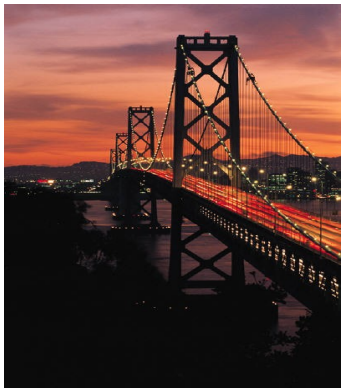


CHDP NEWS

San Francisco Child Health and Disability Prevention (CHDP) Program

Volume VII Issue III
Fall 2014

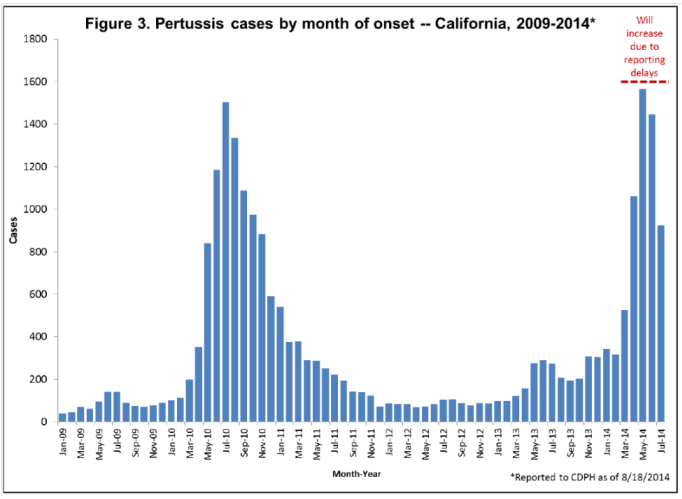
SF CHDP's quarterly newsletter - a great way to stay abreast of CHDP updates to assist your practice!
Contact Tina by email at tina.panziera@sfdph.org, if you prefer an e-copy.

Inside this issue:

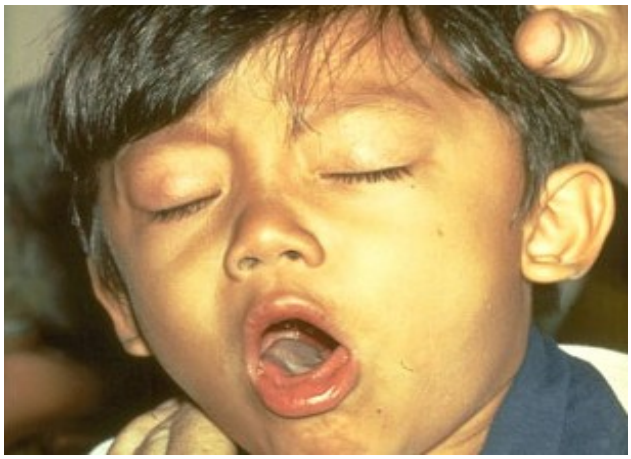
Pertussis Health Alert and Clinical Guidelines

California's pertussis epidemic continues, and may surpass the last epidemic in 2010.

Included in this newsletter is a health alert from San Francisco Communicable Disease Control and Prevention on disease reporting, diagnostic testing, infection control, post-exposure prophylaxis, and immunization. Also included is a one-page Clinical Algorithm for Suspected Pertussis, courtesy of SFGH Children's Health Clinic.



