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

DHCS

February 8, 2023

# Agenda

| | |
|---|---|
| Welcome and Meeting Information | 1:00-1:05 |
| Roll Call | 1:05-1:10 |
| Policy Updates | 1:10-1:25 |
| January Meeting Summary and Homework | 1:25-1:35 |
| CHDP Transition Plan | 1:35-1:45 |
| Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) | 1:45-2:15 |
| Quality and Population Health Management (QPHM) Initiatives to Support the Transition | 2:15-2:45 |
| Break | 2:45-2:55 |
| Managed Care Monitoring and Oversight | 2:55-3:25 |
| March 22 CHDP Transition Workgroup Overview | 3:25-3:40 |
| Public Comment | 3:40-3:55 |
| Next Steps | 3:55-4:00 |

# Housekeeping & Webex Logistics

## Do's & Don'ts of Webex

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

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

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# Workgroup Members

- **Beth Malinowski,** Service Employees International Union
- **Cheri Stabell,** 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
- **Kenzie (Poncy) Hanusiak,** Partnership Health Plan
- **Kim Saruwatari,** Riverside County
- **Lori Gardner,** Madera County

# Workgroup Members, continued

- **Mary Giammona, MD,** Molina Healthcare
- **Megan Blanchard,** Humboldt County
- **Nancy Netherland,** Medi-Cal Children's Health Advisory Panel Parent Representative
- **Pip Marks,** Family Voices of California
- **Rebecca Sullivan,** Local Health Plans of California
- **Shakoora Azimi-Gaylon,** California Department of Public Health, Childhood Lead Poisoning Prevention Branch
- **Tanesha Castaneda,** Santa Barbara County
- **Tooka Zokaie*,** California Dental Association
- **Yasangi Jayasinha,** American Academy of Pediatrics California

* Indicates delegate

# 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

# DHCS Sister Divisions

## Quality and Population Health Management (QPHM)

- **Dr. Pamela Riley,** Assistant Deputy Director & Chief Health Equity Officer
- **Carrie Whitaker**, Nurse Consultant III (Specialist)

## Managed Care Quality and Monitoring Division (MCQMD)

- **Dana Durham,** Division Chief
- **Stacy Nguyen,** Branch Chief
- **Adrienne McGreevy,** Health Program Specialist II
- **Ariana Hader-Smith,** Health Program Specialist I

## Managed Care Operations Division (MCOD)

- **Michelle Retke,** Division Chief

## Medi-Cal Dental Services Division (MDSD)

- **Adrianna Alcala-Beshara,** Division Chief
- **Monique Garcia,** Section Chief

# 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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# Public Health Emergency (PHE) Unwinding Update

DHCS' goal is to minimize beneficiary burden and promote continuity of coverage for our beneficiaries by doing the following:

- California Children Services (CCS) Client Notification
- CCS PHE Unwinding Guidance
- Telehealth Numbered Letter
- DHCS Ambassador Campaign
- Whole Child Model and CCS County Coordination
- Annual Determinations

# PHE Unwinding Update, continued

Consolidated Appropriations Act of 2023

- Referred to as the Omnibus Spending Bill
- The continuous coverage requirements will end on March 31, 2023
- Beginning in February, DHCS will host weekly statewide support calls with local county offices
- DHCS will implement a broad and targeted education and outreach communications campaign
- DHCS will work closely with the Coverage Ambassadors
- Member notices and the CCS Unwinding Plan are currently being updated to reflect the start of Medi-Cal's redeterminations

# Workgroup Discussion

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# January Meeting Summary

- During the January meeting, the CHDP Transition Workgroup convened to discuss the following topics:
  - CHDP transition purpose and timeline
  - CHDP transition workgroup expectations and timeline
  - Children's Presumptive Eligibility (CPE)

# Homework from January Workgroup

***CPE Processes and Requirements***

- Feedback requested from workgroup members on CPE processes and requirements including the CHDP Transition Plan
- Generally, feedback to the CPE process included:
  - Requests for outreach among providers to ensure CHDP providers are aware of the shift from CHDP Gateway to CPE
  - Questions around how a child/family will manage care and/or navigate delivery systems after receiving CPE for 60 days
  - Ensuring provider site staff know how to best assist families with CPE
  - Provider trainings on how to use the CPE system
  - Encourage a public outreach and education strategy targeted at the fee-for-service (FFS) population
  - How will a child/family navigate provider practices not accepting new patients at the time of request

