code based on income

# CPE Child Enrollment Process (continued)

## Current Process



Child will receive 60 days of temporary full scope FFS Medi-Cal coverage



If the family fills out a Medi-Cal application, a determination is made

## Future Process



Child will get 60 days of temporary full scope FFS Medi-Cal coverage



If the family fills out a Medi-Cal application, a determination is made

# CPE Child Enrollment Process (continued)

## Current Process

If Medi-Cal eligible, the family will receive a welcome packet to choose a MCP. Normal health plan selection rules apply.

First scenario: PE granted on 1/1/23 for 60 days. No Medi-Cal application submitted. PE ends on 2/28/23.

Second scenario: PE granted on 1/1/23 for 60 days. Medi-Cal application submitted. Determined ineligible on 2/6/23. PE ends on 2/6/23.

Third scenario: PE granted on 1/1/23 for 60 days. Medi-Cal application submitted. Determined eligible for Medi-Cal on 2/6/23. PE ends on 2/6/23 and Medi-Cal will backdate the effective date to the month of application (Feb 2023).

Fourth scenario: PE granted on 1/1/23 for 60 days. Medi-Cal application submitted 2/27/23. PE extends until county adjudicates the application.

## Future Process

If Medi-Cal eligible, the family will receive a welcome packet to choose a MCP. Normal health plan selection rules apply. PE termination is date specific based on the adjudication of the Medi-Cal application. The same scenarios and eligibility rules apply.

# CPE Child Enrollment Process (continued)

## Current Process



Child is enrolled into Medi-Cal Managed Care – All normal plan selection rules apply.  
This does not change.

## Future Process



Child is enrolled into Medi-Cal Managed Care – All normal plan selection rules apply.  
This does not change.

### **In summary, the key changes include:**

- » **Branding name change from CHDP Gateway to CPE portal**
- » **Shifting provider enrollment away from local county CHDP program**

# CPE Training Requirements and Content

- » New CPE Program training will re-purpose and utilize relevant existing training materials.
- » [Gateway Section](#) of existing CHDP Provider Manual.
  - » Existing Gateway Step-by-Step Internet Transaction User Guide (including providing PE and enrolling child/youth).
  - » Existing [supplemental materials](#) are available on CHDP website.

# CPE Provider Eligibility Criteria, Quality Assurance, and Communication

- » Rules and criteria for provider eligibility will mirror the other PE programs, such as Hospital Presumptive Eligibility (HPE).
- » Quality assurance will be transitioned into the larger Medi-Cal universe.
  - » Child Core Set quality assurance and monitoring will be performed.
- » SPA 22-0036, currently under CMS review, will authorize the changes of SB 184 in the Medicaid State Plan as it relates to broadening the providers under CPE.

# Impact on Existing CHDP Gateway PE Providers

- » All qualified providers enrolled in the CHDP Program as of June 30, 2024, will be **automatically enrolled** as providers under CPE on July 1, 2024
- » CA-MMIS is currently planning for outreach to existing CHDP Providers as part of the transition of National Provider Identifiers (NPI) and provider materials to new provider enrollment for CPE (through system development notice 22024)

# Impact on Beneficiaries Over the Age of 19

- » CPE will provide coverage up to, and including, age 18.
- » Beneficiaries over the age of 19 will have access to enrollment into HPE or Presumptive Eligibility for Pregnant Women (PE4PW) as a PE pathway.
- » All applicants are encouraged to apply for Medi-Cal through the [Covered CA portal](#).



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# February 8 CHDP Transition Workgroup

The February 8 CHDP Transition Workgroup meeting will focus on Monitoring and Oversight Activities,\* including:

1. Provider oversight and monitoring.
2. Monitoring and oversight post transition plan for beneficiaries (e.g., EPSDT).
3. Care coordination for FFS population.
  - a) Referrals to dental, WIC, specialty care, and NHSP for FFS beneficiaries.

\* Meeting topics may be subject to change

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# Next Steps

- » Meeting summary.
- » **Following this meeting DHCS will request the following from Workgroup members:**
  - » Review transition plan proposal and provide feedback.
  - » Feedback on the CPE presentation.

# Workgroup Meeting Logistics

Meeting notices and materials to be posted on the [CHDP Program Transition website](#)

## 2023 Workgroup Meeting Dates\*

- » February 8
- » March 22
- » 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](mailto:SBrooks@sellersdorsey.com) or Alex Kanemaru at [AKanemaru@sellersdorsey.com](mailto:AKanemaru@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](mailto:chdpprogram@dhcs.ca.gov)

The background of the slide is a purple-tinted image featuring a stethoscope on the right side and a line graph on the left. The graph has a vertical axis with numerical markers at 3, 6, 9, 12, and 15. The text "Thank you!" is centered in a large, white, sans-serif font.

**Thank you!**