Sources:
Pertussis Summary Report 8/18/2014, California Department of Public Health . http://www.cdph.ca.gov/programs/immunize/Pages/PertussisSummaryReports.aspx
Amirthalingam G et al. Effectiveness of maternal pertussis vaccination in England: An observational study. Lancet, Early Online Publication, 16 July 2014. http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)60686-3/abstract
http://www.cdc.gov/pertussis/about/complications.html



- **Consider pertussis, regardless of age or past Tdap vaccination, in patients with persistent cough**. Immunity after Tdap wanes within a few years. Symptoms are often milder in immunized adolescents and adults.
- **Infants can be given DTaP as early as 6 weeks of age.** Infants are the most likely to have severe pertussis disease. Half of infants with pertussis require hospitalization. The mortality rate for hospitalized infants is 1.6%.
- **All pregnant women should be given Tdap between 27 and 36 weeks, even if they have previously received Tdap**. The causes a rise in maternal pertussis antibodies, which are transferred to the infant. In the UK, this was 90% effective in reducing infant pertussis.
- **Household contacts and caregivers of young infants should be up-to-date with their Tdap vaccine**. Most infections in infants can be traced to household members.

Teens' Oral Health Issues: Tobacco, Tongue Rings & More

Although dental decay is the most predominant oral health problem for children, there are other habits, conditions, and diseases that play a role in oral health status of adolescents. These include: tobacco habits, bad breath, and oral piercing.

Tobacco use in any form adversely affects oral health! This includes: smokeless/spit (*chew, snuff, dip, snus*) and smoked (*cigarettes, cigars, cigarillos, pipes*). The harmful health effects of smoking have become more widely recognized, however the adverse effects on the oral cavity are not as well known.

- Teeth staining
- Bad breath
- Altered taste
- Poor healing - oral tissue
- Tooth loss
- Oral cancer
- Increased cavities
- Decreased success and/or longevity of dental restorations
- Altered saliva
- Loss of bone and tissue supporting the teeth (gum disease)[11]

Spit tobacco use increases the risk of periodontal disease and tooth decay in exposed tooth roots, and is also strongly associated with **oral leukoplakia**—**a precancerous lesion** that can be found on the soft tissue in the mouth (it appears as a white patch or plaque that cannot be scraped off). Spit tobacco is strongly associated with pancreatic cancer, and both smoking and smokeless tobacco use increases the risk of oral cancer.

15% of high school boys use smokeless tobacco

Halitosis (bad breath) is most commonly caused by poor oral hygiene habits. It can also be caused by consumption of certain foods such as garlic and onions, dry mouth, post-nasal drip, tobacco use, and certain health conditions. Poor gingival health, such as bleeding gums, can also contribute to bad breath. By improving oral hygiene habits, including daily tooth brushing, flossing, and tongue brushing/scraping, bad breath can be reduced. In addition to improving oral hygiene, a referral for a dental exam and oral prophylaxis should be made. Dry mouth due to medication use, infrequent water consumption, and mouth breathing can decrease saliva flow. This reduces the clearance of food particles which contributes to bacterial growth in the mouth.

Bacteria in the mouth, especially on the tongue, is the major cause of bad breath

If bad breath persists, an underlying health condition should be considered. More information about health conditions that may cause bad breath can be accessed at: http://www.nlm.nih.gov/medlineplus/ency/article/003058.htm.

Oral piercing may be attractive to many teens and young adults; however, there are a number of health-related risks associated with oral piercings, such as:

- **Increased risk of contracting Hepatitis B, Hepatitis C, and/or Herpes Simplex** from improperly sterilized piercing equipment.
- **Increased risk of oral infection** due to high levels of bacteria in the mouth.
- **Damage to the teeth** – fractured and chipped teeth is one of the most common problems associated with oral piercings.
- **Gum recession/loss of gingival attachment** – frequent hammering from the barbell and other oral jewelry during daily speaking, chewing and swallowing can result in loose teeth and eventual tooth loss.
- **Disrupted daily oral functions** – altered speech, difficulties with chewing and swallowing and excessive drooling.

47% of subjects who had an oral piercing for at least 4 years, had chipped teeth

Other complications include: nerve damage, prolonged bleeding, tongue swelling (potentially blocking the airway), allergic reaction to metal, jewelry aspiration, and bacteria entering the bloodstream leading to endocarditis.

