The Honorable Susan Eggman
Chair, Senate Budget Subcommittee No. 3 on Health and Human Services
1021 O Street, Suite 8530
Sacramento, CA 95814

The Honorable Dr. Joaquin Arambula
Chair, Assembly Budget Subcommittee No. 1 on Health and Human Services
1021 O Street, Suite 6240
Sacramento, CA 95814

RE: FY22-23 Budget Proposal to Sunset CHDP - OPPOSE

Dear Chairs Eggman and Arambula,

We the undersigned organizations write today on behalf of California's local health departments, county social services agencies, county supervisors, their workforce, and the children and families we serve to oppose the Administration's proposal to sunset the Children's Health and Disability Prevention Program (CHDP). We appreciate the tremendous vision this Administration has brought to CalAIM and the Administration's commitment to Medi-Cal expansion. While the Administration proposes to sunset CHDP as a result of these commitments, we argue that premature elimination of CHDP will create gaps in care and reduce the quality of care for California's most vulnerable children.

We request the Legislature's leadership in prioritizing this matter. Specifically, we request that the Legislature:

- **Modify the sunset date to no sooner than July 1, 2024.**
- **Require robust stakeholder engagement that is inclusive of local health departments, health care delivery system, social services, labor, and consumer/family interests to inform a transition of CHDP, define new partnerships and roles that harness CHDP expertise, and ensure the commitment to pediatric excellence and quality assurance into the future.**
- **Ensure the children do not experience gaps in services or reductions in the quality of care.**
- **Ensure post-CHDP sunset commitment to fully fund the Health Care Program for Children in Foster Care.**
- **Minimize the loss of crucial local health department workforce.**

In the paragraphs below we explain our concerns with the Administration's proposed sunset of CHDP.

Premature Sunset

CHDP is a dynamic program that includes (1) providing Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) screening, including preventive health, vision, hearing and dental screening, follow-up services, and care coordination; (2) CHDP Gateway which serves as a presumptive eligibility entry point for children, to receive temporary preventive, primary and specialty health care coverage through the Medi-Cal Fee-For-Service (FFS) delivery system; (3) training and certifying pediatric providers for quality assurance and AAP Bright Futures standards; and (4) Responsibility for local administration of the Health Care Program for Children in Foster Care (HCPCFC) and the Childhood Lead Poisoning Prevention (CLPP) program. With the exception of HCPCFC program, the current proposal will sunset all other program components by July 1, 2023. The CHDP's proposed sunset assumes other programmatic transitions being led by DHCS and delivery system partners are on schedule and without error. With the vast number of Medi-Cal programming and policy shifts happening now, we must leave open the possibility of programmatic delays and/or challenges that may need to be addressed.

Thinking about these transitions through the lens of critical health care for some of California's most complex children and families, there is no room for error. We recommend shifting the sunset date to no sooner than July 1, 2024, to allow for other program transitions to be fully implemented while also creating the stakeholder environment to inform the sunset process, define new partnerships and opportunities, and ensure no gaps in coverage or reductions in quality of service.

CHDP Gateway is More Than Just Enrollment

We recognize the Administration's interest in ensuring that children will be able to access care through expanding the number of Medi-Cal providers that can presumptively enroll children in Medi-Cal. However, currently CHDP programs help families find CHDP-certified providers who can enroll them in the CHDP Gateway. In addition, local health departments collaborate with partner agencies, such as social services, the Women, Infants and Children (WIC) Program, California Children's Services, Head Start, and child welfare services/foster care, to provide them with information and referrals to local CHDP providers. Under the proposed presumptive eligibility pathway for children, we are concerned that these linkages to services will be lost. Individuals and families may not only struggle to identify and access Medi-Cal providers given many of our current clients do not know how to navigate the Medi-Cal system and

provider network, but they may also lose these critical navigation and lifelines to services that are at the heart of addressing social determinants of health. This concern is further exacerbated by the lack of current collaboration between Medi-Cal managed care and public health departments.

Gap in Services for Fee-for-service Beneficiaries

CHDP currently provides services to Medi-Cal fee-for-service children. While we understand care for the majority of Medi-Cal kids will be provided through Medi-Cal managed care, it is important to note that there will continue to be a residual population of children that will remain in fee-for-service, such as the foster care population. Should the sunset be implemented, children in fee-for-service will not receive the same coordination that they are provided today.

Quality Assurance and Provider Support

One of CHDP's greatest strengths is the role it plays ensuring quality of pediatric preventive care and excellence for the State's children and youth enrolled in Medi-Cal. In regular site certification visits and medical record reviews, CHDP monitors a practice's adherence to and compliance with Bright Futures (BF) guidelines from the American Academy of Pediatrics (AAP)—the gold standard in pediatric care. They conduct medical chart reviews to assure a pediatric focused history and physical exam, oral health screening, lab assessments, developmental, mental health, social determinants, and ACEs screening among a host of preventive and diagnostic assessments performed accurately on infants and children.

