CHDP Aligned with AAP Bright Futures
Recommendations for Preventive Pediatric Health Care

Effective July 1, 2016, CHDP aligned itself with the AAP Bright Futures recommendations for preventive pediatric health care. With the transition to AAP Bright Futures, many CHDP requirements have changed. The major changes are outlined below.

PERIODICITY OF WELL CHILD CHECKS
Fourteen additional well child checks were added to the 15 well child checks previously reimbursed by CHDP. Changes to the CHDP periodicity schedule are in red.

• 3-5 days
• By 1 month (<1 month old)
• 2 months
• 4 months
• 6 months
• 9 months
• 12 months
• 15 months
• 18 months
• 24 months
• 30 months
• 3 years
• Every year, 4 to 20 years

BLOOD PRESSURE BEFORE AGE 3 IF RISK FACTORS FOR HYPERTENSION
Blood pressure before age 3 years if the following risk factors are present.

• Prematurity (<37 completed weeks), VLBW(<1,500 g), or NICU stay
• Congenital heart disease (repaired or not repaired)
• A recurrent urinary tract infection, hematuria, or proteinuria
• Known renal disease or urologic malformations
• Family history of congenital renal disease, solid-organ transplant, or malignancy or BMT
• Treatment with drugs known to raise blood pressure
• Systemic illnesses associated with HTN (eg, neurofibromatosis, tuberous sclerosis)
• Evidence of increased intracranial pressure.

Continued on page 2
MEASUREMENTS AND GROWTH CHARTS

- **Head circumference through 24 months.** CHDP previously only required head circumference only through age 18 months.
- **Weight for length for ages 0-18 months**
  - Continue to use BMI percentile for ages 24 months and up.

VISION AND HEARING SCREENING

- **At the 3 year old visit:**
  - Check visual acuity, but if the child is uncooperative, there is no need to recheck until age 4.
  - Hearing risk assessment* only
- **Routine visual acuity** at 3, 4, 5, 6, 8, 10, 12, and 15 year old visits.
- **Routine hearing screen** at 4, 5, 6, 8 and 10 year old visits.
- **Risk assessments** at all other ages, refer to ophthalmology or audiology if positive.
- **Refer** at any age if medical risk factors (see left sidebar).
- **Catch-up** new patients and patients who weren’t screened at the recommended age.

**“If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.”**

TB SCREENING

Risk assessments* at
- <1 month of age
- 6 months
- 12 months
- 24 months
- All well child checks
- Ages 3 years and up

Screen if risk assessment is positive. Risk assessments are no longer required at every infant/toddler visit.

ORAL HEALTH

- **Ask about a dental home** at
  - 6 months
  - 9 months
  - 12 months
  - 18 months
  - 24 months
  - 30 months
  - 3 years
  - 6 years

If no dental home, perform an oral risk assessment, available at http://www2.aap.org/oralhealth/docs/riskassessmenttool.pdf and refer to a dental home by 1 year of age
- **Fluoride varnish** every 3-6 months from the eruption of the first tooth until establishment of a dental home/age 5.
DEVELOPMENTAL ASSESSMENT
- Developmental screening such as ASQ or PEDS at 9, 18 and 30 month visits. Developmental surveillance (milestones) is not required at visits where developmental screening is done.
- Autism screening such as M-CHAT at 18 and 24 months.
- Catch-up new patients and patients who didn't get screened at the recommended age.

SCREENING FOR IRON-DEFICIENCY ANEMIA
- Routine screen at 12 months
- Risk assessments* at 4 months and at all visits after 12 months; screen if risk assessment is positive.

However, WIC requires
- Hgb/HCT starting at age 9 months
  Repeat annually if normal; every 6 months if abnormal.

LEAD SCREENING
Lead screening is mandated by California law for children in publicly supported programs, including Medi-Cal and WIC.
- Routine screening (blood lead test) at
  - 12 months and 24 months.
  - 24 months to 6 years, for children not tested at 24 months or later.

