



Children Now®



### **CHDP & HCPCFC Overview**

SB 184 (Chapter 47, Statutes of 2022) authorized DHCS to sunset the Child Health & Disability Prevention (CHDP) Program and establish the Health Care Program for Children in Foster Care (HCPCFC) as a standalone program, effective July 1, 2024.

### **Timeline**



### **Existing Program Operations**

- LHDs administer CHDP to provide comprehensive health assessments for the early detection and prevention of disease and disabilities for low-income children and youth, as well as conduct pediatric quality assurance services and provider technical assistance
- HCPCFC, utilizing LHD public health nurses, provides medical case management and navigation services to foster children and youth
- HCPCFC is administratively tied to CHDP, utilizing existing CHDP infrastructure and administrative resources to provide HCPCFC services to foster children and youth

### **Changes to CHDP**

- CHDP will cease operations effective July 1, 2024; DHCS indicates this sunset is prompted by the increased number of children in Medi-Cal MCPs
- DHCS expects children to access services previously provided by CHDP through MCPs if in managed care and other existing programs that do not have the same eligibility criteria and/or services (e.g., CCS, MCAH programs) if in fee-for-service
- CHDP administrative functions provided to HCPCFC will be lost, necessitating a new HCPCFC administrative allocation to support existing LHD positions and functions in support of HCPCFC services

### **Changes to HCPCFC**

- Standalone HCPCFC will have new required activities, including but not limited to performance measures and reporting, that represent added workload on county programs and personnel
- Programmatic and administrative staff resources are needed to adequately provide functions lost to CHDP sunset and comply with standalone program requirements

### **Administration Proposal**

- DHCS proposes reallocating the existing \$34 million CHDP budget between two programs: 1) \$13.1 million to standalone HCPCFC, and 2) \$20.8 million to CCS Monitoring & Oversight

### **Coalition Asks**

1. Reallocate entire existing \$34 million CHDP budget to create standalone HCPCFC programs.
2. Allow jurisdictions local flexibility to apply and use additional funds for standalone HCPCFC as best suits the LHD's local HCPCFC administrative and programmatic needs.
3. Delay indefinitely CCS Monitoring & Oversight Initiative until necessary programmatic and fiscal administration improvements to the core CCS program are implemented and an appropriate funding source is determined.