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CHILD HEALTH AND DISABILITY PREVENTION PROGRAM **ALERT**

Background: Since 2003, uninsured children receiving a Child Health and Disability Prevention (CHDP) visit could receive temporary, Full Medi-Cal through the “CHDP Gateway” if they had not already been identified as having Restricted Medi-Cal. The coverage lasts for the month of the visit and the month after, and is extended if the family submitted a Medi-Cal application for the child.

Things changed in 2015 after federal review of California’s “Presumptive Eligibility” (PE) programs. Children going through the CHDP Gateway can now receive temporary Full Medi-Cal under PE only two times a year.¹ Enrollment through the Hospital PE Program counts as one of the two annual CHDP Gateway PE enrollments.

But limiting the PE Medi-Cal enrollment at the CHDP visit to two times a year does not mean that uninsured children no longer have the right to receive actual CHDP services. **Kids are still entitled to health and disability prevention services under the core CHDP program,² like immunizations, health screens, school entrance, camp, and sports activity physicals, and follow up treatment.**

- **ALERT:** The two-times-a-year PE restriction has resulted in limiting CHDP visits for uninsured citizen and Lawful Permanent Resident children. Children are being turned away from CHDP visits after the second time going through the Gateway or Hospital PE. This is apparently happening because when the Gateway computer system was changed to reduce PE to only two times a year, the payment processing for CHDP services was shut off, too. Undocumented children who have exceeded two PE enrollments are still able to access CHDP services through the Gateway if the undocumented child has already been enrolled in Restricted Medi-Cal.

What this means:

- **Infants under age one:** The main victims are infants under the age of one year who are supposed to be automatically enrolled in Medi-Cal without an application when the mother had Medi-Cal coverage for the delivery. Since 2003 there has been a “Deemed Eligible” (DE) infants pathway in the CHDP Gateway; if the Gateway finds a match between the mother’s Medi-Cal or Social Security Number and the newborn’s date of birth, then the baby should be immediately enrolled into on-going Medi-Cal coverage for the entire first year. But if the mother doesn’t bring her number(s) at the time of the infant’s first two CHDP visits, or, as often happens, the state’s flawed computer systems fails to find the match to her infant, then these infants are not only not identified as DE for on-going Medi-Cal—

¹ CHDP Program Letter 15-03, Aug. 12, 2015 <http://www.dhcs.ca.gov/services/chdp/Documents/Letters/chdppin1503.pdf>

² See, Title 17, California Code of Regulations, §§ 6830(b), 6847(b).

they are also now being denied CHDP exams and immunizations for the remaining visits (see attached schedule of periodic visits).

- **Children 0-18:** Also being denied CHDP services are children of all ages needing school entrance, camp, or sports activities physical exams, or follow up treatment for conditions identified during either of the first two PE enrollments.

What to do:

- Please let MCHA know if you have affected clients. The state has been refusing our requests since the end of September to address this urgent matter. Bringing more cases to the state's attention could spur action.
- What if, after the first two PE visits in the year:

- An infant under age one year needs an immunization, well-baby exam for early detection of problems, or follow-up treatment from an earlier CHDP visit?

If the mother had Medi-Cal for the delivery, call the county, or submit a Newborn Referral Form, to register the infant into Medi-Cal without an application. The NRF is at this link in English: www.dhcs.ca.gov/formsandpubs/forms/Forms/MCED/MC_Forms/MC330_Eng.pdf

And here in Spanish:

www.dhcs.ca.gov/formsandpubs/forms/Forms/MCED/MC_Forms/MC330_SPA.pdf

- a child can't enroll in school without the physical or receive follow-up treatment for a condition identified during an earlier CHDP visit?

Apply for the child's Medi-Cal online in Los Angeles County at

<https://www.dpssbenefits.lacounty.gov> or with another county's website, or www.coveredca.com for the entire state.

- For a child of any age, you can also request a "Fair Hearing" by calling:
1-800-952-5253 (voice) or 1-800-952-8349 (TDD for the deaf/hard of hearing).
 - If there is an "Immediate Need", be sure to describe what the urgency is for the child.
 - These fair hearings are supposed to happen in 10 days. They can be done either over the telephone or in person. You do not need a lawyer or other representative.

Questions? Please contact MCHA Training or Outreach staff at 213-749-4261 or Lynn Kersey at lynnk@mchaccess.org.

