Developmental Delay: Tips on Referrals for CHDP Patients

Should you refer the 20 month old with isolated speech delay at his well-child check? Who can evaluate the 4 year-old with global delay? Where to send the 8 year-old newly arrived from Hong Kong, who was in a school for children with autism there?

Referring a child for evaluation or treatment of developmental delays can be a bewildering and lengthy process, especially for children who are uninsured or who have Medi-Cal/Healthy Kids. Here are a few tips.

A rule of thumb for suspected or known developmental delays, including autism:
1. Under age 3, refer CHDP patients to GGRC.
2. Ages 3 and up, refer CHDP patients to SFUSD Special Education.

Isolated Speech Delay
When referring a patient with known or suspected isolated speech delay for further evaluation, in addition to the “rule of thumb” above, refer the patient to audiology to assess hearing:
- Children with Straight Medi-Cal or SFHP should be referred to Hearing and Speech of Northern California. They can also do speech and language evaluation/therapy.
- Children with Anthem Blue Cross should be referred to UCSF audiology.

Autism Spectrum Disorders
For children of any age with suspected or known autism spectrum disorder including PDD, refer the family to GGRC. For patients ages 3 years and up, in addition to the GGRC referral, make a concurrent referral to SFUSD Special Education.

Additional helpful referrals
The Multidisciplinary Assessment Center (MDAC) at SFGH offers timely assessments and bridge therapy for children waiting for an GGRC or SFUSD evaluation. This can be helpful for children who otherwise face a long wait to be connected to services. See the Developmental Delay Referral Lists and Tips.

Resource list on page 2 of this newsletter.

Support for Families of Children with Disabilities offers parent support, advocacy and case management services in English, Spanish and Cantonese. Providers seeking consultation or wishing to refer families may call the warmline at (415) 920-5040 and ask for Nina Boyle, program director, or email her at nboyle@supportforfamilies.org.

Copies of referral forms for GGRC, SFUSD and other developmental agencies are available online at the San Francisco Medical Society's Pediatric Resources page: www.sfms.org/ForPhysicians/PediatricResources

GGRC REFERRAL TIPS

Refer your patient to GGRC before 24 months. GGRC eligibility criteria are more stringent for referrals made after 24 months of age. Eligibility is based on the patient's age when the referral is made, not the patient's age at the time of their initial GGRC evaluation.

- Refer instead of watchful waiting at the 18 month visit.
- Schedule 2 year old well child check slightly BEFORE the patient's birthday.
- Instruct the family to say YES when asked if they have concerns. If the family says no, this implies that the family does not want services, and the case may be closed.

