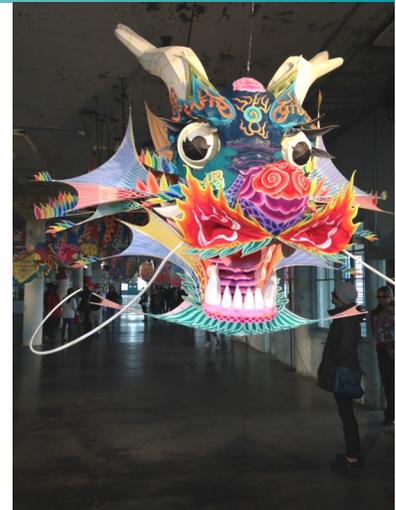




SAN FRANCISCO CHILD HEALTH & DISABILITY PREVENTION (CHDP) PROGRAM NEWSLETTER

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MEDI-CAL FOR ALL CHILDREN SB 75 (PREVIOUSLY SB 4) UPDATE

Starting no later than May 1, 2016, all children under 19 years of age who are eligible for Medi-Cal, even if they are unable to establish satisfactory immigration status, are now eligible for full-scope benefits. Providers should be aware of this new law and educate families of undocumented children that either have not yet enrolled in Medi-Cal or are currently enrolled in Medi-Cal but with limited scope benefits. New enrollees who are put through Gateway should be encouraged to follow through with the Medi-Cal application. Come May 1, all children under the age of 19 in the Medi-Cal database who currently receive restricted or emergency Medi-Cal will be automatically transitioned to full scope Medi-Cal status. Individuals who are currently enrolled in restricted scope Medi-Cal will not need to take any action.

For more information, please visit: <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/sb-75.aspx>

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Baffled by the CDC Catch-Up Schedule?

These helpful CDC "job aids" were created to help clinics determine catchup doses of DTaP, Hib and PCV, based on the patient's age and the # of previous doses.

DTaP, Tdap, and Td
www.cdc.gov/vaccines/schedules/downloads/child/job-aids/dtap.pdf

An easier to read table is
www.immunize.org/catg.d/p2055.pdf

PCV
www.cdc.gov/vaccines/schedules/downloads/child/job-aids/pneumococcal.pdf

Hib - ActHIB, Pentacel, MenHibRix, or unknown Hib brand)
www.cdc.gov/vaccines/schedules/downloads/child/job-aids/hib-acthib.pdf

Hib - Pedvax and Comvax brands only
www.cdc.gov/vaccines/schedules/downloads/child/job-aids/hib-pedvax.pdf

PREVENTING COMMON VACCINE ERRORS

Due to the positive response to the vaccine article in our Fall 2015 newsletter, we will continue to inform providers on common vaccine errors as well as vaccine updates and tips.

Live vaccines (Varicella, MMR, and LAIV) can be given on the same day. If not given on the same day, they should be given ≥ 28 days apart.

Injected and intranasal live-virus vaccines, such as MMR, Varicella and LAIV (FluMist) may temporarily impair the immune response to other live vaccines. *If 2 live vaccines are not administered on the same day but < 28 days apart, the 2nd vaccine should be repeated in ≥ 28 days.*

TB testing (PPDs or QFTs) should be done on the same day as live vaccines, or no sooner than 4 weeks later.

Live virus vaccines may also interfere with the response to PPDs and QFTs (interferon- γ release assay).

Underimmunized children age 7 and up should receive Td/Tdap, not DTaP.

DTaP is only approved through age 6.

Catch-up Hib and PCV should not be given routinely to children > 59 months.

Hib and PCV are not routinely recommended for older children without risk factors, even if they have never been vaccinated for these diseases.

Pediarix should not be used for the 4-6 year-old "booster dose" of IPV or DTaP.

Pediarix (DTaP/Hep B/IPV) is not FDA-approved for the fourth/fifth doses of IPV and DTaP. It may be used for doses #1-#3 for underimmunized 4-6 year olds.

Vaccines may be given no more than 4 days before the minimum interval or age.

Vaccines may be given up to 4 days before the minimum age or interval. Vaccines given 5 or more days early should not be counted as valid and should be repeated as age-appropriate.

The **CDC Recommended Immunization Schedule**, published annually, is available at

www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html

VACCINES FOR CHILDREN (VFC) DATA LOGGER

Digital data logger (DDL), or continuous temperature monitoring device, is a device that reads, records, and stores the storage unit temperatures. The temperatures on the data logger can be viewed or saved onto a computer file. The importance of a DDL include:

- Knowing the exact times, duration of the storage, and specific temperatures
- Allowing clinic staff to monitor the storage unit temperature during clinic operations and after (non-business) hours to prevent unnecessary vaccine loss due to storage unit malfunction or power shortage.

VFC currently requires the use of DDLs for newly enrolled practices that are open 2 days or less. VFC considers the use of DDLs as “best practice”, and recommends all providers to use data loggers to monitor temperatures for VFC- supplied vaccines.