Table 21.1 CHDP PERIODICITY SCHEDULE FOR HEALTH ASSESSMENT REQUIREMENTS BY AGE GROUPS

Screening Requirement ¹	Age of Person Being Screened														
	≤1 mo.	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	2 Yr	3 Yr	4-5 Yr	6-8 Yr	9-12 Yr	13-16 Yr	17-20 Yr
Interval Until Next CHDP Exam	1 mo	2 mos	2 mos	3 mos	3 mos	3 mos	3 mos	6 mos	1 yr	1 yr	2 yr	3 yr	4 yr	4 yr	None
History and Physical Examination²	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Dental Assessment ³	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Nutritional Assessment	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Psychosocial/Behavioral Assessment ⁴	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Developmental Screening ⁴					○			○	○ →						
Developmental Surveillance	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Tobacco Assessment	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Pelvic Exam ⁵														*	*
Measurements															
Head Circumference	●	●	●	●	●	●	●	●							
Height/Length and Weight	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
BMI Percentile									●	●	●	●	●	●	●
Blood Pressure ⁶										●	●	●	●	●	●
Sensory Screening															
Vision ⁷ - Visual Acuity Test										●	●	●	●	●	●
Vision ⁷ - Clinical Observation	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Hearing ⁸ - Audiometric										●	●	●	●	●	●
Hearing ⁸ - Clinical Assessment	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Procedures/Tests															
Hematocrit or Hemoglobin ⁹				*	○ →		*	*	●	●	●	*	*	*	*
Blood Lead Risk Assessment/ Anticipatory Guidance ¹⁰				●	●	●	●	●	●	●	●				
Blood Lead Test ¹⁰						●			●	X →					
TB Risk Assessment ¹²	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Anticipatory Guidance	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

Note: The number of health assessments may be increased using MNIHA, as appropriate.¹

Note: Perform health assessment within 1 month of screening requirement age for children 2 years and under, and within 6 months for children 3 years and older.

Note: Children coming under care who have not received all the recommended procedures for an earlier age should be brought up-to-date as appropriate.

Other Laboratory Tests	
When health history and/or physical examination warrants:	
	Urine Dipstick or Urinalysis ¹¹
	TST ¹² - see Tuberculosis HAG
	Sickle Cell
	Ova and Parasites
	FBG and Total Cholesterol
	Papanicolaou (Pap) Smear
	VDRL or RPR ¹³
Annually if sexually active; more often as clinically indicated:	
	Gonorrhea Test ¹³
	Chlamydia Test ¹³

Immunizations ¹⁴	
Key:	
●	Required by CHDP one time within the interval given
○	Recommended by AAP, Bright Futures and CHDP
*	Perform when indicated by risk assessment.
x	Perform if no documented lead level at 24 months

1. CHDP intervals are greater than recommended by Bright Futures. Providers may use MNIHA for necessary assessments that fall outside of periodicity such as school, sports or camp physical, foster care or out-of-home placement, or follow-up indicated by findings on a prior health assessment that need monitoring including additional anticipatory guidance, perinatal problems or significant developmental delay.
2. Age-appropriate physical examination, including oral examination, is essential with child unclothed, and draped for older child or adolescent.
3. See Dental HAG.
4. Schedule indicates recommended ages for developmental screening and psychosocial/behavioral assessment. For reimbursement information, see CHDP PIN 09-14.
5. Pelvic exam recommended within 3 years of first sexual intercourse. Subsequent pelvic exams may be performed as part of MNIHA when clinically indicated by symptoms such as pelvic pain, dysuria, dysmenorrhea. See STI HAG.
6. Blood pressure before 3 years for at risk patients, then at each subsequent health assessment. See Blood Pressure HAG.
7. See Vision Screening HAG.
8. See Hearing Assessment HAG.
9. **Hb/Hct starting at 9-12 months of age. See Iron Deficiency Anemia (IDA) HAG.**
10. Test between the ages of 2 and 6 years if no documented lead level at or after 24 months. Test at any age when indicated by risk assessment or if lead risk changes. See Lead HAG.
11. Urine Dipstick or Urinalysis only when clinically indicated. See Urinalysis HAG.
12. Tuberculosis risk factor screen at each visit. TST when indicated. See TB HAG.
13. STI testing when risk identified by history/physical. See STI HAG.
14. Provide immunizations as recommended by the Advisory Committee on Immunization Practices (ACIP).