Have the family sign an authorization for the release of info requesting that the GGRC assessment be sent to you, and send it with the GGRC referral. You are unlikely to receive information from GGRC without this. Keep a copy for your records. Your staff may need to fax it to the front-line worker at GGRC when they call GGRC to follow-up on the referral or get the report.
<table>
<thead>
<tr>
<th>Resource</th>
<th>Ages</th>
<th>Eligibility/Services</th>
<th>Referral Process/Contact Info</th>
<th>Wait time</th>
</tr>
</thead>
</table>
| Golden Gate Regional Center (GGRC)           | <3 yo      | Evaluation for all children with suspected developmental delay or autism spectrum disorder. Eligible for therapy and other services if GGRC evaluation shows delays of • Referred before 24m: >33% delay in 1 domain • Referred at 24-35m: >50% in 1 domain or >33% in 2 domains • Specific risk factor for delay (see referral form) | Fax Early Start referral form to 888-339-3306  
Tel: (888) 339-3305  
Email: intake@ggrc.org  
875 Stevenson, 6th Fl, 94103 until 7/15.  
**GGRC is moving on 7/15/2013**  
to 1355 Market St, Ste 220, 94103. Telephone and fax numbers will remain the same. | 45 days max, by law |
|                                             | 3+ yo      | Significant impairment due to mental retardation, epilepsy, autism, cerebral palsy, or similar condition                                                                                                                                                                | Fax Ongoing Intake referral form. Same contact info as above.                                      | 120 days max, by law |
| SFUSD                                        | <3 yo      | Isolated vision, hearing or severe orthopedic impairment only.                                                                                                                                                                                                          | Refer to SFUSD Early Start.  
Contact Jeanne Tillemans  
(415) 379-7667                                                                                                                               |                                                                     |
|                                             | 3-5 yo     | Developmental assessment for all children with suspected or known developmental or behavioral issues. Ongoing services for students who will receive educational benefit from Special Education services. | Refer to Preschool Intake Unit  
(415) 379-7693  
(415) 750-8690 fax  
750 25th Ave, 94121  
Family must complete and submit the Preschool Intake questionnaire. They need to include a copy of the child's birth certificate and two proofs of residency. | 60 days  
**Limited services over summer break.** |
|                                             | School-age | Same as above                                                                                                                                                                                                 | If attending SFUSD, family must submit a letter to their child’s school requesting an evaluation. If in private school/not attending SFUSD, contact the following.  
• Psycho-educational assessment: Sheila McNeely, lead psychologist, (415) 379-7607  
• Isolated speech delay: Sarah Cragg, lead SLP (415) 379-7641  
• Other (OT, etc): (415) 379-7656 | 60 days  
**Limited services over summer break.** |
| SFGH Multi-Disciplinary Assessment Clinic (MDAC) | 0-5 yo  
6+ yo - CHN patients only | Diagnosis/Assessment for all SF residents 0-5 and for SFGH/COPC patients 6+ and up. Limited "bridge" therapy for patients who are awaiting evaluation and services from GGRC/SFUSD. | eReferral or fax MDAC referral form to (415) 206-6302. Tel: (415) 206-6129 | 1-2 months for evaluation |
Audiology Referral List: When referring for speech and language delay, consider an audiology referral as well.

<table>
<thead>
<tr>
<th>Resource</th>
<th>Phone/Fax</th>
<th>Ages</th>
<th>Languages</th>
<th>Referral Process</th>
<th>Wait Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing &amp; Speech Center of Northern California</td>
<td>415-921-7658 415-921-2243 fax</td>
<td>0-21</td>
<td>Cantonese</td>
<td>Fax referral and pre-authorization</td>
<td>&lt;1 month</td>
<td>1234 Divisadero St, 94115</td>
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<tr>
<td>UCSF Audiology</td>
<td>415-353-2101 415-353-2883 fax</td>
<td>0-18</td>
<td>Spanish, Cantonese</td>
<td>Fax referral and pre-authorization</td>
<td>2 months</td>
<td>2330 Post St, Suite 270, 94115</td>
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<tr>
<td>SFGH Audiology</td>
<td>415-206-5476 415-206-4256 fax</td>
<td>6+ yrs</td>
<td>Spanish staff, interpreters available</td>
<td>eReferral or fax paper referral.</td>
<td>6 to 12 months</td>
<td>1001 Potrero Avenue, 4M, 4th Fl, Suite 94110</td>
</tr>
</tbody>
</table>

SFUSD Referral Tips from Dr. Jeanne Lee, CHDP Medical Director

- For preschoolers (3-5 years, and not enrolled in SFUSD): give families the SFUSD Preschool Intake Questionnaire to complete and submit to the school district's Pre-K Intake Unit. An online copy is available in English, Chinese and Spanish at the SFMS Pediatric Advisory Council website (www.sfms.org/ForPhysicians/PediatricResources). Parents will also need to submit two proofs of residency and a copy of the child’s birth certificate. Consider hand-delivering or using certified mail to have written documentation of the date of the request, as SFUSD must evaluate the child within 45 days of the request.

- For children already in school (K-12): the family needs to submit a letter to their child's school requesting an evaluation. A referral from the physician is not enough, nor is a verbal request by the family. The letter should be given by the parents to the principal or child's teacher.

- Have parents sign an authorization for the release of information, requesting that the SFUSD assessment and IEP be sent to you. Give the family a copy of the signed consent to submit with their request. You are unlikely to hear back from SFUSD without this. Keep a copy for your records. Your clinic staff may need to fax it to the frontline worker at SFUSD when they call SFUSD to follow-up.

