

## 44-400.F. Child Health and Disability Prevention (CHDP) Program and Health Care Options (HCO)

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CPG Letters 310 (1/14); 310E (3/14)

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## Child Health and Disability Prevention (CHDP) Program

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### 44-400.F.1 CHDP Program

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The Child Health and Disability Prevention (CHDP) Program is a preventative health program serving California's children and youth. Through the CHDP program, all eligible Medi-Cal beneficiaries under the age of 21 will receive regular preventative health assessments to identify potential health issues.

CHDP works with a wide range of health care providers and organizations to ensure that eligible children and youth receive services. Some of these providers include private physicians, local health departments, schools, nurse practitioners, dentists, health educators, and social and community agencies.

Additional information may be found in [MPG 04.10](#).

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### 44-400.F.2 Purpose and Scope of CHDP

The purpose of screening is the earliest possible detection, correction and prevention of problems in health and development, which are potentially handicapping to children and youth, or could lead to more serious medical problems. Children identified with suspected problems after a health assessment are referred for diagnosis and

treatment. Many health problems can be prevented or corrected, or their severity reduced, by prompt diagnosis and treatment.

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Health screening includes a series of evaluations by physicians or paramedical personnel, such as pediatric nurses or nurse practitioners, supervised by a physician. The screening evaluation includes:

- A health and development history;
- Complete physical examination;
- Oral health assessment;
- Nutrition assessment;
- Immunization, if needed;
- Vision screening;
- Hearing screening;
- Screening tests for anemia, lead, urine abnormalities, tuberculosis, and other problems; and
- Health education and anticipatory guidance.

The above health assessments are done periodically for all California Medi-Cal recipients from birth through age 20. In addition, children 3 years of age and older can be referred to a dentist for an annual dental check-up, preventive dental care and treatment.

Additional information may be found in [MPG 04.10](#).

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**44-400.F.3  
CHDP  
Informing  
Requirement**

All CalWORKs applicants who are under 21 years of age (or who are responsible for people under 21 years of age) and all eligible pregnant women must be informed of CHDP services.

Human Services Specialists (HSSs) are responsible for informing all eligible applicants of the availability of CHDP services, making referrals to CHDP, and for the documentation of the informing/referral requirements in case comments.

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The CHDP Information Brochure, **Free Medical and Dental Check-Ups (PUB 183(E) or PUB 184(SP))**, is provided to CalWORKs applicants during the [initial application](#), as required per [CPG 40-100.B.5](#). The brochure advises applicants of the program and how to contact a CHDP provider to obtain medical and/or dental services.

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## Health Care Options (HCO)

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**44-400.F.4  
Medi-Cal  
Managed Care  
Health Plan  
Requirement**

Health Care Options (HCO) is a state-mandated program for applicants and recipients to receive information about their Medi-Cal managed care health plan options. HCO is locally administered by Healthy San Diego. See [MPG Letter 780](#).

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Assistance Units (AUs) who are applying for or are receiving Medi-Cal benefits through the CalWORKs or Medi-Cal programs are required to choose a Medi-Cal managed care health plan. Once enrolled, the recipient must use the facilities, providers, and pharmacies contracted within their chosen health care plan when seeking treatment.

Under certain circumstances, a recipient may be eligible to receive Medi-Cal without being required to enroll in a Medi-Cal managed care health plan. See [CPG 44-400.F.5](#).

**NOTE:** If the applicant has not chosen a health plan at the time of their approval for CalWORKs or Medi-Cal, the Department of Health Care Services (DHCS) will assign eligible household members to an available managed care health plan.

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**44-400.F.5  
Orientation**

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The County is responsible for providing applicants and recipients with an explanation of the Medi-Cal managed care health plans offered in San Diego County, including information on the available services provided by each plan. See [CPG 44-400.F.8](#) for **unavailable** services.

Orientations are conducted by Healthy San Diego staff on a daily basis at most Family Resource Centers (FRCs). Applicants and recipients may attend Orientation **at any time**; however, County policy **strongly encourages** parents and caretaker relatives to attend Orientation during the initial CalWORKs application and annual redetermination process.