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# CHDP Transition

- To reduce administrative complexities, DHCS will sunset and/or fully transition components of the CHDP Program that already exist in other Medi-Cal delivery systems
- Senate Bill 184 requires DHCS to consult with stakeholders in the development of a transition plan, which will be developed and finalized by December 2023
- The CHDP Transition Plan will include:
  - A post-transition monitoring and oversight plan
  - A plan for how providers will be monitored
  - A plan to integrate Childhood Lead Poisoning Prevention (CLPP) program activities through existing Medi-Cal delivery systems
  - A plan to fund administrative and service costs for the Health Care Program for Children in Foster Care (HCPCFC)
  - An analysis and plan to retain existing local CHDP positions
  - Opportunities for alignment with Quality and Population Health Management

# Transition Plan Revision Process

- DHCS will be soliciting feedback on the transition plan proposal on the DHCS website over the course of this stakeholder engagement
- DHCS will be looking for the workgroup members to raise to DHCS any gaps or incorrect statements in the transition plan based on experience and provide examples on what happens in practice
- This engagement will allow DHCS to amend the transition plan as needed

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# Early & Periodic Screening, Diagnostic and Treatment (EPSDT)

**Dr. Pamela Riley,** QPHM Assistant Deputy Director & Chief Health Equity Officer

**Stacy Nguyen,** MCQMD Branch Chief

# EPSDT: CHDP & MCP Parallels

| CHDP Program Activity | MCP Covered Services |
|---|---|
| Full Medi-Cal FFS benefits during the pre-enrollment period (pg. 5) | **No Change**. The CPE program will allow for the same pre-enrollment FFS benefits to continue. |
| Periodicity and Medically Necessary Interperiodic Health Assessments (pg. 6) | **No Change**. Already a required part of EPSDT services which are available in FFS and Medi-Cal managed care. |

[Proposal to Discontinue Child Health and Disability Prevention Program]

# EPSDT: CHDP & MCP Parallels

| CHDP Program Activity | MCP Covered Services |
|---|---|
| Dental Periodicity<br>• Screening & oral assessment at every EPSDT/CHDP health assessment<br>• Referrals to dentists per guidelines | **No Change**. Services are Medi-Cal EPSDT services and are available in both FFS and Managed Care Delivery Systems. |
| Provider adherence to CHDP Health Assessment Guidelines, which support the AAP Bright Futures Guidelines (p. 7) | **No Change**. MCPs are contractual obligated to follow AAP/Bright Futures guidelines and periodicity schedule. |

[Proposal to Discontinue Child Health and Disability Prevention Program]

# EPSDT: CHDP & MCP Parallels

| CHDP Program Activity | MCP Covered Services |
|---|---|
| Required provider participation in the Vaccines for Children (VFC) program (p. 8) | **No Change**. MCPs are contractual obligated to participate in the VFC program. |
| Education and outreach to eligible families (p.9) | **No Change**. MCPs are required inform children or families/ primary caregivers about the availability of EPSDT services and must annually outreach to children or their families/primary caregivers who have not accessed EPSDT services. |

Proposal to Discontinue Child Health and Disability Prevention Program

# EPSDT: CHDP & MCP Parallels

| CHDP Program Activity | MCP Covered Services |
|---|---|
| Assistance to families in obtaining services, including transportation for medical appointments and services | **No Change**. MCPs are required to provide care coordination assistance under EPSDT which includes those services currently provided under CHDP. |
| Provider assistance contacting patients and scheduling appointments(p. 9) | **No Change**. MCPs are required to provide care coordination assistance under EPSDT which includes those services currently provided under CHDP. |

Proposal to Discontinue Child Health and Disability Prevention Program

# EPSDT Outreach and Education Toolkit

## Part of Medi-Cal's Strategy to Support Health & Opportunity for Children & Families

- **Key Initiative:** Outreach and education toolkit on the intent and scope of EPSDT to enhance understanding and access to care

- **Initiative Elements Discussed in Strategy:**
  - Core audiences of families, providers, and MCPs
  - Toolkit that describes how EPSDT works and what it covers
  - Coordination of toolkit with a range of child-serving stakeholders (e.g., key state agencies, local government entities, community-based advocates) to deliver targeted messaging related to services available under EPSDT

In 2019, DHCS started to develop member-facing materials focused on children's preventive services to be responsive to a 2019 California State Audit on children's preventive services; work was paused due to COVID-19. This toolkit builds on our prior work and the recent follow up 2022 California State Audit.



