

CHDP DIRECTOR/DEPUTY DIRECTOR TRAINING - SECTION XIII

Local Program Responsibilities

PROVIDER ENROLLMENT AND RECRUITMENT

Local programs are responsible to recruit, enroll, disenroll, and monitor Child Health & Disability Prevention Program providers. For more details on recruitment and enrollment, including checklists and sample letters, please refer to Chapters 1 and 6 of the Local Program Guidance Manual (LPGM) located on the CHDP website (password is CHDP#LPGM). This information can also be found in the CHDP Medi-Cal Provider Manual section prov enroll.

Provider Enrollment

- ❑ All physicians, independent pediatric nurse practitioners, independent family nurse practitioners, groups or clinics must apply to the local Child Health & Disability Prevention Program in each local health jurisdiction in which they wish to render services to become Child Health & Disability Prevention Program providers.
 - ❑ The local program is responsible to ensure that providers meet the qualifications for eligibility - see Local Program Guidance Manual, Chapter 4 and the Child Health & Disability Prevention Program Medi-Cal Provider Manual section prov enroll.
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Provider Recruitment

Local programs should advise applicants that in order to complete the Child Health & Disability Prevention Program Health Assessment Provider Application (DHCS 4490):

- ❑ They need to have a federally recognized National Provider Index number and be a Medi-Cal provider.
- ❑ They need to have an active Vaccines For Children provider number.
- ❑ They need to have a Certificate or Waiver issued by Clinical Laboratory Improvement Amendments.
- ❑ If they do not have these items, they should begin the process to obtain them.

Following the receipt of the DHCS 4490 application from a provider, the local program contacts the Children's Medical Services Program Provider Services Unit (916) 322-8702 to verify that the information received from the provider meets state requirements for enrollment.

- ❑ State Children's Medical Services Program will ensure that the provider's Medi-Cal number is active, and will cross reference the information with the Medi-Cal Provider Master File for accuracy.
- ❑ If there are any discrepancies, the State Children's Medical Services program will notify the local Child Health & Disability Prevention Program so that the errors can be corrected.

The local program accesses the Medi-Cal Provider Master to File determine if the provider Medi-Cal status is active.

Upon successful completion of all requirements for Child Health & Disability Prevention Program participation, the local program will send a Child Health & Disability Prevention Program [Provider Data Sheet \(PM 177\)](#) to the Systems of Care Division to enroll the provider on the Child Health & Disability Prevention Program Provider Master File.

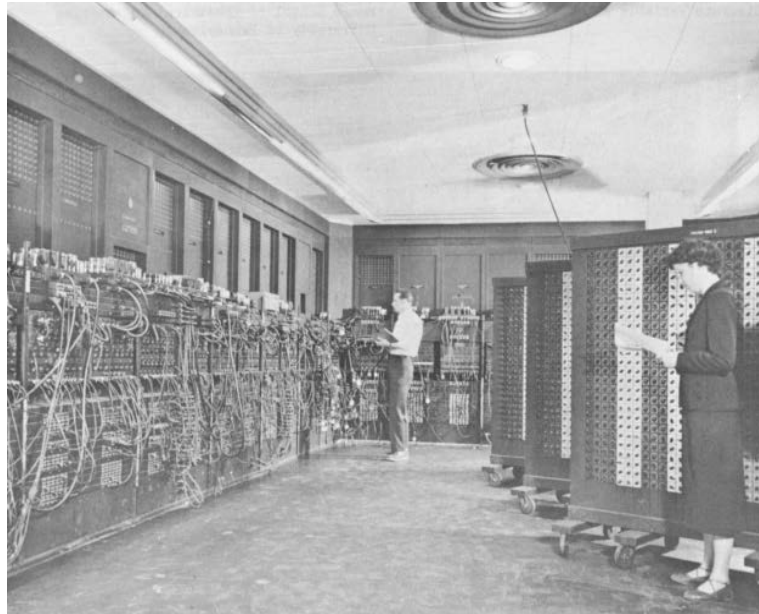
This form includes the date a new provider can start rendering Child Health & Disability Prevention Program services. The start date cannot be earlier than the provider's active date in the Medi-Cal Provider Master File.

Upon completion and approval of the enrollment process the provider receives written notification from current fiscal intermediary of the effective date they may render Child Health & Disability Prevention services. This notification is also copied to the local program.

Provider enrollment is complete after the completion of a Child Health & Disability Prevention Health Assessment Provider Application (DHCS 4490), verification of application information, completion of a site review, submission of a signed Child Health & Disability Prevention Health Assessment Provider Program Agreement (DHCS 4491), and status activation in the CHDP Provider Master File.