Children not in publicly supported programs must have a lead risk assessment* at 12 and 24 months.
Source: https://www.cdph.ca.gov/programs/CLPPB/Pages/ScreenRegs-CLPPB.aspx

DYSLIPIDEMIA SCREENING
- Universal screening at 9-11 years and 18-21 years
  - Non-fasting cholesterol panel.
    If HDL or non-HDL-C abnormal, check 2 fasting lipid panels, 2weeks-3months apart, and average the results.
  - OR fasting lipid panel x 1, if abnormal, repeat 2wks-3mon later
- Risk-based screening at ages 2-8 years and 12-17 years if risk factors including family hx of atherosclerotic cardiovascular disease or dyslipidemia; personal history of hypertension or diabetes; BMI >95th percentile (ages 2-8) or >85th percentile (ages 12-17); cigarette smoking; and certain renal, cardiac and rheumatic conditions
  - Two fasting lipid panels, 2 weeks to 3 months apart

* Age-specific risk assessments can be found in the AAP/Bright Futures Medical Screening Reference Tables at https://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/default.aspx
Continued on page 4
Continued from page 3

Behavioral Assessments for ages 11 and up

- Alcohol and drug risk assessment in patients who have ever used alcohol or drugs, at every well child check starting at age 11. **CRAFFT** is the AAP recommended risk assessment tool (see sidebar).
- Depression screen such as **PHQ-2** at all well child checks, ages 11 and up.

STI/HIV screening for ages 11 and up

- Universal HIV screening at age 16-18; annually if risk factors
- Sexually active females: Chlamydia and gonorrhea annually
- MSM: Chlamydia if anal intercourse, gonorrhea if oral or anal intercourse, syphilis annually
- High-risk MSM (multiple/anonymous partners, sex in conjunction with illicit drug use, by patient or partner): Screen every 3-6 months.
- AAP recommendations above differ from local guidelines from the San Francisco Department of Public Health’s STD Prevention and Control Services.. See: [www.sfcityclinic.org/providers/SFDPH_STDScreeningRecs2009v2.pdf](http://www.sfcityclinic.org/providers/SFDPH_STDScreeningRecs2009v2.pdf)

If you have questions or would like a presentation about the new recommendations under AAP Bright Futures, please call CHDP at 415-575-5712.

Additional Resources

State CHDP Website:
[www.dhcs.ca.gov/services/chdp](http://www.dhcs.ca.gov/services/chdp)

CHDP Health Assessment Guidelines (HAGs)
Recommendations targeted to the low-income, Medi-Cal eligible populations served by CHDP.
[www.dhcs.ca.gov/services/chdp/Pages/HAG.aspx](http://www.dhcs.ca.gov/services/chdp/Pages/HAG.aspx)

American Academy of Pediatrics/Bright Futures:
[brightfutures.aap.org](http://brightfutures.aap.org)

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Additional Resources

**CRAFFT**
[www.ceasar-boston.org/CRAFFT](http://www.ceasar-boston.org/CRAFFT)

**PHQ2**

**PHQ-2 Instructions for Use.pdf**
[brightfutures.aap.org/Bright%20Futures%20Documents/PHQ-2%20Instructions%20for%20Use.pdf](http://brightfutures.aap.org/Bright%20Futures%20Documents/PHQ-2%20Instructions%20for%20Use.pdf)

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**Probability of Substance Abuse/Dependence Diagnosis Based on CRAFFT Score**

<table>
<thead>
<tr>
<th>CRAFFT Score</th>
<th>Probability of major depressive disorder (%)</th>
<th>Probability of any depressive disorder (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>15.4</td>
<td>36.9</td>
</tr>
<tr>
<td>2</td>
<td>21.1</td>
<td>48.3</td>
</tr>
<tr>
<td>3</td>
<td>38.4</td>
<td>75.0</td>
</tr>
<tr>
<td>4</td>
<td>45.5</td>
<td>81.2</td>
</tr>
<tr>
<td>5</td>
<td>56.4</td>
<td>84.6</td>
</tr>
<tr>
<td>6</td>
<td>78.6</td>
<td>92.9</td>
</tr>
</tbody>
</table>

Regarding the 2016 – 2017 flu season, below are key vaccination recommendations from the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP). Also included for the 2016 – 2017 flu season are Vaccines For Children (VFC) Program-approved influenza vaccines and current Child Health and Disability Prevention (CHDP) Program flu vaccine procedure codes.