Advise patients with oral piercing(s) that extra home care is needed. The sooner the oral jewelry is permanently removed, the less likely damage may occur. More information about oral piercings and home care can be accessed at: http://www.knowyourteeth.com/print/printpreview.asp?content=article&abc=w&iid=321&aid=3813.

Adapted from CHDP Health Assessment Guidelines - Draft 2014

Margaret Fisher, RDHAP margaret.fisher@sfdph.org

Promoting Healthy Weight Gain for Underweight Children

A child may be underweight for a number of reasons. For some children, underweight is normal and not a sign of inadequacy if consistent with their personal growth pattern. Other children may have feeding issues or physical difficulties with swallowing, chewing or getting food to their mouths. It is important to address the actual issue and help the child eat enough to reach a healthy weight and maintain normal growth rate.

PediaSure supplementation may be popular in some communities, but it may not be the best way to address a child's slowed growth and may exacerbate the problem. PediaSure offer an incomplete short-term solution to a longer-term issue. Additionally, PediaSure has a high sugar content and puts the child at risk for dental caries and may increase preference for other highly-sweetened foods and beverages.

If the child's weight for height or BMI percentile equal to or below the 5th percentile or has lost weight or not been gaining weight recently, identify possible feeding issues by asking the parent/caregiver questions to assess further:

Questions to Assess Further	Plan for Action
Is the child offered 3 meals and 2-3 snacks daily? 	If no: ● Offer food and formula or milk at least 5x/day. Children have small stomachs and need to eat more often than adults. ● If the child is a slow eater, try foods that are easy to chew and swallow. ● If the child does not finish all the food offered at a meal, offer smaller portions and then additional foods at snack time.
Is the child willing to eat the amounts of food recommended for his or her weight?	If the answer is no: ● Develop an eating plan that includes 3 meals and 2-3 snack daily.
How much liquids is the child drinking each day? 	If the child is drinking more than 16oz of milk/day or more than recommended amount of formula for infant: ● Discuss limiting milk to no more than 16oz per day for child and no more than recommended amount of formula for infant. ● Discuss limiting liquids to after the meal to encourage acceptance of solid foods. If the child is drinking more than 4oz of juice/day: ● Discuss limiting juice to no more than 4oz/day.
Does the child refuse foods from one particular food group?	If the answer is yes: ● Suggest other foods from the food group. ● Try offering snacks between meals with different foods.
What do the parent/caregivers do when the child refuses a food? 	If the child gets special attention upon refusing a food: ● Discuss the division of responsibility in feeding: ▪ Parent is responsible for what, when, where ▪ Child is responsible for how much and whether ● Make meal time pleasant. ● Continue offering foods that the child refuses. It can take the child 10-12 exposures before a child accepts a new food.
Is the child able to eat the amount of food recommended for his or her weight?	If the answer is no: ● Encourage higher calorie, more nutritious foods. ● Offer high calorie foods early in the meal when the child is most hungry. ● The child may need help with feeding.
Does the child have difficulty with feeding and swallowing foods of a certain texture?	If the answer is yes: ● The child may need help with feeding. Refer the child to a feeding therapist (occupational therapy OT), physical therapy (PT) or a speech pathologist for a feeding assessment.

Women, Infants & Children (WIC) Updates:

Increase in child's Fruits and Vegetables Cash Value Voucher (CVV): As of June 2, 2014, the USDA increased the value the child's fruit and vegetable check from $6 to $8 per month.

Milk change: Beginning September 29, 2014, 1% low fat milk and non-fat milk will be the standard milks available for women and children age 2 and over to purchase with WIC checks.