A free data logger is now available through the VFC online store. Providers will need to log in with the VFC PIN, click on “Digital Data Loggers”, select a data logger, add it to cart, and checkout. There are three different types of data loggers, but only one is available at the store at this time. Supplies are limited, sign up for your free data logger today!

For more information, contact your local CHDP provider relations nurse.

To order, please visit VFC Store: www.eziz.org/store

1) Login: (ACTIVE VFC PIN required)



2) Click on “Digital Data Loggers” to order



VFC Required Data Logger Specifications:

<http://eziz.org/vaccine-storage/monitoring-temperature/digital-data-loggers/>



Claudia D. Mooney, MD

“Four months after the integration of topical fluoride varnish application in routine well child visits, the rate of topical fluoride varnish application has more than tripled, (from a baseline pre-intervention rate of 5% to a post-intervention rate of 18%, for children ages 6 months to 5 years.)”

If you would like more information or training for implementing fluoride varnish applications in your CHDP clinic, call: 415-575-5719.

TAKING CHILDREN’S ORAL HEALTH TO HEART AT SF HEALTH NETWORK



Childhood dental caries (aka cavities or tooth decay) is the most common chronic disease in children and is a significant problem in San Francisco, affecting 37% of children by age 5. Children in low-income households and racial/ethnic minorities have higher rates of cavities. Primary prevention against cavities begins before age 3 through good oral hygiene, a healthy diet, and exposure to fluoride. Although many children are eligible for dental services through Denti-Cal, given the high demand for dentists, over half of eligible children in San Francisco do not see a dentist even once a year. Nonetheless, nearly 80% of these children visit their primary care provider consistently.

As primary care providers we are in a strategic position to help prevent cavities. Integration of oral health screenings, fluoride varnish application, oral health education, and referral to a dental home into all well child visits for our high risk population makes a significant impact on the dental health of these children and helps close the disparity gap. These efforts are in line with guidelines from the *American Academy of Pediatrics* and *American Academy of Family Physicians*, and recently the *United States Preventative Services Task Force (USPSTF)* recommended fluoride varnish applications in the primary care setting. In nearly all states, these services are within the providers’ scope of practice and reimbursable by Medicaid or private insurance.

In early 2015, SF Health Network initiated a system wide initiative to improve the oral health of their patients. Family Health Center, a large family medicine practice, set out to integrate the application of fluoride varnish applications into well child visits. We conducted best practice site visits and recruited key stakeholders including medical assistants and nursing champions. Additionally, we implemented multiple training sessions for staff and providers and a pilot day including 1:1 coaching by dental hygienists.



Shari Carr, MA, applying Fluoride Varnish at Family Health Center

SF HEALTH NETWORK: EARLY ADOPTER OF RECOMMENDED FLUORIDE VARNISH

SF Health Network (SFHN) is not a newcomer to integrating the proven preventive treatment of fluoride varnish into the comprehensive care they provide children during well child visits in the medical clinic. SFHN's Children's Health Center, a large pediatric medical clinic located within the SFGH campus, was an early adopter of fluoride varnish. Led by pediatrician Dr. Susan Fisher-Owens, this implementation began in 2005, has grown to provide fluoride varnish to over 1000 children (0-6 years old) annually.

AAP Fluoride Varnish Recommendation: <https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/AAP-Releases-Summary-of-Updated-Preventive-Health-Care-Screening-and-Assessment-Schedule-for-Children%27s-Checkups.aspx#sthash.ejgSIJMD.dpuf>

US Preventive Services Task Force (USPSF) Fluoride Varnish Recommendation: <http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/dental-carries-in-children-from-birth-through-age-5-years-screening?ds=1&s=dental>



Susan Fisher-Owens, MD, MPH



Register for audiometric screening & play audiometer training by March 25th!

AUDIOMETRIC SCREENING & PLAY AUDIOMETER TRAINING

Sponsored by:
SF Child Health & Disability Prevention (CHDP) Program

This training is open only to CHDP providers. To obtain credit, *must* attend both lecture and one practicum.

Lecture: Wednesday, April 27th, 2016 from 8:30 AM to 12 PM
At 30 Van Ness Avenue, Suite 200 Large Conference Room

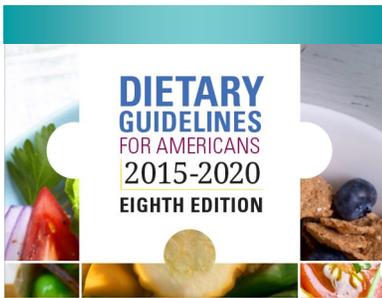
Practicum Sessions:

- 1) Thursday April 28th, 2016 from 9am- 12pm or
 - 2) Friday April 29th 2016 from 9am- 12pm
- At Kai Ming Head Start- 1755 Clay Street

Register early as enrollment is limited. Deadline for audiometric screening & play audiometer training is March 25th. To register, please call Tina Panziera at 415-575-5712. There is a \$10 charge to confirm your registration for this training.



Hearing Test. Digital image. *West Hawaii Today.* Oahu Publications. Web. 10 Feb 2016.



U.S. Department of Health and Human Services and U.S. Department of Agriculture. *2015 – 2020 Dietary Guidelines for Americans*. 8th Edition. December 2015.