- Refer before mid-March. Once the family sends in their letter or Pre-K packet requesting evaluation with the supporting documentation, SFUSD has 45-60 days to complete the evaluation. Summer vacation when SFUSD is closed does not count toward the timeline. If the letter requesting evaluation is received in April, the child will not be assessed until the fall.

- Advise parents to be proactive and call frequently. They should not wait for SFUSD to call them. Especially over the summer, the squeaky wheel gets the assessment.

Other Clinical Resources That Accept Medi-Cal:

- CPMC Kalmanovitz Child Development Center (limited language capacity and long wait times of up to 6 months)
- Neurodevelopmental Pediatrics, UCSF Osher Center for Integrative Medicine (specializes in ADHD, autism and related disorders. Will prescribe conventional medicine such as stimulants)
- UCSF Pediatric Cognitive and Behavioral Neurology Clinic.
- UCSF Autism and NeuroGenetic Clinic (research-focused)

The UCSF Autism Clinic and Hyperactivity, Attention, and Learning Problems (HALP) Clinic, both based at Langley Porter, do not accept Medi-Cal. Community Behavioral Health Services (CBHS) agencies like OMI Family Center and Chinatown Child Development Center
Over 19% of all American children aged 0-17 years have Special Health Care Needs. With the demands of a disease, disabling condition or simple difficulty in getting around, the oral health of special care individuals is too often neglected.

Children with Special Health Care Needs (CSHCN) with certain diagnoses, including Down Syndrome, other forms of mental retardation, cerebral palsy, and autism encounter greater difficulty obtaining needed dental care. Access to needed dental restorative treatment decreases as severity of condition increases.

Dental disease prevention and keeping teeth and gums healthy is a team effort for the child, dental and medical professionals, and parents/caregivers.

**Where to Refer?**

Most Children with Special Health Care Needs (CSHCN) can be treated at any of the dentists listed on the SF CHDP Special Needs Dental Referral List.

These offices have training and experience in treating CSHCN. Below are several disabled-accessible options for the different levels of need in CSHCN patients here in San Francisco.

- **Dr. Louise Stephens** is a family practice dentist located in the Ocean District of San Francisco. She accepts Denti-Cal and has been able to successfully treat many CHDP children with special needs. Her office can provide nitrous oxide, as well as patient stabilization devices. Because her practice has a calm environment, it is suitable for many CSHCN patients, including autistic children and children with global delays.

- **UCSF** is a medical center based dental clinic. For high risk children who have severe medical conditions, UCSF is well prepared to deal with medical emergencies that might occur during dental treatment.

- **Registered Dental Hygienists in Alternative Practice (RDHAP)** are specially licensed dental hygienists who use portable dental equipment to provide preventive dental services in the patient’s home or care setting. They cannot provide “fillings,” but are extremely effective in getting preventive care to those children who cannot get preventive care in a traditional dental office.

Many CSHCN need to be seen for preventive dental care more often than every 6 months. Parents often put dental care last on their list. Medical providers have a powerful role to refer and remind parents to protect the oral health of their CSHCN.

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6. [http://www2.aap.org/oralhealth/policystatements.html](http://www2.aap.org/oralhealth/policystatements.html)
11. [http://www2.aap.org/oralhealth/policystatements.html](http://www2.aap.org/oralhealth/policystatements.html)

Kudos go out to Bayview Child Health Center physician Dr. Zea Malawa.

After performing a well child exam for her 5 year old male patient with cerebellar palsy, Dr. Malawa noted on the CHDP reporting form, that the boy had class 3 dental decay.

Class 3 tooth decay represents multiple areas of serious tooth decay. Dr. Malawa spoke with CHDP PHN Susan Rudolph, and asked if there was a way CHDP could help get this “Child with Special Health Care Needs” into dental care, as soon as possible. CHDP Nurse Susan linked the parents up with California Children’s Services. CCS is a state program that helps children who are income eligible and have qualifying serious physical disabilities & medical conditions.