- ❑ Once enrolled, local programs should:
 - ❑ order PM 160s from current Department of Health Care Services Fiscal Intermediary. The process for ordering supplies is covered later in this section.
 - ❑ verify that provider's Medi-Cal PIN can successfully access Point of Service device or Internet for Gateway transactions. If there are technical problems the provider should be directed to the Medi-Cal Telephone Service Center at 1-800-541-5555.
 - ❑ orient provider to the Child Health & Disability Prevention Program including Gateway, billing and reporting responsibilities, and clinical aspects of the program.
 - ❑ monitor PM 160s for a period of three months to assure accurate and timely reporting and billing.
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ESTABLISHING AND MAINTAINING A PROVIDER FILE



Establishing Provider Files

The local Child Health & Disability Prevention Program is expected to establish a local provider file. Contents of file should include:

- ❑ Enrollment Information
- ❑ Copies of reviews by other organizations specific to the provider (e.g., Vaccines for Children program, Medi-Cal Managed Care Plan)
- ❑ Contacts and Correspondence
- ❑ Provider staff attendance at trainings
- ❑ Other items at local Child Health & Disability Prevention Program discretion

(Review the Local Program Guidance Manual, Chapter 3 for additional details)

RECORD RETENTION

State and local jurisdiction guidelines on the retention of records may differ. What is presented in this training are the State guidelines. Local programs should compare their jurisdiction's policy on record retention and then retain for the longer period of time. Regulations that govern the retention of medical and administrative records can be found in the following documents:

- ❑ Program Letter #82-10 (not available on CHDP website, ask CHDP State Staff for a copy)
- ❑ Section 124040 of the Health and Safety Code
- ❑ Sections 6824(f) and 6870 in Title 17, California Administrative Code
- ❑ Plan and Fiscal Guidelines, Sections 7 and 8.

Federal regulations require that all financial and programmatic records, supporting documents, statistical records and other records of recipients shall be retained for three (3) years, or longer if an audit is in process and findings have not been resolved. This applies to local programs as well as CHDP providers.

The Confidential Screening/Billing Report (PM 160) is considered an administrative program record, not a medical record, so it should be retained for three years or longer as per information in previous slide.

- An exception to this is if the PM 160 is the only place that documents the findings of the CHDP physical exam. In this case the provider must retain the PM 160 in the medical record for seven (7) years or one (1) year after the minor turns 18 years of age, whichever is longer. If the provider has documented in the medical record all findings of the CHDP exam then the PM 160 is kept for three (3) years as a fiscal record.
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At the discretion of the local program, PM 160s that do not require care coordination can be destroyed after reviewing for:

- Accuracy in coding and other documentation such as County of residence, County Code, Foster Care aid code, etc.
- Timely submission
- Performance Measure data collection



PM 160 Retention:

The local Child Health & Disability Prevention Program copies of the PM 160 are considered to be administrative records.

- ❑ The California code of Regulations (CCR) in Section 50111 indicates that the period of time to retain records for the federal government and materials subject to audit is three (3) years.
- ❑ The Federal Code of Regulations Sections 431.12 thru 431.18 details this topic. The period of time for the retention of different types of records is to be determined by the federal Secretary of Health and Human Services. It is indicated in regulations and has been the practice that the period of time is three (3) years.

- ❑ Federal Financial Participation (FFP) Time Study reports are fiscal records and need to be retained by the county or city for audit purposes.
 - ❑ The documentation retention period is no less than three years after the reimbursement or until the completion of any federal financial audit in progress, whichever time is longer.
 - ❑ Original time study forms must be retained as well as any supportive claiming materials, such as day logs, appointment books, meeting agendas or minutes, and SPMP medical training documentation.
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PROVIDER PERFORMANCE IMPROVEMENT

Local programs will use the following processes for working with providers to improve the provision of clinical pediatric preventive health services. (See Local Program Guidance Manual, Chapter 9 for more details):

- ❑ Desktop reviews
- ❑ PM 160 reviews
- ❑ Initial and periodic site reviews according to Child Health & Disability Prevention Program guidelines
- ❑ Provider in-services
- ❑ Parent and provider surveys (optional)
- ❑ Optional performance improvement measures

Provider Site Reviews

All Child Health & Disability Prevention Program service sites, including mobile vans, satellite centers, school-based clinics, etc.* are required to pass an initial site review completed by the local Child Health & Disability Prevention Program.