The Orientation consists of **two** parts for CalWORKs applicants and recipients:

**Part 1:** Health Care Options (HCO); and

**Part 2:** Welfare-to-Work (WTW).

### **HCO PRESENTATION**

Applicants will be offered the opportunity to choose a Medi-Cal health plan and a primary care physician during the HCO presentation. Recipients may request a change in their current Medi-Cal health plan and/or primary care physician at any time.

When choosing a Medi-Cal health plan, the applicant/recipient will complete a **Medi-Cal Choice Enrollment Form**, which will be sent to DHCS for processing.

See [CPG 44-400.F.7](#) for the HCO enrollment process and [CPG 44-400.F.8](#) for available health plans.

**NOTE:** For individuals who request exemption from a Medi-Cal managed care health plan, the HCO Enrollment Counselor will provide information regarding the evaluation process, including the **Request for Medical Exemption from Plan Enrollment Form**. This form is submitted to DHCS for evaluation and approval.

## WTW PRESENTATION

CalWORKs applicants and recipients will receive important information about the WTW Program via a DVD presentation. An informational flyer will also be provided to them.

All aided adults are required to be referred and registered to participate in WTW activities, unless the CalWORKs HSS determines that the individual meets exemption criteria as outlined in [CPG 10-020.A](#). Referrals to the WTW Program are initiated by the CalWORKs HSS via the CalWIN system, per [CPG 10-005.B](#).

Questions regarding enrollment, disenrollment, health plans, services, or other aspects of the HCO Program will be referred to the HCO Enrollment Counselor at the FRC.

Questions regarding program eligibility, including the WTW Program, and applicant/recipient rights and responsibilities will be referred to the CalWORKs HSS.

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### 44-400.F.6 Orientation Form (07-33 HHSA)

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The **Orientation Form (07-33 HHSA)** is a County form that explains the purpose of the Orientation and is signed by the parent or caretaker relative at initial application and annual redetermination.

The HCO Enrollment Counselor signs the 07-33 HHSA to confirm that HCO and WTW information were provided and explained to the individual. The 07-33 HHSA also verifies attendance at Orientation.

The CalWORKs HSS signs the 07-33 HHSA to confirm that required information, as outlined in [CPG 40-100.B](#), was reviewed with the parent or caretaker relative during the application or redetermination interview.

**REMINDER:** Eligibility HSSs, **not** Healthy San Diego staff, are responsible for reviewing applicant and recipient rights and responsibilities, as well as program rules and penalties, with all parents and caretaker relatives during the application and redetermination process.

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**44-400.F.7  
HCO  
Enrollment**

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Once CalWORKs is approved, the recipient will receive a Medi-Cal Beneficiary Identification Card (BIC), unless a BIC has been previously issued, as explained in [CPG 44-400.E](#). The Medi-Cal BIC will be used to cover medical services until the enrollment process for the Medi-Cal managed care health plan is completed.

Enrollment in the Medi-Cal managed care health plan may take up to 45 days. Once the enrollment process is completed by DHCS the recipient will be sent a Health Plan Membership Packet, including a Health Plan Identification (ID) card for each individual. DHCS will update the individual's record in the state MEDS system to reflect the chosen Medi-Cal health plan.

**NOTE:** Certain services, such as dental or behavioral health, may not be covered by the Medi-Cal managed care health plan.

- For dental services, recipients may call DHCS at 1-800-322-6384 for information about Denti-Cal.
- For behavioral health services, recipients may contact the San Diego County Access and Crisis Line at (888) 724-7240.

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**44-400.F.8  
Available  
Health Plans**

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The following Medi-Cal managed care health plans are available in San Diego County, as of January 1, 2014:

Health Plan	MEDS HCP-Stat Code
Care1st Health Plan	167
Community Health	029
Health Net	068
Kaiser Permanente	079
MOLINA Healthcare	131

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