



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



MICHELLE BAASS
DIRECTOR

GAVIN NEWSOM
GOVERNOR

DATE: January 18, 2022

CHDP Program Letter No.: 22-01

TO: All Child Health and Disability Prevention Program Directors, Deputy Directors, Child Health and Disability Prevention Program Providers, and Med-Cal Managed Care Plans

SUBJECT: Information and Resources Regarding the Magellan LeadCare Recall

Enclosed is CHDP Provider Information Notice 22-01 to inform CHDP providers and Medi-Cal managed health care plans about resources for providers and patient families regarding the Magellan LeadCare recall.

Please distribute the accompanying Provider Information Notice to your county/city CHDP providers, without revision, within 30 days of release. Complete the attached reporting form and submit to chdpprogram@dhcs.ca.gov by Friday, February 4, 2022.

Sincerely,

ORIGINAL SIGNED BY RICHARD NELSON

Richard Nelson, Chief
Integrated Systems of Care Division

Attachments:

1. Report of Distribution

Systems of Care Division
1515 K Street, Suite 400, Sacramento, CA 95814
P.O. Box 997413, MS 8100 Sacramento, CA 95899-7413
(916) 327-1400
Internet Address: www.dhcs.ca.gov

Child Health and Disability Prevention | Childhood Lead Poisoning and Prevention

REPORT OF DISTRIBUTION

The purpose of this report form is to collect information regarding the distribution of CHDP policy information to CHDP providers.

Please complete this form and return to chdpprogram@dhcs.ca.gov by Friday, February 4, 2022.

CHDP Provider Information Notice 22-01

Total Number of CHDP Clinics/Provider Offices to whom this notice was distributed	Total Number of CHDP Clinics/Provider Offices in This Jurisdiction
Total Number of CHDP Laboratories to whom this notice was distributed	Total Number of CHDP Laboratories in This Jurisdiction
Total Number of CHDP MD/DO's to whom this notice was distributed	Total Number of CHDP MD/DO's in This Jurisdiction
Total Number of Physician Assistants to whom this notice was distributed	Total Number of CHDP Affiliated Physician Assistants in This Jurisdiction
Total Number of Nurse Practitioners to whom this notice was distributed	Total Number of CHDP Affiliated Nurse Practitioners in This Jurisdiction

This form accurately reflects distribution of CHDP Provider Information Notice: _____ to CHDP providers in the county/city of: _____.

CHDP Director/Deputy Director (print, sign) _____
Date

Primary contact for questions regarding this form (print) _____
Email