See Medi-Cal's Strategy to Support Health & Opportunity for Children & Families.

# EPSDT Outreach & Education Toolkit: Goals

- **Improve enrollee understanding** of how Medi-Cal for children and youth works, what it covers, its role in preventive care screening, diagnosis and treatment, and medical necessity requirements.
- **Increase coordination with a range of child-serving stakeholders**, including key state agencies, local government entities, and community-based advocates to help disseminate EPSDT Outreach & Education Toolkit materials.
- **Support providers, Medi-Cal managed care plans, and children and youth stakeholders** in better understanding Medi-Cal for children and youth through training materials, technical assistance, policy guidance, and model communication tools.
- **Launch a new name for EPSDT** to promote greater understanding of what children and youth are entitled to under the Medi-Cal program.

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# QPHM Initiatives to Support Transition

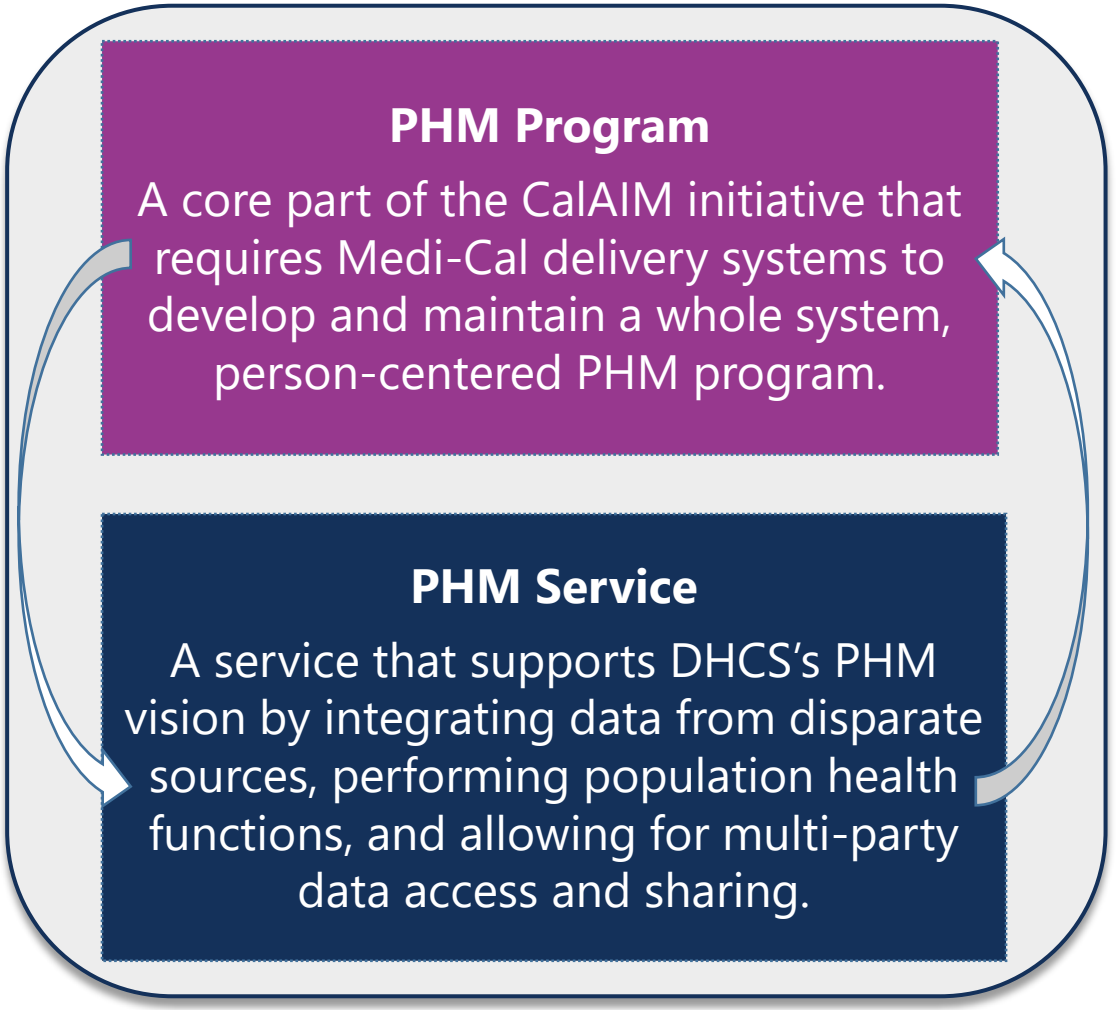
**Dr. Pamela Riley,** Assistant Deputy Director & Chief Health Equity Officer