Subsequent, periodic reviews of each enrolled provider are then to be scheduled according to guidelines. When possible, periodic reviews should be coordinated with local managed care plans.

*For definition of Child Health & Disability Prevention Program service sites see Local Program Guidance Manual, Chapter 6. Also review the Child Health & Disability Prevention Program Provider Manual, section prov enroll.

The Child Health & Disability Prevention Program Facility Review Tool (DHCS 4493) and Medical Record Review Tool (DHCS 4492) are used for site reviews and the results analyzed and reported to providers. These forms can be downloaded from the [CHDP website](#) under the Forms section. Guidelines exist for each tool and should be downloaded and used by the reviewer to ensure that all aspects of the review are being considered.

- ❑ Specific, mandatory components of the Facility Review Tool are defined as Critical Elements.
- ❑ Other components are scored with a weighted scoring system.
- ❑ For full approval a provider must:
 - ❑ Have all critical elements in place
 - ❑ Have a weighted score of 88% or higher

The medical record review uses criteria related to format, documentation, coordination and continuity of care to assess evidence of the provision of appropriate levels of services to the Child Health & Disability Prevention Program population.

- ❑ Components of the Medical Record Review Tool are scored with a weighted scoring system. To receive full approval as a site for Child Health & Disability Prevention Program services a provider must attain a score of 88% or higher.

- ❑ The Line item component of the Medical Record Review Tool is optional per local program designation.
- ❑ Line item components are identified in Bold on the Medical Record Tool, and if used, must be met in addition to the overall score. If 50% or more of the medical records are deficient in a particular line item, the criteria is not met (e.g. failed). Criteria will be reassessed at a follow-up visit.
- ❑ Conditional Approval may be warranted if line item components remain deficient at the follow-up visit.

At the completion of a site review, an exit interview will be held with the provider or designee and a brief summary of the findings will be presented.

A written decision and report of findings must be mailed to the applicant or provider within 30 working days following the onsite review.

- ❑ If providers are to be dis-enrolled or granted conditional approval, see sample letters in Local Program Guidance Manual, chapter 10.

PROVIDER TRAINING

The local Child Health & Disability Prevention Program conducts provider training for the following reasons:

- ❑ To inform of program updates
 - ❑ To instruct about elements of the Child Health & Disability Prevention Program exam
 - ❑ To address concerns identified in site reviews
 - ❑ To meet State requirements such as, required training and certification in vision & audiometry screening.
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A number of trainings have been developed and approved by the State Systems of Care Division and are available on the Child Health & Disability Prevention Program website for use by local programs.

CHDP Training and Resource Material

PROVIDER INFORMATION NOTICES - PINS



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



EDMUND G. BROWN JR.
GOVERNOR

December 19, 2012

CHDP Provider Information Notice: 12-08

TO: ALL CHILD HEALTH AND DISABILITY PREVENTION (CHDP)
PROGRAM PROVIDERS AND MEDICAL MANAGED CARE PLANS

SUBJECT: RECOMMENDATIONS FOR USE OF THE WORLD HEALTH
ORGANIZATION (WHO) GROWTH STANDARDS FOR ASSESSMENT
OF GROWTH FOR INFANTS FROM BIRTH TO 24 MONTHS AND
UPDATES IN THE CALIFORNIA WOMEN, INFANTS AND CHILDREN
(WIC) SUPPLEMENTAL NUTRITION PROGRAM

The purpose of this information notice is to issue recommendations for CHDP providers

Distribution of Provider Information Notices

CHDP Provider Information Notices (PINs) are the Children's Medical Services Program's method of communicating with Child Health & Disability Prevention Program providers. PINs may contain new program information, program policy, new or changed standards, and/or statutes to be implemented by providers.

- ❑ PINs are issued with Child Health & Disability Prevention Program Letters. Local programs distribute PINs to enrolled providers either via the mail or electronically.
 - ❑ In order to document the distribution of PINs, the local program must complete and maintain on file, the [Report of Distribution \(DHCS 4504\)](#) after distributing the PIN.
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TECHNICAL ASSISTANCE TO PROVIDERS

Local programs can offer technical assistance to providers for a number of reasons:

- ❑ Inaccurate completion of PM 160s
 - ❑ One-on-one assistance or group trainings
- ❑ Erroneous claim denials
 - ❑ Contact CHDP State Staff for guidance.
- ❑ Questions about information conveyed in Provider Information Notices

- Changes requiring PM 177 submission
 - New provider information such as new provider identification, phone numbers, addresses, pay-to addresses
 - Activating, inactivating or reactivating a provider
 - Contact CMS Provider Services Unit at (916) 327-3080.