Nutrition education materials- Does your office need or want nutrition education materials for your patients? Contact **Teresa at (415) 575-5731 or teresa.chan@sfdph.org!**

University of the Pacific Dental School Pediatric Dental Clinic Moves to SOMA

UOP's Hutto Patterson Pediatric Dentistry Clinic has moved to South of Market! The clinic offers comprehensive children's dental services in a child-friendly setting. The pediatric dental faculty members partner with dental students and specially trained dental assistants to assure every child's dental healthcare needs are met in a compassionate environment

The clinic fees are approximately 30% lower than the average private pediatric dentistry office in the Bay Area. They accept": Denti-Cal, Visa, MasterCard, cash, checks and most private insurance plans. Flexible payment options are available for cases that require multiple visits. All patients are seen by appointment only, including emergencies. The clinic is open year-round except during holidays and exam weeks.

University of the Pacific
Hutto Patterson Pediatric Dentistry Clinic

155 Fifth Street, Second Floor
San Francisco, CA 94103
415.929.6550
Monday – Friday, 9:00 am - 5:00 p.m.

The 2014 Bright Futures in Practice Oral Health Pocket Guide is designed to help health professionals implement specific oral health guidelines during pregnancy and postpartum, infancy, early childhood, middle childhood, and adolescence. It addresses risk assessment for dental caries, periodontal disease, malocclusion, and injury.

http://www.mchoralhealth.org/PDFs/BFOHPocketGuide2nd.pdf

AAP News: Fluoride Toothpaste Should be Used When First Tooth Erupts

Caries is the most common chronic disease in children, with 59% of 12 to 19 year olds having had at least one cavity. Early childhood caries is the single greatest risk factor for caries in the permanent teeth. Because many children don't receive dental care at a young age, pediatricians have been identified as part of the solution to this problem.

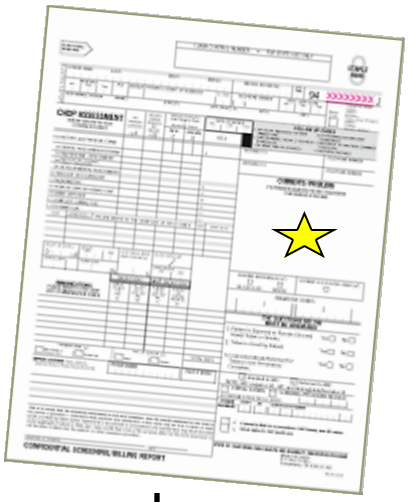
New Guidance for fluoride from AAP:

- Use a **fluoride toothpaste** for children as **soon as the first tooth erupts**;
  - no bigger than a **size of grain of rice.**
  - After age 3 a pea sized amount of fluoridated toothpaste is recommended.
- **Fluoride Varnish** should be applied to the teeth of all children at least every 6 months and preferably **every 3 months starting when the first tooth erupts.**

http://aapnews.aappublications.org/content/35/9/18.extract

PM160 Review: Medical Case Management and Care Coordination

The PM160 is used to bill or report preventative health services rendered to Fee– For– Service, Gateway, and Managed Care Medi-Cal recipients. The "Comments/ Problems" space is used for remarks that clarify the results of the health assessment to document any known or new diagnoses, and communicate issues to the State and local CHDP programs. For Fee-For-Service patients, when a suspected problem with a 4 or 5 "Follow Up Code" is indicated on the PM160, a CHDP Public Health Nurse or Health Worker will initiate medical case management and care coordination. If a patient is referred for specialty care and a specific agency is noted, a CHDP personnel will work with the patient to schedule for an appointment or follow-up as needed. Our staff is able to communicate in *English, Cantonese, Mandarin, and Spanish.*



You may also record other information in the "Comments/Problems" area:

- procedure screening recheck, partial screen, tests, and results for elevated lead levels, TB, blood glucose, cholesterol, etc.
- Reason for MNIHA (Medically Necessary Interperiodic Health Assessment) services
- Head circumference

****If a staff has questions or is in need of a CHDP PM160 training, please contact your local CHDP Public Health Nurse for more information.**