# CalAIM Population Health Management (PHM)

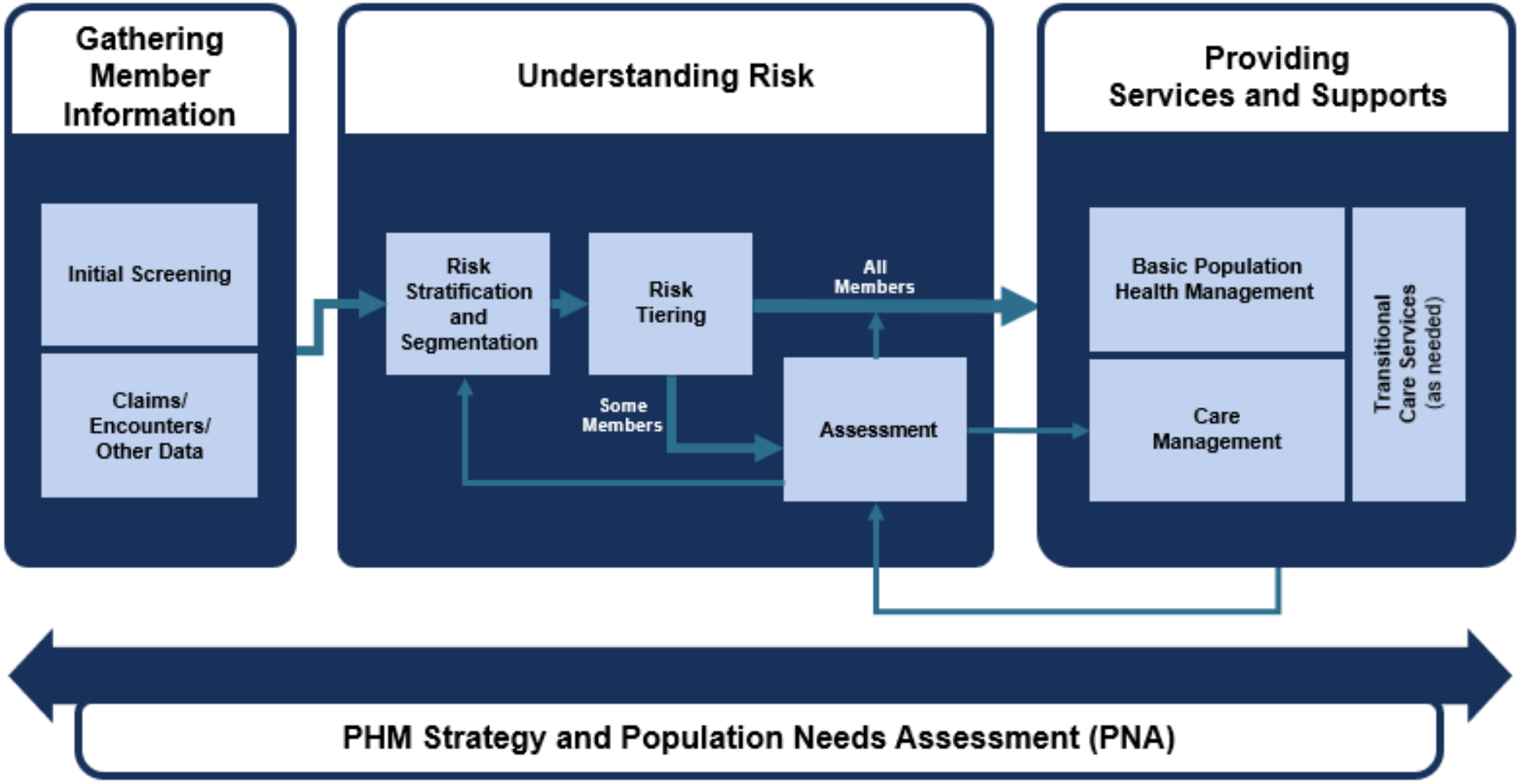
- The cornerstone of CalAIM, the PHM Program will establish a cohesive, statewide approach that ensures Medi-Cal members have access to a comprehensive program that leads to longer, healthier and happier lives, improved health outcomes, and health equity. PHM will improve the way Medi-Cal:
  - Builds trust and meaningfully engages with members;
  - Gathers, shares, and assesses timely and accurate data on member preferences and needs to identify effective interventions;
  - Connects members to preventive care and other care management and transitional care services; and
  - Identifies and mitigates social drivers of health (SDOH) to reduce disparities by linking to public health and social services.
  - **Reinforces and builds upon the foundation of EPSDT with specific focus on underutilization of services by children**