For the 2016 – 2017 flu season, CHDP providers can administer VFC-approved influenza vaccines (CPT-4 codes 90674, 90685, 90686 and 90688) using CHDP procedure codes 53, 54 or 80, as appropriate. Additional guidance and payment updates regarding CHDP flu vaccines for the 2016 – 2017 flu season are forthcoming.

CDC ACIP has published the Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices for the 2016 – 2017 flu season. Following are vaccination recommendations for CHDP providers:

- Routine annual influenza vaccinations for children 6 months of age and older, without contraindications, continues to be recommended.
- ACIP recommends that children 6 months through 8 years of age receive two doses of influenza vaccine, administered four weeks apart, during their first season of vaccination. For children 6 months through 8 years of age who have previously received two or more doses of trivalent or quadrivalent influenza vaccine before July 1, 2016, ACIP recommends only one dose for the 2016 – 2017 flu season.
- Due to low effectiveness against influenza A (H1N1) in the United States, ACIP has made the interim recommendation that live attenuated influenza vaccines (FluMist) are not to be used during the 2016 – 2017 flu season.
- A quadrivalent formulation of Flucelvax was approved by the FDA in May 2016 for children 4 years of age and older. Flucelvax is an acceptable alternative to other influenza vaccines licensed for recipients in this age group.
- Recommendations for influenza vaccination of recipients with an egg allergy have been modified:
  - Former recommendations suggested egg-allergic recipients should be observed for 30 minutes post vaccination for signs and symptoms of an allergic reaction. Providers should observe all patients for 15 minutes after vaccination to decrease the risk of injury if the patient experiences syncope, per the ACIP General Recommendations on Immunization.
  - Recipients with a history of severe allergic reaction to egg (such as any symptom other than hives) should be vaccinated in an inpatient or outpatient medical setting, including but not necessarily limited to hospitals, clinics, health departments and...
Continued from page 5

physician offices, under the supervision of a health care provider who is able to recognize and manage severe allergic conditions.

2016 – 2017 Vaccines For Children (VFC) Program Flu Vaccines

For the 2016 – 2017 flu season, CHDP providers may administer VFC-approved influenza vaccines (CPT-4 codes 90674, 90685, 90686 and 90688) using CHDP procedure codes 53, 54 or 80, as appropriate (see table below). Recommended VFC influenza vaccines include:

Quadrivalent Influenza Vaccine

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Presentation</th>
<th>Age</th>
<th>CPT-4 Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flucelvax Quadrivalent</td>
<td>0.5 ml single-dose syringe</td>
<td>4 years and older</td>
<td>90674</td>
</tr>
<tr>
<td>Flucelvax Quadrivalent</td>
<td>0.25 ml (single-dose syringe)</td>
<td>6 through 35 months</td>
<td>90685</td>
</tr>
<tr>
<td>Flucelvax Quadrivalent</td>
<td>0.5 ml single-dose syringe</td>
<td>3 years and older</td>
<td>90686</td>
</tr>
<tr>
<td>Flucelvax Quadrivalent</td>
<td>0.5 ml (single-dose syringe)</td>
<td>3 years and older</td>
<td>90686</td>
</tr>
<tr>
<td>Flucelvax Quadrivalent</td>
<td>5 ml (multi-dose vial: 10 doses per vial)</td>
<td>3 years and older</td>
<td>90688</td>
</tr>
</tbody>
</table>

CHDP Flu Vaccine Payment Information

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Code</th>
<th>Vaccine Source</th>
<th>Age</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza (Inactivated)</td>
<td>53</td>
<td>VFC or State</td>
<td>6 months thru 20 years, 11 months</td>
<td>$9.00</td>
</tr>
<tr>
<td></td>
<td>54</td>
<td>Purchased</td>
<td>36 months thru 20 years, 11 months</td>
<td>$13.76</td>
</tr>
<tr>
<td>Influenza (Inactivated) Preservative-Free</td>
<td>80</td>
<td>Purchased</td>
<td>6 months thru 35 months</td>
<td>$18.71</td>
</tr>
</tbody>
</table>

For additional CHDP billing code and rates information, refer to the Rates: Maximum Reimbursement for CHDP section of the CHDP Provider Manual.