Due to the severity of the dental decay, age of the child, and his medical condition, this boy may likely need hospital dentistry – which can involve a one to two month waiting period. If he qualifies, CCS will case manage him. If not, CHDP staff will make sure this child receives his needed dental care. Thank you Dr. Malawa for being a key player in getting this CSHCN child needed oral health care!

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**Children with Special Health Care Needs Have Dental Needs Too!**

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**Tips for Brushing Teeth of Pre-Cooperative CSHCN Kids**

- **Establish Routine** - Same time every day
- **Location and Position** - Brushing does not have to happen in the bathroom. Some options: in child's room or other spaces. Brush with child's head in your lap or have child lie on a bed or sofa.
- **Distraction** - Keep child occupied when brushing. Give child something to hold, have child brush parents teeth, as they brush the child's, sing a song while brushing, or let child watch in the mirror or play in water.
- **Make it Fun** – Let child choose toothbrush: fun Light up/ or musical toothbrush, colors or TV characters. They even have "Apps" to brush with.
- **Sensory Tolerance** – Some kids are sensitive to new sensations, some want strong sensory input.
- **Toothpaste** - Try different flavors of toothpaste or dip brush in fluoride rinse.
- **Praise, praise, praise** - every tiny step towards goal. Go slowly. Set up reward system: tokens, stars, etc.

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**Our new SF CHDP webpage is now up!**

Check our recently created SF CHDP Website for:

- Answers to your frequently asked questions
- Forms
- Patient resources
- Updates

http://www.sfdph.org/dph/comupg/oprogram/MCH/CHDP.aspx
CHDP Providers Information

PIN # 12-08: Recommendations for use of the World Health Organization (WHO) Growth Standards for Assessment of Growth for Infants from birth to 24 months and Updates in the California Women, Infants and Children (WIC) Supplemental Nutrition Program.

All CHDP providers must use WHO growth charts for ages 0 to 24 months by 11/30/2013.

No Provider Information Notices in 2013 yet.

CHDP Bulletin

Bulletin # 101 – March 2013
CMS Error Messages for HIPAA 4010 Transactions. Effective April 1, 2013, Computer Media Claims (CMC) submissions will only be accepted in the HIPAA 5010 format. All others will be deleted with CMC error codes.

Bulletin # 102 – April 2013
CHDP Income Eligibility Guidelines Updates - Effective from April 1, 2013, through March 31, 2014. We have included the table in this Newsletter.

Updated Software Requirements for the CHDP Gateway Internet Transaction are as follows:
- Web browser: Internet Explorer 7.0 and higher, Mozilla
- Firefox version 4.0 and higher, Google Chrome, Safari version 5.0 and higher, or Opera 11
- Adobe Flash Player version 6.0 or higher
- Extension of End Date for ASC X 12N 4010A1 and NCPDP 5.1/1.1 Transactions. March 31, 2013 was the end date for acceptance of claims in the aforementioned transactions. No extension was granted. Due to HIPAA non-compliance, any 4010A1 or NCPDP 5.1/1.1 batch transactions submitted after this end date will be rejected and result in non-payment.
- New CLLS Rate Methodology Posted and Data Submission Deadline Extended to May 31, 2013.
- April 27, 2013 was National Prescription Drug Take-Back

Bulletin # 103 – May 2013
June 2013 Medi-Cal Webinars. Beginning June 4, 013 and throughout the month of June, Xerox State Healthcare, LLC, the DHCS Fiscal Intermediary (FI) for Medi-Cal will have webinars held Tuesdays through Thursdays at 10 am and 2pm hosted in real-time; formatted to allow you to print class materials, ask questions, and hear and view presentations as if you were in class. They are offered as basic, advanced and specialty classes and are accessible through the Medi-Cal Learning Portal or by visiting the home page of the Medi-Cal website.