CHDP ASSESSMENT
Indicate outcome for each screening procedure

	NO PROBLEM SUSPECTED √A	REFUSED, CONTRA-INDICATED, NOT NEEDED √B	PROBLEM SUSPECTED Enter Follow Up Code in Appropriate Column: NEW C	KNOWN D	FEES
01 HISTORY and PHYSICAL EXAM	✓				01
02 DENTAL ASSESSMENT/REFERRAL			5		
03 NUTRITIONAL ASSESSMENT	✓				
04 ANTICIPATORY GUIDANCE HEALTH EDUCATION	✓				
05 DEVELOPMENTAL ASSESSMENT			5		
06 SNELLEN OR EQUIVALENT			4		06
07 AUDIOMETRIC	✓				07
08 HEMOGLOBIN OR HEMATOCRIT		✓			08
09 URINE DIPSTICK		✓			09
10 COMPLETE URINALYSIS		✓			10
12 TB MANTOUX		✓			12

DATE OF SERVICE Mo. Day Year

CODE | OTHER TESTS — PLEASE REFER TO THE CHDP LIST OF TEST CODES — CODE | OTHER TESTS

HEIGHT IN INCHES: 0 4 | WEIGHT LBS | OZS | BODY MASS INDEX (BMI) PERCENTILE | BLOOD PRESSURE

FOLLOW UP CODES

1. NO DX/RX INDICATED OR NOW UNDER CARE.
2. QUESTIONABLE RESULT, RECHECK SCHEDULED.
3. DX MADE AND RX STARTED
4. DX PENDING/RETURN VISIT SCHEDULED.
5. REFERRED TO ANOTHER EXAMINER FOR DX/RX.
6. REFERRAL REFUSED

REFERRED TO: UOP dental clinic — TELEPHONE NUMBER: 415– 929-6501

REFERRED TO: UCSF audiology — TELEPHONE NUMBER: 415– 353-2101

COMMENTS/PROBLEMS

IF A PROBLEM IS DIAGNOSED THIS VISIT, PLEASE ENTER YOUR DIAGNOSIS IN THIS AREA

02Dental Caries Class II (5)
05 speech delay—need hearing eval. (5)
06 uncooperative pt, recheck scheduled in 1 month (4)

Please include the complete Medi-Cal BIC number (including the last 4 digits) in the "PATIENT EILIGIBILITY– IDENTIFICATION NUMBER" at the bottom right corner of the PM160 to ensure timely case management and appointment scheduling with certain Denti– Cal clinics.

PATIENT ELIGIBILITY | COUNTY | AID | IDENTIFICATION NUMBER

1 ✓ If covered by Medi-Cal, or pre-enrolled in CHDP Gateway, enter BIC number.
2 ✓ Patient eligible for CHDP benefits only.

STATE OF CALIFORNIA-CHILD HEALTH AND DISABILITY PREVENTION PROGRAM
Medi-Cal/CHDP
P.O. Box 15300
Sacramento, CA 95851-1300

Please contact your local CHDP Public Health Nurse if you are interested in a CHDP sponsored vision screening training or audiometry screening refresher training. We look forward to hearing from you!

CHDP Providers Information

http://www.dhcs.ca.gov/services/chdp/Pages/CHDPPLPIN.aspx

PIN # 14-2 07-24-14. Revision of Health Assessment Guideline to incorporate Additional Information About Preparticipation Physical Examination.

CHDP Bulletin

http://www.medi-cal.ca.gov/ Click on Provider Bulletins, scroll to bottom. Click on CHDP Gateway to Health Coverage under Specialty Programs

Bulletin # 115 – May 2014

1. **New California Children's Services (CCS) Program Aid Code.** Effective retroactively for dates of services on or after November 1, 2013, aid code 9D will be assigned by the CCS program to children who meet CCS eligibility requirements, but are not Medi-Cal recipients. CCS-only clients who are not Medi-Cal recipients will be assigned aid code 9D as their primary aid code in addition to their CCS secondary aid code 9K.

