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ACTING DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



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January 29, 2020

CHDP Provider Information Notice No.: 20-01

TO: All Child Health And Disability Prevention (CHDP) Program Providers and  
Medi-Cal Dental Providers

SUBJECT: Child Health and Disability Prevention Program Follow Up Assistance to  
Medical Dental Providers

Attached is the letter signed by the Medi-Cal Dental Services Division and the Integrated Systems of Care Division to notify Medi-Cal Dental providers of the assistance available from the local county Child Health and Disability Prevention programs.

Sincerely,

**ORIGINAL SIGNED BY**

Evelyn Schaeffer, Chief  
Integrated Systems of Care Division

Enclosure



RICHARD FIGUEROA  
ACTING DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



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Dear Medi-Cal Dental Provider:

The Child Health and Disability Prevention (CHDP) Program is California's preventive health assessment program for fee-for-service Medi-Cal beneficiaries under 21 years of age. The CHDP Program fulfills the early and periodic screening component of the federal Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit for this population. Local CHDP programs link children with physical, developmental, behavioral or oral health issues to appropriate providers. This includes preventing lapses of care and maintaining the continuity of dental care for those in need.

The CHDP program mission includes linking all children with fee-for-service (FFS) Medi-Cal to dental health services by the first tooth/first birthday, or earlier if a dental-related problem is suspected or detected, and maintaining continuity of dental care for those children/youth in need of treatment, including those at risk of lapses in continuity of care/treatment.

Local CHDP programs are available to assist Medi-Cal dental providers to:

- Minimize the number of Medi-Cal beneficiaries ages 0-6 years of age who have been referred or scheduled for a dental appointment who are lost to dental follow-up/care.
- Minimize the number of Medi-Cal beneficiaries under 21 years of age with an urgent/emergent dental condition who are lost to dental follow-up/care.
- Educate and assist Medi-Cal beneficiaries whose care is being followed by CHDP to establish a dental home.

In this context, the CHDP program will act as a follow-up resource of last resort. The referral to a CHDP program for the prevention of loss to dental follow-up/care is only to be made when the Medi-Cal dental provider, a Dental Managed Care (DMC) Plan, or the FFS dental contractor (Delta Dental) has been unsuccessful in linking the child/youth with needed dental care. CHDP programs in DMC counties (Los Angeles and Sacramento) will work with DMC plans to coordinate needed CHDP dental follow-up referrals for plan enrollees.

Medi-Cal dental providers participating in Dental Transformation Initiative (DTI) activities (e.g., Domain 1 – increase preventive services utilization, Domain 3 - continuity of care pilot) may not refer to the CHDP program as a mechanism to substitute for DTI related efforts or to enhance DTI incentive payments.

### **Implementation**

Local CHDP programs support linkages to a dental home at age one and provide referral assistance for any FFS Medi-Cal beneficiary under 21 years of age whose well-child preventive health assessment results in a dental referral. However, until now, Medi-Cal dental provider initiated requests for follow-up assistance have not been part of CHDP operations.

Upon request, local CHDP programs will provide assistance to prevent loss to dental follow-up care, upon request, and will educate the family during typical program encounters about the importance of and coverage for early preventive and ongoing dental health care. This will include education regarding establishing and maintaining a dental home.

As necessary, local CHDP programs will orient Medi-Cal dental providers and their staff to dental follow-up assistance and associated processes available through CHDP. Before requesting follow-up assistance, it is expected that the Medi-Cal dental provider will:

- Attempt to reach the family in accordance with current practice standards.
- Utilize existing dental care coordination and/or dental case management resources available to the Medi-Cal beneficiary by calling the Medi-Cal Dental Telephone Service Center at 1-800-322-6384.

The Medi-Cal dental provider is responsible for determining the need to submit a dental follow-up request to CHDP.

- The enclosed Dental Provider Follow-up Request Form has been developed for the dental provider's use and includes identification and contact information, as well as relevant dental history, to permit CHDP to initiate follow-up. The local county CHDP program will provide fax line information and a local version of the form.
- Transmission from the Medi-Cal dental provider to the local CHDP program must be by secure means to avoid the inappropriate disclosure of protected health information (PHI).

The local CHDP program will report the outcome of the follow-up to the Medi-Cal dental provider within sixty days of receiving the Dental Provider Follow-up Request Form. The CHDP program response will include the action taken and outcome.

When the local CHDP program receives a request from the Medi-Cal dental provider, the local county CHDP program will:

- Apply a tracking system for the follow-up request received from the dental provider.
- Initiate follow up within five business days from the date of receipt of the dental provider's request for follow-up.
- Contact the family of the referred child when it is determined that assistance is needed with:
  - Scheduling/re-scheduling of an appointment for dental services.
  - Transportation to an appointment.
- Determine and document if the child has a pending appointment with a dental provider to receive the recommended oral health services.
- Contact the family to encourage follow through with the scheduled appointment and to assess and resolve any obstacles in making or keeping the appointment.
- Follow up within three business days after the scheduled appointment to confirm the member kept the appointment.
- Contact the family a second time and offer assistance if the family fails to keep the scheduled appointment.
- Document any findings and efforts made and the outcome.
- Update the tracking system to indicate the result.
- Consider the follow-up complete and closed when the local CHDP program has verified that:

- The child presented for a scheduled appointment and is in treatment, or has completed the recommended dental care.
- The family is unable or unwilling to comply with the recommended plan of care despite support from the CHDP staff.
- The family failed a minimum of two appointments, refused care, or refused further contact from CHDP.
- Efforts to contact the family elicited no response after a minimum of three good faith efforts. Good faith efforts will always include at least three telephone calls at different times on different days, one or more letters to the home address and to an alternate address, if any, and to the extent feasible, a home visit (note left at the address if no direct personal contact is made).
- Send a report on the status of the follow-up to the requesting dental provider thirty calendar days from the date of the dental provider's initial request, when the CHDP program follow-up is ongoing.
- Send a final report of the follow-up results within five business days after the conclusion of the follow-up and no later than sixty days from the date of the dental provider's initial request.