The CHDP site certification process includes review of practice protocols, site and equipment specifications, and patient services to ensure that clinics meet acceptable standards for "child-centered" care. The certification/recertification reviews and audits performed in CHDP greatly improve the quality and expectation of pediatric and family practice care of children in our State. In some instances, these reviews have precluded a site provider from CHDP certification/recertification, despite having been certified by the health plan. When a provider does not meet CHDP-certification criteria, CHDP provides support in the form of corrective action plans, which includes resources, training, and technical assistance to help that provider elevate their standards and expertise for services to children and youth—therein building a more robust pool of qualified providers.

While the Administration's proposal notes the managed care requirements to follow such standards, the proposal lacks detail on how managed care plans will be required to carry out such trainings and facility and medical chart reviews. It is critical that this be addressed in detail to avoid significant gaps in the standard of care of services delivered to children.

EPSDT Requirements and Coordination to Medi-Cal Dental Services

CHDP has a significant and unique role in fulfilling the Early Periodic Screening Diagnosis and Treatment (EPSDT) components of the federal Medicaid mandate. We believe that a wholesale sunset of CHDP is premature and does not reflect well the complex role counties play in supporting children, their families, and providers, particularly as it relates to oral health care. Currently, CHDP is the vehicle for implementing the Early and Periodic Screening (EPS) components of the federal mandate, while the fee-for-service Medi-Cal Dental program provides the required dental Diagnosis and Treatment (DT) services. Despite recent

guidance, enacted legislation, and new initiatives,[1] the Medi-Cal managed care medical plans (MCPs) do not provide EPSDT assurances with respect to dental care. In addition, although expectations of managed care plans have expanded, the outcomes for children in poor oral health have not improved. Local CHDP programs assure access to dental services by informing Medicaid beneficiaries and their families of both medical and dental benefits. For children whose care is coordinated directly by CHDP programs, there is a high success rate of placement in a dental home, in some areas upwards of 90%. This is just one example of how CHDP is playing a critical role in connecting California's families to preventative services and, in doing so, setting our families on a path to a healthy future. This loss would go against California's commitment to health equity.

Decreasing Public Health Workforce

At a time when local health departments are working to bolster our workforce, the proposal to sunset the CHDP program would result in local health departments losing nearly 300 full-time equivalents (FTEs) across the state, including 68 public health nurse FTEs impacting over 80 nurse positions.

The COVID-19 pandemic served as a wake-up call and a reminder that underinvestment, and devaluing of public health, undermines the health of our communities and our resiliency as a state. At a time when federal and state leadership, including this legislature, are debating how to bring more investments to public health infrastructure and workforce we must not eliminate long-standing funding streams. And, in this case, eliminating state general fund investments also cuts off an opportunity for counties to draw down additional federal funding through Title XIX federal funding match.

Fully Funding the HCPCFC Program

We are grateful that the administration sees the value in maintaining the HCPCFC program at the county and appreciate that this is a recognition of the success our counties have had in supporting California's foster families. It is important to note how the elimination of CHDP positions will impact the HCPCFC program. Currently, CHDP supports HCPCFC program management, public health nurse supervision, and other administrative functions. In addition, the HCPCFC often funds partial public health nurse FTEs, which is inadequate in a standalone program. Our early estimates suggest that the HCPCFC would need to retain nearly 80 FTEs from CHDP to operate as a standalone program. This includes roughly 14 public health nurse supervisor FTEs and 30 public health nurse FTEs. Absent the continuation of these positions, services provided to foster youth under HCPCFC may be adversely impacted.

For these reasons, we respectfully urge the Legislature to reject the Administration's proposal to sunset the CHDP program. We look forward to working with the Legislature this May to identify a path forward that reflects our shared commitment to the health and wellbeing of all Californians. And furthermore, request robust stakeholder dialogue to ensure such a transition is handled delicately, is appropriately timed, and puts California's most vulnerable children first.

[1] See APL 19-010, https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-010.pdf; AB 2207 (chaptered in 2016), https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201520160AB2207; and CalAIM dental components, https://www.dhcs.ca.gov/services/Pages/DHCS-CalAIM-Dental.aspx.

Sincerely,

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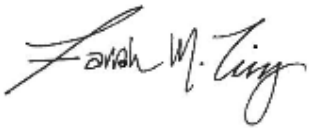

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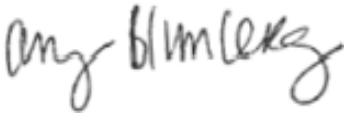

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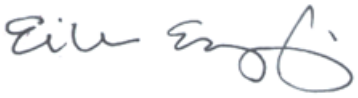

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