2013 Federal Poverty Level Guidelines for CHDP Gateway

Effective April 1, 2013 through March 31, 2014, the Child Health and Disability Prevention (CHDP) Gateway is to use the following 2013 Federal Poverty Level (FPL) chart for determining income eligibility. Providers should disregard all previous FPL charts.

<table>
<thead>
<tr>
<th>Number of Persons</th>
<th>Gross Monthly Income</th>
<th>Gross Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,915</td>
<td>$22,980</td>
</tr>
<tr>
<td>2</td>
<td>$2,585</td>
<td>$31,020</td>
</tr>
<tr>
<td>3</td>
<td>$3,255</td>
<td>$39,060</td>
</tr>
<tr>
<td>4</td>
<td>$3,925</td>
<td>$47,100</td>
</tr>
<tr>
<td>5</td>
<td>$4,595</td>
<td>$55,140</td>
</tr>
<tr>
<td>6</td>
<td>$5,265</td>
<td>$63,180</td>
</tr>
<tr>
<td>7</td>
<td>$5,935</td>
<td>$71,220</td>
</tr>
<tr>
<td>8</td>
<td>$6,605</td>
<td>$79,260</td>
</tr>
</tbody>
</table>

For family units of more than 8 members; for each additional member, add:
- $670
- $8,040
Family Physicians Can Improve Dental Health in Children

The U.S. Preventive Services Task Force issued draft recommendations encouraging primary care physicians to treat children with fluoride varnish and oral fluoride supplements to help prevent tooth decay.

"Tooth decay is the most common chronic disease in American children, but only about one out of four children under 6 years old visit a dentist," task force chair Dr. Virginia Moyer said in a statement released by the panel on Monday. "Fortunately, evidence shows that primary care clinicians can play an important role in helping to reduce tooth decay, substantially improving children's health." HealthDay News (5/20)

The Task Force Advised Treatments that Doctors Can Provide:

- **Fluoride supplements**, such as drops, tablets or lozenges, to children between 6 months and 5 years old whose water supply does not have enough fluoride.
- **Fluoride varnish to the teeth of all children**, regardless of how much fluoride is in their drinking water. According to the task force, these treatments can help ward off the serious health complications associated with tooth decay such as pain, loss of teeth and cavities later in life. Tooth decay can also affect children's growth, speech, school attendance and appearance, the experts noted. "Evidence shows that both fluoride varnish and oral fluoride supplements can help prevent tooth decay in young children," panel member Dr. Glenn Flores said in the news release.

"These interventions are more vital than ever because, after decades of decline, the rate of tooth decay in children is rising, particularly in those 2 to 5 years old. Preventing this disease is critical to children's well-being."

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Fluoride Varnish: Get Reimbursed Through Medi-Cal!

Fluoride varnish is one of the most effective interventions to prevent childhood caries. It can be applied in the medical office in under 5 minutes by a medical assistant, nurse or doctor. Just one application a year lowers the risk of dental decay by 50%.

**Medi-Cal** will reimburse medical providers for fluoride varnish applied to Medi-Cal members, ages 0 up to 6 years old. Take advantage of this protective and reimbursable benefit. It can be applied, and then paid for by Medi-Cal, up to 3 times per year per child. Reimbursement varies according to your plan's agreement - from $16-$18 per application. Billing code is D1203. (Please note: FQHC clinics cannot bill separately for this benefit.)

If you have any questions, please call Margaret Fisher, RDHAP, 415-575-5719 or email Margaret.Fisher@sfdph.org

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2013 Summer San Francisco
CHDP Children's Dental Directory

Available in: English, Chinese, Spanish
http://www.sfdph.org/dph/comupg/oprograms/MCH/CHDP.asp
San Francisco CHDP Program Staff

CHDP Main Line:
Marylou Remo
415-575-5712
(marylou.remo@sfdph.org)

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:
Vacant position

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415-575-5712
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415-575-5720
(tina.panziera@sfdph.org)

Public Health Nurses:
Provider Relations:
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415-575-5736
(Kathy.shumaker@sfdph.org)

Susan Rudolph, RN, PHN
415-575-5707
(susan.rudolph@sfdph.org)