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| HEALTH PLAN OF SAN JOAQUIN | | |
| Subject: CHDP/ Child Health and Disability Prevention Program | | |
| Department: Utilization Management | | Policy #: UM 36 |
| Applies to: Medi-Cal | | Scope: UM |
| Effective Date: 2/1/96 | Revised Date: 8/06, 06/08 | Approved by: <i>Medical Director</i> |

POLICY

- A. The Child Health and Disability Prevention (CHDP) Program provides for complete health assessment for the early detection and prevention of disease and disabilities in children and youths. All eligible Medi-Cal beneficiaries and enrollees whose family income is below the 200% of poverty will, from birth through 21 years of age, be provided care under this program.
- B. The Health Plan of San Joaquin (HPSJ) and its contracted providers have the responsibility for ensuring that all Medi-cal and eligible members under twenty-one (21) years of age have access to and receive CHDP services in accordance with Federal and State requirements for providing preventive services to children.
- C. An initial health assessment must be conducted by the Primary Care Physician (PCP) on each new enrollee to the Health Plan of San Joaquin (HPSJ) within 60 calendar days of enrollment for members under the age of 18 months, and for those 18 months and older, within 120 days of enrollment. If the member has been established with the PCP prior to Plan enrollment, and, it has been determined by the PCP that the enrollee's medical record contains complete and current information consistent with the health assessment requirements, this timeframe doesn't apply.
- D. HPSJ and its Providers will follow the most current recommendations of the American Academy of Pediatrics for Preventive Pediatric Health Care, and the immunization schedule will be based on the most recent joint recommendations of the Advisory Committee on Immunization Practices (ACIP) (Attachment A). This schedule requires more frequent visits than does the periodicity schedule of the CHDP Program.

PROCEDURE

- A. All PCPs contracted with HPSJ will ensure timely provision of periodic health assessments to their Medi-Cal and eligible patients under age 21.

- B. The PCP will schedule an Initial Health Assessment (IHA) on all new members assigned, within specific time frames.
 - 1. The IHA will be within 60 days of enrollment for children under the age of 18 months.
 - 2. The IHA will be within 120 days of enrollment for children/members over the age of 18 months.
- C. The periodic health assessment must include the following:
 - 1. Comprehensive health and developmental history (including assessment of both physical and mental health development that is appropriate for age).
 - 2. Physical examination including assessment of physical growth.
 - 3. Assessment of nutritional status.
 - 4. Vision screen, age appropriate visual screening occurs at each health assessment, visual acuity screening begins at/after age three years.
 - 5. Dental screen including inspection of mouth, teeth, and gums. PCP will refer member to dentist at/after age three years.
 - 6. Non-audiometric screenings for infants/children aged 2 months to three years, Hearing audiometric screening for children aged 3 to 21 years.
 - 7. Immunizations appropriate to age and health history necessary to make status current.
 - 8. Laboratory tests appropriate to age and sex including tests for anemia, diabetes, and urinary tract infection.
 - 9. Tuberculin test (following the latest Centers for Disease Control Guidelines for TB control recommended by the U.S. Public Health Services.)
 - 10. Testing for sickle cell trait, when appropriate.
 - 11. Lead testing. (Per HEDIS requirement – 2 by the 2nd birthday with one being between age 1 and 2)
 - 12. Health education and anticipatory guidance appropriate to age specific assessment and health status.
- D. A request from a member or parent/legal guardian of a member for a CHDP health assessment must be scheduled within two (2) weeks of the request as stated in the Health Plans Standards of Accessibility and DHS requirements.
- E. The PCP will schedule the next return visit for the member prior to their leaving the office, or if the appointment schedule can not book into the future, a ticker file will be created so that a call or an appointment reminder card can be generated the member to contact the office and schedule an appointment.
 - 1. Members needing EPSDT supplemental services will be referred to the appropriate provider. The PCP will refer to network specialists using the

Referral Authorization Form (RAF), for out of network referrals an Authorization Form (AF) will be submitted to the Health Plan for authorization.

2. Return visits for any diagnosis and /or treatment discovered during the CHDP exam must be made within 60 days of that exam. A delay, greater than 60 days, must be documented in the medical record.
- F. The PCP will document the visit, using the PM160 form, all physical findings and case related activities such as referrals and authorization requests.
1. Referrals to specialists, including vision and dental, must be documented on the PM160.
 2. Such documentation will also include, if needed, proof of refusal of services in the form of a signed statement by the member (if an emancipated minor), or parent / guardian of the member.
- G. The PCP will provide, and document the occurrence of, anticipatory guidance according to CHDP guidelines; i.e. use of seat belts and use of safety helmets by children of bicycle riding age.
- H. The PCP will submit the PM 160 form, documenting the visit, to HPSJ claims department so that HPSJ can capture and record all CHDP encounters
- I. The PCP will maintain and calibrate examination equipment and procedures according to CHDP program requirements.
- J. **Coordination of Services**
1. HPSJ will work closely with the San Joaquin County CHDP program to achieve continuity of care for child members and will participate in quarterly meetings with the Director of the local CHDP program to review case information.
 2. Public Health services will:
 - a) Receive mailing labels from the state and be responsible for mailing health assessment reminders;
 - b) Assist HPSJ and providers in making referrals to appropriate community resources and agencies as needed as well as providing transportation assistance;
 - c) Provide updated information to HPSJ regarding CHDP program guidelines, requirements, or policy changes;
 - d) Assist HPSJ and its providers in tracking members with serious problems who do not comply with the plan of treatment
 - e) Work collaboratively with HPSJ staff to provide continuity of care and coordination of services to the member.
- K. **Member notification:**

1. The Member Handbook instructs members to select a PCP to manage their health issues and to call their PCP to schedule a complete physical examination within 60 days for members under the age of 18 months, and for members 18 months and older, within 120 days of enrollment in HPSJ. The HPSJ Quality Improvement Department will monitor this activity against encounter data submitted by the member's PCP. HPSJ will advise, in writing, those members who have not received a 120-day health assessment to contact their PCP and schedule an appointment.
- L. **Monitoring and Reporting**
1. HPSJ will forward the encounter information on to the State.
 2. The HPSJ Medical Management Department will produce a monthly report based on encounter and claims data that will identify those members due for an initial health assessment and send reports to assigned primary care providers.
- M. **Provider Training**
1. HPSJ will join the County Public Health Department to ensure that all participating PCPs are trained in and provide all pediatric preventive services addressed in this policy. HPSJ PCPs are not required to become CHDP certified through the local CHDP programs. However, they are encouraged to become certified to enhance the likelihood of continuity of care in the event of the member's disenrollment due to loss of Medi-Cal eligibility.

REFERENCE

- A. MMCD Policy Letter No. 96-12
- B. DHS Contract Exhibit A, Attachment 10, B (1-5)
- C. Title 22, CCR, Sections 51184, 51340, 51340.1
- D. Title 17 CCR, Section 6800 – 6874
- E. Memo Of Understanding with Public Health Local CHDP Program

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| 2/96 | 8/04, M. Jordan RN | 3/06(per DHS) M. Jordan RN | 8/06 (per DHS) NRaymond | 10/2008 Reviewed by J. Scott | |