# (Cont.) CalAIM Population Health Management (PHM)

- **To support the PHM Program, DHCS is developing the PHM Service, the analytical backbone that will give individuals access to their own data as well as plans, providers, and other partners the ability to access integrated data about Medi-Cal members.**



# PHM Framework



# CalAIM Care Management Continuum

**MCPs are required to have a broad range of programs and services to meet the needs of all members organized into the following three areas, at different levels of intensity.**

**Enhanced Care Management (ECM)** is for the **highest-need members** and provides intensive coordination of health and health-related services.

**Complex Care Management (CCM)** is for members at **higher- and medium-rising risk** and provides ongoing chronic care coordination, interventions for temporary needs, and disease-specific management interventions.

**Basic Population Health Management (BPHM).** BPHM is the array of programs and services for **all** MCP members, including care coordination and comprehensive wellness and prevention programs, all of which require a strong connection to primary care.

**Transitional Care Services** are also available for all MCP members transferring from one setting or level of care to another.

For more information, see the PHM Program Guide

# ECM Core Services

**DHCS has defined seven "ECM core services," which must be provided regardless of county/region or ECM Population of Focus for both adults and children/youth.**

**Outreach and Engagement**

**Comprehensive Assessment and Care Management Plan**

**Coordination of and Referral to Community and Social Support Services**

**Enhanced Coordination of Care**

**Member and Family Supports**

**Health Promotion**

**Comprehensive Transitional Care**

For more information on ECM Core Services, see ECM Policy Guide (December 2022) on the DHCS ECM & Community Supports Website

# ECM Populations of Focus

New

| ECM Population of Focus | | Adults | Children & Youth |
|---|---|---|---|
| 1 | Individuals Experiencing Homelessness | ✓ | ✓ |
| 2 | Individuals At Risk for Avoidable Hospital or ED Utilization (*formerly called "High Utilizers"*) | ✓ | ✓ |
| 3 | Individuals with Serious Mental Health and/or SUD Needs | ✓ | ✓ |
| 4 | Individuals Transitioning from Incarceration | ✓ | ✓ |
| 5 | Adults Living in the Community and At Risk for LTC Institutionalization | ✓ | |
| 6 | Adult Nursing Facility Residents Transitioning to the Community | ✓ | |
| 7 | Children and Youth Enrolled in CCS or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition | | ✓ |
| 8 | Children and Youth Involved in Child Welfare | | ✓ |
| 9 | Individuals with I/DD | ✓ | ✓ |
| 10 | Pregnant and Postpartum Individuals; Birth Equity Population of Focus | ✓ | ✓ |

For more information on ECM Populations of Focus, see the appendix slides or the ECM Policy Guide (December 2022) on the DHCS ECM & Community Supports Website

# ECM Enhancing Pre-Existing California Programs

**Existing programs with a care coordination/care management component serve many of the same children and youth who will be served in ECM.**

**Children & Youth Focused California Programs**

- California Children's Services (CCS)
- CCS Whole Child Model (WCM)
- Specialty Mental Health Services (SMHS) Targeted Case Management (TCM)
- SMHS Intensive Care Coordination (ICC)
- California Wraparound
- Health Care Program for Children in Foster Care (HCPCFC)