For additional details about VFC influenza vaccines, refer to the California VFC Program EZIZ Web page.

CHDP Dental Directory

Updated SF CHDP Dental Directory is now ONLINE!

- SPANISH https://www.sfdph.org/dph/files/dentalSvcsdocs/CHDPDentalDir_062012_Span.pdf
What to tell families who ask “Do I still need to floss?”
As you may have heard recently, the U.S. Department of Health and Human Services (HHS) and the U.S. Department of Agriculture 2015–2020 Dietary Guidelines for Americans 8th Edition removed flossing from their guidelines. Your patients’ families may ask, “Is it still necessary to floss?”.

The answer is YES!
We floss daily to prevent gum disease!
We brush twice daily with fluoride toothpaste to prevent cavities!

<table>
<thead>
<tr>
<th>Oral Health Home Care</th>
<th>Action</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flossing (1x day)</td>
<td>Mechanically reduces interproximal biofilm and food debris</td>
<td>Reduces risk for gingivitis</td>
</tr>
<tr>
<td>Tooth Brushing with Fluoride Toothpaste (1000ppm 2x day Starting with first tooth)</td>
<td>Chemically strengthens the enamel</td>
<td>Reduces risk for dental caries</td>
</tr>
</tbody>
</table>

**Flossing Protects against Gingivitis – Periodontal Disease**
The 2011 Cochrane Review of flossing, upon which HHS based its decision, indicated that there was no studies that showed flossing helped dental decay. However, there was evidence that flossing helped to reduce gingivitis, which is beginning gum disease. The American Academy of Periodontology (AAP) recommends daily flossing as one part of a regular oral hygiene routine. AAP argues for developing and sustaining the daily habit of flossing because “the accumulation of plaque bacteria beneath the gum line may cause an inflammatory response which ultimately leads to gingivitis, a mild form of periodontal disease. If left untreated, periodontal disease can worsen, leading to tooth loss and increased risk for other systemic disease such as diabetes and heart disease.” Although not common, children as young as 11 can suffer from juvenile periodontitis.

**Frequent Topical Fluoride Remains our Best Anti-Cavity Weapon**
Tooth decay remains the most common chronic disease affecting children. The 2011 Cochrane Review, stated that none of the studies they reviewed measured reduction in dental decay. However, brushing with fluoride toothpaste and the application of fluoride varnish continues to have multiple studies which demonstrate a reduction in caries risk. A separate 2011 Cochrane Review confirmed that fluoridated toothpaste, has a high level of evidence.

The review highlighted the need for more clinical and reliable research studies that focus on the long-term effects of flossing on oral health.

**Both are Low cost – High Potential Benefits**
In light of the low cost of flossing and its potential benefits, continue to recommend that your older pediatric patients (over five y.o.) include daily flossing (or adjunctive interproximal cleaners) as part of their daily oral hygiene routine. Most importantly, advise parents that all children, beginning with the first tooth, should have their teeth brushed twice a day, with a fluoride toothpaste to prevent cavities.
As of July 1, 2016, along with the adoption of American Academy of Pediatrics Bright Futures Periodicity, CHDP now reimburses for the following health assessment services:

The health assessment services/codes coincide with services provided under the Bright Futures periodicity schedule.

Bill for these assessments in the “Other Tests” section of the PM 160. For more instruction, please refer to the Confidential Screening/Billing Report (PM 160) Claim Form: Completion Instructions section of the CHDP Provider Manual.

### CHDP Trainings

Do you have new staff who needs pediatric training? CHDP offers trainings by licensed CHDP staff members. These trainings can be held at your clinics for your convenience.