Available at <http://health.gov/dietaryguidelines/2015/guidelines/>.

For more information, please visit: www.dietaryguidelines.gov

NEW DIETARY GUIDELINES FOR AMERICANS

The *2015-2020 Dietary Guidelines for Americans* is an evidence-based nutrition resource for policy makers and health professionals. These newly updated guidelines reflect the current body of nutrition science about healthy eating and health outcomes over a lifetime. This edition outlines how people can improve their overall eating patterns, offering 5 guidelines and key recommendations.

1. **Follow a healthy eating pattern across the lifespan.** Choose a healthy eating pattern at an appropriate calorie level to help achieve and maintain a healthy body weight, support nutrient adequacy, and reduce the risk of chronic disease.
2. **Focus on variety, nutrient density, and amount.** Choose a variety of nutrient-dense foods across and within all food groups in recommended amounts.
3. **Limit calories from added sugars and saturated fats and reduce sodium intake.** Cut back on foods and beverages higher in these components to amounts that fit within healthy eating patterns.
4. **Shift to healthier food and beverage choices.** Choose nutrient-dense foods and beverages across and within all food groups in place of less healthy choices. Consider cultural and personal preferences to make these shifts easier to accomplish and maintain.
5. **Support healthy eating patterns for all.** Everyone has a role in helping to create and support healthy eating patterns in multiple settings nationwide, from home to school to work to communities.

The new Dietary Guidelines emphasizes importance of focusing on everything people eat and drink—healthy eating patterns as a whole.

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Bulletin # 135 – January 2016

1. **2016 CPT-4 and HCPCS Codes Not Yet Adopted.** Providers should NOT use the 2016 codes to bill for Medi-Cal, EWC (Every Woman Counts) and Family PACT services until notified to do so in a future *Medi-Cal Update*.

2. **Updated ‘2014-2015 Certification of Compliance’.** The *2014-2015 Certification of Compliance* form (MC 0805) has been updated. The form is available on the [Provider Enrollment](#) page or the [Forms](#) page of the Medi-Cal website. The Compliance form is required for all providers that received at least \$5 million during 2014-2015 federal fiscal year.

CHDP PROVIDER INFORMATION NOTICES

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

No New PIN since October 2015.

CHDP Newsflash highlights only: <http://www.medi-cal.ca.gov/>, go under the Newsflash tab and you will find the following:

- **March 2016 Medi-Cal Provider Seminar** – released January 15, 2016.
 - ◇ The next Medi-Cal Provider Seminar is scheduled for March 23, 2016, at the Sacramento Marriott in Rancho Cordova, California. Providers can access a class schedule for the seminar by visiting the Provider Training page of the Medi-Cal Learning Portal (MLP) and clicking the seminar date(s) they would like to attend. Providers may RSVP by logging in to the MLP.
 - ◇ Providers that require more in-depth claim and billing information have the option to receive one-on-one claims assistance, which is available at all seminars in the Claims Assistance Room.
 - ◇ Providers may also schedule a custom billing workshop. On the Lookup Regional Representative page, enter the zip code for the area you wish to search and click the “Enter the ZIP Code” button. The name of the designated field representative for your area will appear on the map. To contact your Regional Representative, you must first contact the Telephone Service Center (TSC) at 1-800-541-5555 and request to be contacted by a representative.
- **Provider Training Workbooks Available on Medi-Cal Website** – released January 25, 2016.
 - ◇ Provider training workbooks are available as PDF files for download on the Medi-Cal website. These training workbooks should be used for training purposes only. Providers should always refer to the Medi-Cal Provider Manuals/Bulletins for the most current information.
- **CHDP: Incorrect Rates Removed for MenB Vaccines** – released January 29, 2016.
 - ◇ In January 2016, the *Rates: Maximum Reimbursement for CHDP* section of the Child Health and Disability Prevention (CHDP) provider manual was prematurely updated with incorrect billing codes for meningococcal vaccines Serogroup B (MenB), Bixsero and Trumenba. The incorrect rates and codes have been removed. Updated billing instructions for the MenB vaccines will be added to the CHDP provider manual at a later date.

For more detailed information on the above Newsflash, please read online by using the link above OR the following one: http://files.medi-cal.ca.gov/pubsdoco/system_replacement/sys_replacement_landing_page.asp

CHDP Bulletin highlights – for details, please use the following link. <http://www.medi-cal.ca.gov/>, click on Provider Bulletins, scroll to bottom. Click on CHDP Gateway to Health Coverage under Specialty Programs.

Bulletin # 134 – December 2015

Update: DHCS is Working Closely with Counties on MEDS Issue. Due to a significant increase in workload for counties as a result of implementation of the Patient Protection and Affordable Care Act, DHCS suspended the posting of quarterly reconciliations in MEDS in January 2014 and has recently posted the reconciliation files for 3 pilot counties: Colusa, Humboldt and Tehama to MEDS effective September 30, 2015. DHCS is working closely with the rest of the counties to address their concerns. **Note: BURMAN eligible status individuals are eligible for services.**

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