**Vision**

- ECM will provide whole child care management **above and beyond** what is provided by the pre-existing programs
- ECM serves as the **single point of accountability** to ensure care management across multiple systems/programs – the "air traffic control" role
- ECM does **not take away funding from existing care management programs**; other programs' care managers can choose to enroll as an ECM provider and receive **additional** reimbursement for ECM from MCPs

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# Managed Care Monitoring and Oversight

**Dana Durham**, MCQMD Division Chief

**Adrienne McGreevy**, MCQMD Health Program Specialist II

**Dr. Pamela Riley,** Assistant Deputy Director & Chief Health Equity Officer

# MCP Community Connections/Oversight

- **Memorandums of Understanding (MOUs)**
  - MOUs with 20+ local government agencies, community-based organizations and government-funded programs required within each county to exchange referrals and coordinate services
- **Community Advisory Committees (CACs)**
  - Representative of the Medi-Cal population in each county encompassing hard-to-reach and populations experiencing health disparities also including, but not limited to, tribal representatives, local health jurisdictions, community-based organizations, and traditional and safety net providers
  - Provides input/advice on culturally appropriate service design, priorities for health education and outreach, member satisfaction surveys, population health management strategies, community resources/information, health systems reforms to improve health outcomes, coordination of care, health equity, and accessibility of services

# Oversight for Managed Care Providers

| Current CHDP Program Activity | Current Process |
| --- | --- |
| **Provider Audits**<br>• Onsite audit at least every 3 years using the CHDP Facility & Medical Record Review tools<br>• Based upon audit results the local program:<br>  • Submits a disenrollment to DHCS,<br>  • Requires corrective action or<br>  • Approves the provider for another 3 years (takes no action in terms of communication with DHCS)<br>• Local programs may audit at any time based upon their own discretion | **Provider Site Review**<br>• Initial site review and subsequent reviews at least every 3 years using DHCS' most current Facility Site Review and Medical Record Review tools including Bright Futures guidelines<br>• Based upon site review results the MCP:<br>  • Requires corrective action or<br>  • Issues a Certificate of Completion to the provider that is valid for up to 3 years<br>• MCPs or DHCS may conduct site review at any time based upon their own discretion<br>• DHCS continuously conducts provider site reviews for quality assurance |

# Oversight for Managed Care Providers

| Current CHDP Program Activity | Current Process |
| --- | --- |
| **Onboarding New CHDP Providers**<br>• Medi-Cal providers submit an application to the local CHDP program<br>• The local CHDP program confirms that the provider qualifies, then initiates the provider to the program and educational resources available to them.<br>• The local CHDP program then conducts an on-site audit utilizing the CHDP Facility & Medical Record Review tools<br>• Based upon the audit result, the local CHDP program: rejects the application, requires corrective action or sends an approval to DHCS<br>• DHCS then designates the Medi-Cal provider as also being a CHDP provider | **Onboarding New MCP Providers**<br>• Medi-Cal providers submit a network provider application to the MCP<br>• MCP verifies providers credentials<br>• MCP conducts an initial onsite review per previously stated provider site review process<br>• Medi-Cal providers sign a DHCS approved MCP network provider agreement<br>• MCP provides Medi-Cal program training within ten working days and be completed within 30 working days of being an active MCP provider |

# Oversight for Managed Care Providers

| Current CHDP Program Activity | Current Process |
| --- | --- |
| **MCP Ongoing Provider-Related Activities**<br>• Maintenance of a file for all CHDP providers in their jurisdiction. A list of CHDP providers is maintained and shared with other entities as a resource (e.g., schools share the list with parents needing health services and who may benefit from the use of presumptive eligibility coverage)<br>• Distribution of CHDP Provider Notices, fielding of resulting questions/concerns.<br>• CHDP staff provide direct training and/or education materials to providers upon request or upon identification of need. | **MCP Ongoing Provider-Related Activities**<br>• Monthly submission to DHCS of a file for all network providers within each services area. A directory of MCP providers is maintained and posted publicly on the MCP's online website as a resource that is required to be refreshed monthly<br>• Distribution of All Plan Letters impacting providers within 30 days of the effective date, fielding all resulting questions and concerns.<br>• MCP staff provide direct training and/or education materials to providers upon request or upon identification of need.<br>• Document bi-annual provider training that includes EPSDT-specific training and diversity, equity and inclusion training. |