Bulletin # 116 – June 2014

1. **New Access for Infants and Mothers (AIM) Program Aid Code.** Effective retroactively for dates of service on or after January 1, 2014, new aide code E6 will identify AIM-linked infants and children up to 2 years of age in the Medi-Cal Optional Targeted Low-Income Children's Program with family income above 213 percent up to and including 266 percent of the federal poverty level. AIM-linked infants and children up to 2 years of age are eligible for full-scope Medi-Cal with no share of cost.
2. **HIPAA 5010 Medi-Cal Companion Guide Update.** The HIPAA 5010 Medi-Cal Companion Guide has been recently updated and is located under the Technical Specifications menu on the HIPAA 5010/NCPDP D.O & 1.2 page of the Medi-Cal website.
3. **The CMC Billing and Technical Manual has been recently Updated.** CMC Submitters are encouraged to use the latest version of the *CMC Billing and Technical Manual* located under the 5010 CMC Billing and Technical Manual menu on the Medi-Cal Computer Media Claims (CMC) Billing and Technical Manual page of the Medi-Cal website.
4. **ACA Rate Increase for Specified Primary Care Services Implementation Update.** The Patient Protection and Affordable Care Act (ACA) system enhancements are effective April 11, 2014. These enhancements include:
   - ACA rates being paid according to the geographic region of the provider
   - The application of ACA rates for independent Non-Physician Medical Practitioners
   - The assignment of ACA rates to applicable Evaluation and Management and vaccine administration codes for regular claims processing
5. **Updated Navigating Medi-Cal and Specialty Programs Chart Now Available.**
   The updated chart can assist providers in each of the following areas:
   - Identifying Medi-Cal and specialty programs
   - Determining the appropriate claim form(s) to use when billing for services rendered
   - Locating appropriate provider manuals and bulletins
   - Navigating the Medi-Cal Learning Portal (MLP)

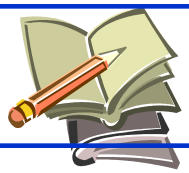
Bulletin # 117 – July 2014

1. **Security Changes to the Medi-Cal Website Transactions Area.** The following changes are effective July 21, 2014.
   - User accounts automatically lock after 3 failed login attempts. Once locked, users must wait 30 min, then input their correct User ID and Password to ensure their account does not remain locked.
   - All transactions sessions include an automatic time-out after 20 minutes of inactivity. To resume, users are required to log in again.
   - Transactions sessions expire each day at 11:59pm PST. To resume, users must log in again.
2. **Cancelling of Children's Health Insurance Program Aid Codes E2, E4 and E5.** These aid codes are no longer in use. Counties with children who were enrolled into a CHIP through the above aid codes will be given instructions to evaluate and move them into an appropriate Medi-Cal program.

Bulletin # 118 – August 2014

1. **Confidential Screening/Billing Report (PM160 and PM160 Information Only): ICD Indicator Not Required.** Effective September 22, 2014, most claims submitted to Medi-Cal will require an ICD **indicator**. However, PM160 and PM160 Information Only are exceptions and will not require an ICD Indicator.
2. **CD-10: Updated User & Companion Guides.** The federal government has postponed the implementation of ICD-10 codes in all billing activities pursuant to the Protecting Access to Medicare Act of 2014, House Resolution 4302, Section 212, *Delay in Transition from ICD-9 to ICD-10 Code Sets*, the user and companion guides have an estimated posting date of Mid-September 2014.
3. **CHDP Program Adds State-Provided Tdap Vaccine.** Effective for dates of service on or after January 1, 2014, administration of state-provided Tdap vaccines by Child Health and Disability Prevention (CHDP) providers is added to CHDP code 72.
4. **September 2014 Medi-Cal Provider Seminar.** A Medi-Cal provider seminar is scheduled for September 16-17, 2014, at the Almansor Court in Alhambra, California. Providers can access a class schedule and register for the seminars by visiting the Training Services page of the Medi-Cal Learning Portal (MLP) and clicking the seminar dates they wish to attend. Providers are encouraged to bookmark the Training Services page and refer to it often for current seminar information. ***Providers may also schedule a custom billing workshop at no cost by contacting Medi-Cal at 1-800-541-5555 and requesting to be contacted by a representative. They may also use the Lookup Regional Representative tool on the MLP.***
5. **Get the Latest Medi-Cal News: Subscribe to MCSS Today**
   MCSS is a **free** service that keeps you up-to-date on the latest Medi-Cal news. Subscribing is simple! Just go to http://files.medi-cal.ca.gov/pubsdoco/mcss/mcss.asp , the MCSS Subscriber Form and enter your email address and ZIP code. You can customize your subscription by selecting subject areas. You will receive a welcome email after submission. For more information about MCSS, please visit the MCSS help page at http://files.medi-cal.ca.gov/pubsdoco/mcss/mcss_help.asp