PROVIDER PROBLEM INVESTIGATION AND RESOLUTION OR DISENROLLMENT



Provider Problem Investigation and Resolution or Disenrollment

The local Child Health & Disability Prevention Program will investigate and document complaints about, or problems with an enrolled provider. Based on the investigation, the local program may authorize a conditional approval or disenrollment of the provider. Such actions require a defensible, objective decision-making process and must be well documented. The local program must inform the provider in writing of the specific Child Health & Disability Prevention Program statutes, regulations, policies and procedures with which the provider is out of compliance.

See Local Program Guidance Manual, Chapter 10 for more details and the Child Health & Disability Prevention Program Medi-Cal Provider Manual, section prov enroll.

CARE COORDINATION



- ❑ Each local program employs an RN or PHN as a Care Coordinator to ensure that follow-up care for diagnosis and treatment is initiated when health conditions are identified at Child Health & Disability Prevention Program exams.
 - ❑ Providers should code the PM 160s of children requiring follow-up care with a 4 or 5. These PM 160s are pulled for care coordination.
 - ❑ The comments are reviewed on PM 160s that are not coded with a 4 or 5 to ensure there are no other children requiring follow-up care whose PM 160s were mis-coded.
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- ❑ Local programs reviews all Fee-for-Service Medi-Cal and for CHDP care coordination.*
 - ❑ Local program care coordination activities may differ for clients in managed care, or seen at Federally Qualified Health Centers, Rural Health, or Indian Health Service clinics. Refer to local procedures or Child Health & Disability Prevention Program - Agency (Managed Care, Indian Health Service, etc) Memorandum of Understanding for care coordination division of responsibility.

*[Program Letter 10-08](#), CHDP Basic Required Activities.

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- ❑ The Care Coordinator makes a minimum of two attempts to contact families of children who require follow-up care. This is done to help ensure the child receives follow-up care within 120 days of receipt of the PM 160 by the local program.
 - ❑ If follow-up care is not provided within this period of time, documentation must exist showing:
 - ❑ the family declined the services.
 - ❑ the patient lost eligibility.
 - ❑ the family could not be located despite two good faith attempts to do so.
 - ❑ the patient's failure to receive the services was due to an action or decision by the family, rather than a failure by the local program to meet this requirement.
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A Performance Measure currently exists for local programs to report on their success of ensuring that children receive the follow-up care within 120 days. (See Deputy Director Training Module Section 11 on Performance Measures for more information.)

The Care Coordinator is also responsible for identifying children who should be referred to Title 5 programs and facilitating referrals if not already referred:

- ❑ Maternal, Child, and Adolescent Health Programs
 - ❑ California Children's Services Program
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ANNUAL PLAN SUBMISSION

- ❑ Local Programs are to submit an annual plan and budget package to the State Children's Medical Services 60 days after release of the last of the three budget allocations (Child Health & Disability Prevention Program, California Children's Services, and Health Care Program for Children in Foster Care).
- ❑ See Deputy Director Training Module Section 9 for more information.

COMMUNITY OUTREACH



The Child Health & Disability Prevention Program is responsible [to]...inform the target populations to increase their participation; and community agencies and residents to increase the knowledge and acceptance of preventive services.”*

*[Plan and Fiscal Guidelines Child Health & Disability Prevention Program Description](#), Section 1.

Children’s Medical Services Goal #4 (as stated in Plan and Fiscal Guidelines, Section 3): “Children’s Medical Services’ outreach activities will be conducted to assure that all eligible children and their families are informed of program services in a manner that is culturally and linguistically competent.”



Outreach Activities:

- ❑ Address those population groups known to have low utilization or high incidence patterns of conditions that are of local concern.
- ❑ Inform and encourage families about obtaining health care coverage and utilizing quality health care services.
- ❑ Review, coordinate distribution, and promote the utilization of health education and Children's Medical Services program materials.
- ❑ Develop, arrange, and/or conduct educational programs regarding health care needs of children.

Outreach Materials can be found on the CHDP website.

Child Health & Disability Prevention Program
Information Brochure - "Free Medical and Dental Check-Ups"

- ❑ Low literacy brochure for use with eligible population
- ❑ Can download from Child Health & Disability Prevention Program website
- ❑ Available in multiple languages

Any revisions local programs may wish to make to this brochure need to be approved by the CHDP State Staff.