# MCP Care Coordination

| Current CHDP Program Activity | Future Process |
|---|---|
| **Incoming Referrals**<br>Receipt of referrals from providers and other community entities, such as schools. Individual may also contact the program directly to obtain assistance. | **Closed-Loop Referrals**<br>Tracking and resolution of referrals from partnerships & providers such as with community-based organizations, local health departments and local educational agencies. Members may also contact the MCP to obtain assistance. |
| **Specialty Care**<br>A provider may send a child/youth through CHDP for referral after a positive physical, mental health and/or developmental screen. | **Specialty Care**<br>A provider may send a child/youth through MCP for referral after a positive physical, mental health and/or developmental screen. |
| **Referrals to Dental**<br>Medi-Cal dental provider, Dental Managed Care (DMC) Plan, or FFS dental contractor (Delta Dental) may refer to CHDP when DMC or Delta Dental have been unsuccessful in linking the child/youth with needed dental care. | **Referrals to Dental**<br>Provision of Medically Necessary Federally Required Adult Dental Services (FRADS), fluoride varnish, and some dental services. MCP Dental Liaison coordinates non-covered services after a positive screen. |
| **Newborn Hearing Screening Program (NHSP)**<br>The Hearing Coordination Center reaches out to the CHDP program Public Health Nurses for updated contact information found in the Medi-Cal Eligibility Data System if a family is unreachable. | **Vision & Hearing Screening**<br>MCPs train providers to conduct hearing and vision screenings as part of EPSDT. Provider may send a child/youth through MCP for coordination of non-covered services after a positive screen |

# Additional
# MCP & DHCS Monitoring/Oversight

- **Grievances and Appeals**
  - Monitored quarterly for signs of potential program challenges/trends
  - Ensures oversight of quality of care, care coordination and access to services
- **Network Adequacy**
  - Includes time or distance and timely access standards for all provider types including pediatric dental
  - Ensures the capacity to serve the eligible Medi-Cal population within services areas including children and youth with presumptive eligibility

# Additional DHCS-Only Monitoring and Oversight

- **Onsite Plan Audits**
  - Annual in-depth medical surveys of MCPs that evaluates the MCP's compliance with the DHCS/MCP contract
- **Office of the Managed Care Ombudsman**
  - Neutral party that helps resolve member problems to ensure members receive all medically necessary covered services
- **Managed Care Accountability Set (MCAS)**
  - An annually reported set of performance measures that reflects the quality, accessibility, and timeliness of care provided by MCPs

# MCAS Measures Related to EPSDT Services

| Child & Adolescent Preventative Health Measures (MY 2022 & 2023) |
| --- |
| 1. Child and Adolescent Well-Care Visits (WCV)<br>2. Childhood Immunization Status: Combination 10 (CIS-10)<br>3. Immunizations for Adolescents: Combination 2 (IMA-2)<br>4. Lead Screening in Children (LSC)<br>5. Well-Child Visits in the First 30 Months of Life – Well-Child Visits in the First 15 Months (W30)<br>6. Well-Child Visits in the First 30 Month of Life - Well-Child Visits for Age 15 Months - 30 Months (W30)<br>7. Developmental Screening in the First Three years of Life (DEV)<br>8. Topical Fluoride for Children (TFL-CH) |

# MCAS Performance Levels

- DHCS establishes high performance levels (HPLs) and minimum performance levels (MPLs) for a select number of MCAS Healthcare Effectiveness Data and Information Set (HEDIS) measures
- HPLs used as performance goals and to recognize MCPs for outstanding performance
- MCPs are contractually required to perform at or above MPLs.
  - DHCS can impose sanctions (e.g., financial penalties, auto-assignment withholds) on MCPs that fail to meet the required MPLs
  - The level and type of sanction depends on the number of deficiencies and the severity of the quality issues identified

| Tiers* | All Plans | Green Tier | Orange Tier | Red Tier |
|---|---|---|---|---|
| **Triggers** | N/A | One measure below the MPL, per domain | Two or more measures below the MPL in any one domain | Three or more measures in two or more domains |
| **Quality Improvement (QI) requirements** | • 2 Performance Improvement Projects<br>• Quarterly regional collaborative calls<br>• Actively engage and collaborate across delivery systems to improve quality measures | • Plan-Do-Study-Act (PDSA)<br><br>*Max of 3 PDSAs across domains for each MCP* | • PDSA<br>• Strengths, Weaknesses, Opportunities, and Threats (SWOT)<br><br>*Max of 1 SWOT on any domain and 2 PDSAs for remaining triggered domains* | • Quality Improvement MCP assessment and strategic plan<br>• Executive leadership meeting every four months<br>• Nurse Consultant meetings prior to executive meetings |
| **Enforcement Action** | Sanctions are applicable to all MCPs that performed below the MPL on quality performance measures. | | | |