Upcoming Events & Trainings



ATTN: **A Vision Screening Training is being planned for CHDP clinic staff. Stay tuned for more information.**

What:
A two-part training with lecture and skill session.

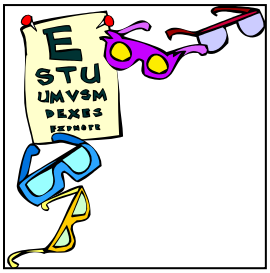
Participants will learn proper techniques to screen their CHDP patients.

This training meets the requirements of the CHDP Facility Review

*Participants must attend the lecture and one skill session.

Who:
Health care professionals who conduct vision screening on children.

Priority given to SF CHDP providers.



Free CHDP Trainings can be scheduled and conducted at your clinic by licensed CHDP staff members:

- PM 160 Training
- Oral Health Training
- Assessing Child Growth Using the Body Mass Index (BMI)-for-Age Growth Charts
- Counseling the Overweight Child
- For more information, contact: your CHDP nurse consultant, dental hygienist or nutritionist (listed on address page)

- **CHDP** Oral Health Training offers **"in-office"** Early Dental Assessment & Referral training and support!
- **FREE** Box of Fluoride Varnish (worth $150) with the training

415-575-5719

Oral Health Trainings Posted *ON-LINE*

New oral health trainings have been posted on the state CHDP website, titled "**CHDP 'Dental Training: Fluoride Varnish**" and "**CHDP Dental Training: Focus on PM 160 Screening**." To access the trainings, visit: http://www.dhcs.ca.gov/services/chdp/Pages/Training.aspx

SAN FRANCISCO
DEPARTMENT OF
PUBLIC HEALTH

CHDP PROGRAM

30 Van Ness Avenue, Ste 210
San Francisco, CA 94102
Phone: (415) 575-5712
Fax: (415) 558-5905
Toll-Free Line:
1-800-300-9950

CHDP website: http://www.dhcs.ca.gov/services/chdp/Pages/default.aspx

San Francisco CHDP Program Staff

CHDP Main Line:
415-575-5712

Medical Director:
C. Jeanne Lee, MD, MPH
415-575-5712
(jeanne.lee@sfdph.org)

Nurse Manager:
Dorothy C Quan, RN, PHN, MPA
415-575-5712
(dorothy.quan@sfdph.org)

Dental Hygienist:
Margaret Fisher, RDHAP, BS
415-575-5719
(margaret.fisher@sfdph.org)

Nutritionist:
Teresa Chan, RD, MPH
415-575-5731
(teresa.chan@sfdph.org)

CHDP Deputy Director:
Greg Cutcher, MS, RN, PHN
415-575-5712
(greg.cutcher@sfdph.org)

Billing Inquiry & PM160 orders:
Tina Panziera
415-575-5712
(tina.panziera@sfdph.org)

Public Health Nurses:
Provider Relations:
Kathy Shumaker, RN, PHN
415-575-5736
(kathy.shumaker@sfdph.org)

Amy Au, RN, PHN
415-575-5705
(amy.au@sfdph.org)