Note that children/youth in foster care are normally followed by a Public Health Nurse (PHN) with the Health Care Program for Children in Foster Care (HCPCFC) or social worker to ensure all necessary health care services are provided while the child remains in foster care. A report by a Medi-Cal dental provider to CHDP regarding a child in foster care who is at risk for loss to follow-up will be forwarded by CHDP to the appropriate county welfare agency representative. The course of follow-up/ongoing care coordination by the county welfare agency will differ from the CHDP protocol above. A dental health care history may be requested separately by the HCPCFC PHN, social worker, or the foster care caregiver.

To establish the necessary reporting linkage, Medi-Cal dental providers should locate local county CHDP program phone numbers at the link below and request to speak to the CHDP dental follow-up coordinator. The CHDP dental follow-up coordinator will provide the local CHDP program fax line or a local version of the referral form and any local submission instructions. The CHDP follow-up coordinator can also discuss the scheduling of an on-site or group orientation for the dental provider's staff, if requested.

<http://www.dhcs.ca.gov/services/chdp/Pages/CountyOffices.aspx>

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General questions regarding the new CHDP program follow-up process or regarding this communication may be directed to the DHCS CHDP Program mailbox at [chdpprogram@dhcs.ca.gov](mailto:chdpprogram@dhcs.ca.gov).

Sincerely,

**ORIGINAL SIGNED BY**

Evelyn Schaeffer, Chief  
Integrated Systems of Care Division  
Department of Health Care Services

Alani Jackson, Chief  
Medi-Cal Dental Services Division  
Department of Health Care Services

Enclosure

# Dental Provider – Dental Care Follow-up Request Form

**Child Health and Disability Prevention (CHDP) Program** Fax this form to the Local CHDP Program – fax number:

Patient will be contacted. CHDP will provide a follow-up report regarding the outcome of the request.

For questions or mailed submissions, please call CHDP Program

Date of Request:

| A. Patient Information:        |  |   | B. Medi-Cal Dental Provider Information: |               |
|--------------------------------|--|---|--|---------------|
| Patient Name (Last)            |  | (First)   | (Initial)                                |               |
| Responsible Person Name (Last) |  | (First)   |  | Business Name |
| CIN Number                     |  | Foster Care<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | Phone Number  |
| Birthdate (MM/DD/YYYY)         | Sex M/F<br><input type="checkbox"/> M <input type="checkbox"/> F | Preferred Language  |  | Fax Number    |
| Address                        |  |   | Address                                  |               |
| City, Zip                      |  |   | City, Zip                                |               |
| Telephone # (Home/Cell)        |  |   | Alternate Phone # (Work/Other)           |               |
|                                |  |   | Business NPI Number                      |               |
|                                |  |   | Rendering Provider Name & NPI Number     |               |

**C. Reason for Request: (Check all that apply)**

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Facilitation of 1 <sup>st</sup> dental visit  | <input type="checkbox"/> Needs follow-up for diagnosed problem<br>Explain: | <input type="checkbox"/> Specialty or hospital dentistry needed<br>Explain: |
| <input type="checkbox"/> Transportation assistance   |  |   |
| <input type="checkbox"/> No show   |  |   |
| <input type="checkbox"/> Lost to care mid-treatment  | <input type="checkbox"/> Needs follow-up for emergent problem<br>Explain:  |   |
| <input type="checkbox"/> Needs follow-up for possible problem (CHDP/MD referral, not yet evaluated/ diagnosed) |  |   |

**D. Reasons Dental Office Unable to Bring Patient into Care (Check all that apply)**

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Phone disconnected             | <input type="checkbox"/> Wrong phone number                                   | <input type="checkbox"/> Mail/e-mail/text returned undeliverable |
| <input type="checkbox"/> No response to mail/email/text | <input type="checkbox"/> Specialty dental care needed – unable to accommodate | <input type="checkbox"/> Hospital dentistry needed               |
| <input type="checkbox"/> Other, Explain:                |   |  |

**E. Requesting Dental Office – Continued Patient Relationship**

|   |   |
|---|---|
| <input type="checkbox"/> Office would like to continue to see patient | <input type="checkbox"/> Patient would be better served at another office |
|---|---|

**For Local CHDP Use Only – Result of CHDP Follow Up Outcome**

|  |   |  |
|--|---|--|
| Date Request Received:                                 | Contact Made  | No Contact Made – Request Closed                                 |
|  | <input type="checkbox"/> Assisted patient with appointment<br>Date & Time:            | <input type="checkbox"/> Attempt #1<br>Method:<br>Date and Time: |
| Date Request Closed:                                   | <input type="checkbox"/> Patient/family moved out of county/state<br>Date & Time:     | <input type="checkbox"/> Attempt #2<br>Method:<br>Date and Time: |
| Update/Resolution to Dental Provider<br>Date and Time: | <input type="checkbox"/> Patient/family refused assistance<br>Date & Time:            | <input type="checkbox"/> Attempt #3<br>Method:<br>Date and Time: |
|  | <input type="checkbox"/> Linked patient with another provider<br>Date & Time:         |  |
|  | <input type="checkbox"/> Patient/family wants to delay care/treatment<br>Date & Time: |  |