CHDP Professional Brochure - “A Preventive Health Program for Infants, Children and Teens”

- Higher literacy brochure for use when doing outreach to colleagues in the community

Gateway Pre-Visit & Post-Visit Flyers

- Provide information about the CHDP Gateway to health coverage
 - Can download from CHDP website
 - Available in English and Spanish
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Parent Flyer for Infant (Newborn) Enrollment

- ❑ Information about the Deemed Eligible Infant full-scope Medi-cal coverage available through the Gateway
- ❑ Can download from Child Health & Disability Prevention Program website
- ❑ Available in English and Spanish

INTERAGENCY COLLABORATION



CCS, CHDP, and HCPCFC staff should meet as needed to collaborate on the CMS Plan, identify priorities, and review Performance Measure objectives.

Identify and prioritize health department and community programs with whom to meet, e.g., Medi-Cal Managed Care Plans, Tuberculosis, Immunizations, WIC, Dental, Maternal Child and Adolescent Health, Public Health Nursing, Lead, Injury Prevention, HIV Program, Perinatal Services Program, Family Planning, Rural Health, Migrant and Indian Health, Children and Families Commission, Mental Health, Regional Centers, etc. Prepare a written agreement with WIC and other programs as needed.



Maintain a liaison with public and private schools and Head Start/State Preschools to ensure:

- ❑ Dissemination of CMS information
- ❑ Participation in CMS services among eligible children
- ❑ Coordination of applicable health care and related services to support school readiness

Establish a process in counties/cities for CMS programs to participate in the MCAH Title V planning process.



OBTAINING MATERIALS

Obtaining Provider Forms

FISCAL INTERMEDIARY		PROVIDER FORMS REORDER REQUEST for CHDP				
FORM NO.	TITLE	INDICATE QUANTITY DESIRED (X)				
		100	500	1000	1500	Other (Indicate Amount)
DHS 4073	CHDP ELIGIBILITY INFORMATION (ENG/SP)					
DHS 4073	CHDP ELIGIBILITY INFORMATION SPECIFY OTHER LANGUAGE: _____					
PM 160	CONFIDENTIAL SCREENING/BILLING REPORT					
PM 160 HSP	CONFIDENTIAL SCREENING/BILLING REPORT (LOCAL CHDP (HEAD START/STATE PRESCHOOL) PROGRAMS ONLY)					
PM 160 (Info Only)	CONFIDENTIAL SCREENING/BILLING REPORT (INFORMATION ONLY)					
PM 177	PROVIDER DATA SHEET					
CHDP	ENVELOPES					
CHDP	PROVIDER FORMS REORDER REQUEST for CHDP					

If you have questions regarding the use of this form, please call this number: 1-916-636-1000

Order only a 2 - 3 month supply, allowing 2 - 3 weeks for delivery. A change of address may require 3 - 5 weeks for delivery. Be sure to notify the State Provider Enrollment Section and F.I. of an address change to avoid unnecessary delay.

Local CHDP Program _____ Telephone Number _____

X _____
County Agency Signature

PROVIDER NUMBER

SHIP TO ADDRESS: (MUST BE COMPLETED WITH STREET AND ROOM/SUITE NUMBER)

PROVIDER NAME AND IMPRINT ADDRESS:

The following provider forms can be ordered using the gray postcard titled “Provider Forms Reorder Request for CHDP” form (to order an initial form for use, call 916-463-9163):

- ❑ DHCS 4073 Pre-Enrollment Application forms (available in multiple languages)
- ❑ PM 160 Confidential Screening/Billing Report
- ❑ Fiscal Intermediary Envelopes
- ❑ Other forms as listed except PM160 HSP
- ❑ Additional forms are available on the CHDP website

- ❑ The PM177 Provider Data Sheet and the CHDP Provider Forms Reorder Request for CHDP are local program forms only.
- ❑ The [PM177 Provider Data Sheet](#) can also be found online as a fillable pdf form.
- ❑ The PM160 HSP is no longer used.
- ❑ CHDP no longer imprints the provider name and address on the PM160.

Obtaining CHDP Publications

There are many CHDP publications that can be downloaded from the [CHDP website](#), such as the Local Program Guidance Manual and the CMS Plan and Fiscal Guidelines.

LOCAL ADVISORY BOARD

California Health & Safety Code 124035

This section previously required input from an advisory board, but that requirement was eliminated in AB 430, Section 12.5, Chaptered August 10, 2001 as urgency legislation.