# Workgroup Discussion

# Agenda

| | |
|---|---|
| Welcome and Meeting Information | 1:00-1:05 |
| Roll Call | 1:05-1:10 |
| Policy Updates | 1:10-1:25 |
| January Meeting Summary and Homework | 1:25-1:35 |
| CHDP Transition Plan | 1:35-1:45 |
| Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) | 1:45-2:15 |
| Quality and Population Health Management (QPHM) Initiatives to Support the Transition | 2:15-2:45 |
| Break | 2:45-2:55 |
| Managed Care Monitoring and Oversight | 2:55-3:25 |
| March 22 CHDP Transition Workgroup Overview | 3:25-3:40 |
| Public Comment | 3:40-3:55 |
| Next Steps | 3:55-4:00 |

# Transition Workgroup Topics and Timeline

| CHDP Program Transition Workgroup Timeline* | |
|---|---|
| **Date (2023)** | **Activity** |
| **March 22** | *Meeting Topic:* Transition of CHDP Resources<br>• Reallocation of CHDP funds and staff |
| **May 3** | *Meeting Topic:* CLPP Activities<br>• DHCS and California Department of Public Health (CDPH) partnership<br>  ○ Data sharing agreement, joint lead guidelines, and collaboration regarding lead policy<br>• Provider education and training<br>• Medical record review |
| **June 14** | *Meeting Topic:* HCPCFC as a Standalone Program<br>• Financial<br>  ○ Administrative supplement, policy and budget restrictions, and allocation methodology<br>• Training and program manual<br>• Enhanced monitoring and oversight<br>• Memorandums of Understanding (MOU) |

* Dates and meeting content are subject to change

Ongoing Workgroup Feedback Throughout

# March 22 CHDP Transition Workgroup

**The March 22 CHDP Transition Workgroup meeting will focus on the transition of CHDP resources*, including:**

- Funds
- Staff

* Meeting topics may be subject to change

# Discussion Questions

**DHCS requests your feedback on the following questions:**

1. What considerations should DHCS take into account in the reallocation of CHDP funds and staffing?
2. What considerations should DHCS take into account when developing the distribution of current CHDP allocated funds between CCS and HCPCFC?
3. Approximately what percent of your county's administrative time is separately devoted to CCS, CHDP, and HCPCFC?
4. Is there a certain information/budget format or structure that Workgroup members prefer for the March 22 meeting?

* Meeting topics may be subject to change

# Workgroup Discussion

# Agenda

| | |
|---|---|
| Welcome and Meeting Information | 1:00-1:05 |
| Roll Call | 1:05-1:10 |
| Policy Updates | 1:10-1:25 |
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| Break | 2:45-2:55 |
| Managed Care Monitoring and Oversight | 2:55-3:25 |
| March 22 CHDP Transition Workgroup Overview | 3:25-3:40 |
| Public Comment | 3:40-3:55 |
| Next Steps | 3:55-4:00 |

# Public Comment

# Agenda

| | |
|---|---|
| Welcome and Meeting Information | 1:00-1:05 |
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| Break | 2:45-2:55 |
| Managed Care Monitoring and Oversight | 2:55-3:25 |
| March 22 CHDP Transition Workgroup Overview | 3:25-3:40 |
| Public Comment | 3:40-3:55 |
| Next Steps | 3:55-4:00 |

# 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 Monitoring and Oversight presentation

# Workgroup Meeting Logistics

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

**2023 Workgroup Meeting Dates***

- March 22
- May 3
- June 14

* Dates and meeting content are subject to change

# Thank you!

DHCS

# Contact Information

- For more information, questions, or feedback regarding the CHDP Transition Workgroup, please email Sarah Brooks at SBrooks@sellersdorsey.com or Alex Kanemaru at 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