- **PM 160 Training**—Correct completion of the form ensures meaningful data is collected for the State and provides information for our public health nurses to follow up with case coordination needs if indicated. Please contact your CHDP nurse consultant.

- **Accurate Weighing & Measuring Training**—A great refresher for staff who take anthropometric measurements and counts as 1 point on your CHDP audit. Please contact CHDP Nutritionist Teresa Chan, RD (415) 575-5731 teresa.chan@sfdph.org

- **Fluoride Varnish Training**—This is a crucial Medi-Cal benefit for all of your young patients. The training includes:
  - CHDP Oral Health Training - “in-office” Early Dental Assessment & Referral with Fluoride Varnish for the Medical Team
  - A box of fluoride varnish (worth $200) will be provided as part of the training at no charge.

Please contact Margaret Fisher, RDHAP - (415) 575-5719 margaret.fisher@sfdph.org
CHDP Provider Information Notices

**PIN # 16-02** 07-25-16. CHDP Health Assessment Guidelines Revisions. These guidelines are consistent with the American Academy of Pediatrics’ Bright Futures Guidelines and they will be posted on the CHDP Health Assessment Guidelines Webpage - [http://www.dhcs.ca.gov/services/chdp/Pages/HAG.aspx](http://www.dhcs.ca.gov/services/chdp/Pages/HAG.aspx)

**PIN # 16-03** 07-21-16. Effective 7/1/16, the AAP Bright Futures periodicity schedule for fee-for-service, well child health assessments is implemented for the Child Health and Disability Prevention (CHDP) program.

See Table 21.3 for CHDP Bright Futures for Health Assessments by Age Group
[http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/CHDP/Forms/periodbright_c01.pdf](http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/CHDP/Forms/periodbright_c01.pdf)

See Table 21.4 CHDP/EPSDT Periodicity Schedule for Dental Referral by Age
[http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/CHDP/Forms/periodbright_c01.pdf](http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/CHDP/Forms/periodbright_c01.pdf)

**PIN # 16-04** 08-10-16. With the implementation of the AAP Bright Futures periodicity schedule for fee-for-service effective 7/1/16, well child assessments, there are additional benefits to the Child Health and Disability Prevention (CHDP) program. Please refer to the link under Bulletin 142 Periodicity schedule July 1st and after.

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

**Bulletin # 141 – July 2016**
1. **Decommissioning of the Omni 3300 POS Device in November 2016.** All providers who are assigned an OMNI 3300 are **required** to return the unit to the Department of Health Care Services (DHCS) as soon as possible. If the device is not returned, the provider will be assessed $700, the cost of the device, to be deducted from future reimbursement.

**Bulletin # 142 – August 2016**
1. **CHDP Periodicity Schedules.** CHDP providers please refer to the following links to determine intervals between health and dental assessments for children and youth.

**Periodicity Schedules: Before July 1, 2016** – pre-Bright Futures periodicity schedules when submitting claims for dates of services prior to July 1, 2016.

Table 21.1 CHDP Periodicity Schedule for Health Assessment Requirements by Age Group
[http://files.medi-cal.ca.gov/pubsdoco/publications/Masters-Other/CHDP/forms/periodhealth_c01.pdf](http://files.medi-cal.ca.gov/pubsdoco/publications/Masters-Other/CHDP/forms/periodhealth_c01.pdf)

Table 21.2 CHDP Periodicity Schedule for Dental Referral by Age
[http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/CHDP/Forms/perioddental_c01.pdf](http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/CHDP/Forms/perioddental_c01.pdf)

**Periodicity Schedules: July 1, 2016 and After** – align with Bright Futures periodicity schedules.

CHDP Notice: Additional Bright Futures Benefits Reimbursable Beginning July.

2. **Get the latest Medi-Cal News by subscribing to MCSS (Medi-Cal Subscription Service).** Subscribing is simple and free.
   i. Go to the MCSS Subscriber Form
   ii. Enter your email address and ZIP code
   iii. Customize your subscription by selecting subject areas for Newsflash announcement, Medi-Cal Update bulletins and/or System Status Alerts.
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