



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

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## **PEANUT ALLERGY PREVENTION GUIDELINES**

Peanut allergy is a growing public health concern which affects about 1-2% of children.<sup>1</sup> In early 2017, the American Academy of Pediatrics (AAP) endorsed guidelines on the introduction of peanuts for the prevention of peanut allergy based on the Learning Early About Peanut (LEAP) study<sup>2</sup> and a report from the National Institute of Allergy and Infectious Diseases<sup>3</sup>. Recommendations include early introduction of infant-safe forms of peanut protein according to an initial risk assessment and possible physician-supervised feeding.

### **Guidelines for early peanut introduction based on risk<sup>4</sup>**

Infant risk group	Recommendation	Earliest age of peanut introduction
<b>Guideline #1:</b> Severe eczema, egg allergy or both	<ul style="list-style-type: none"> <li>Strongly consider evaluation by serum (peanut-specific IgE) and/or skin prick test</li> <li>Home or physician-supervised feeding or exclusion of peanut based on test results.*</li> <li>Feed 6-7 grams of peanut protein over 3 or more feedings per week up to 5 years of age.</li> </ul>	4-6 months, following successful feeding of other solid food(s).
<b>Guideline #2:</b> Mild to moderate eczema	<ul style="list-style-type: none"> <li>Introduce peanut-containing foods</li> </ul>	Around 6 months and in accordance with family preference and cultural practice.
<b>Guideline #3:</b> No eczema or any food allergy	<ul style="list-style-type: none"> <li>Introduce peanut-containing foods "freely" into diet along with other solid foods.</li> </ul>	Age-appropriate and in accordance with family preferences and cultural practices.

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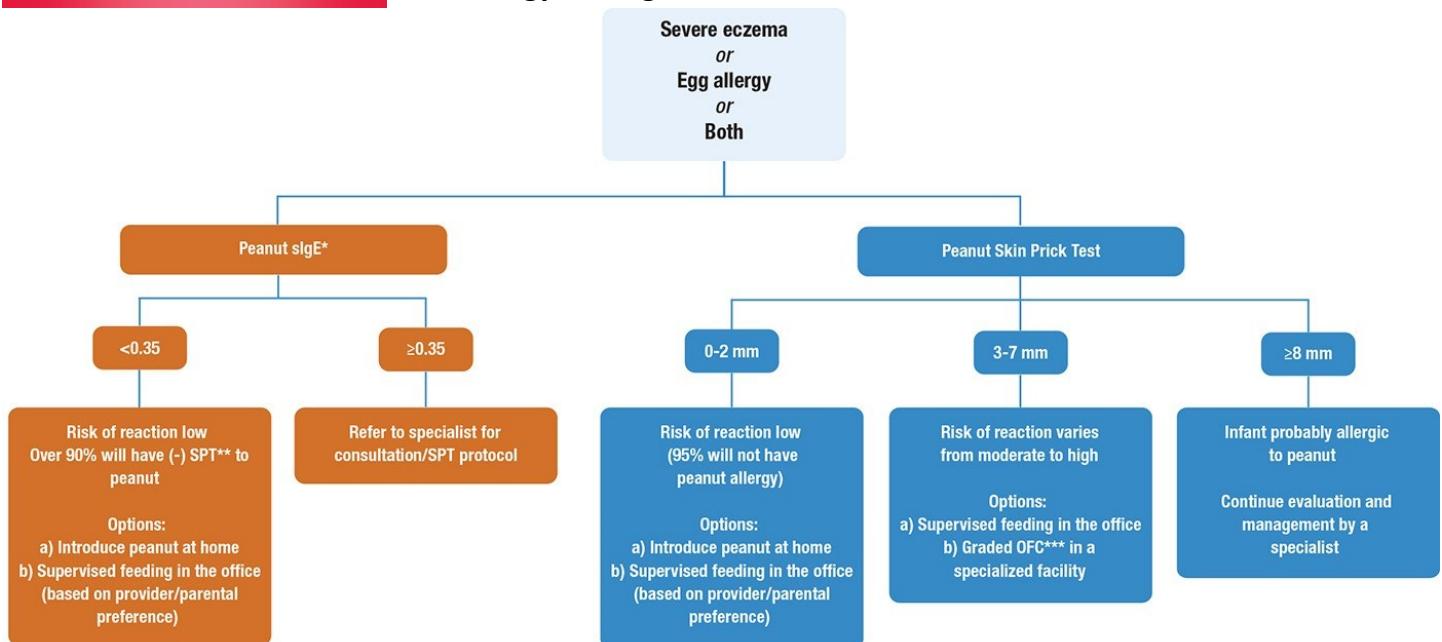
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## \*Allergy Testing for Guideline #1

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\* To minimize a delay in peanut introduction for children who may test negative, testing for peanut-specific IgE may be the preferred initial approach in certain health care settings. Food allergen panel testing or the addition of IgE testing for foods other than peanut is not recommended due to poor positive predictive value.

\*\* skin prick test

\*\*\* oral food challenge

### References

- <sup>1</sup>Sicherer, S.H. (2017). New guidelines detail use of 'infant-safe' peanut to prevent allergy. AAP News. <http://www.aappublications.org/news/2017/01/05/PeanutAllergy010517>
- <sup>2</sup>Du Toit, G., Roberts, G., Sayre, P.H., Bahnsen, H.T., Radulovic, S., Santos, A.F.,...Sever, M.L. (2015). Learning Early About Peanut. *New England Journal of Medicine*. 372:803-813. <https://www.nejm.org/doi/full/10.1056/NEJMoa1414850>
- <sup>3</sup>Togias, A., Cooper, S.F., Aceball, M.L., Assaad, A., Baker, J.R., Beck, L.A.,...Boyce, J.A. (2017). Addendum guidelines for the prevention of peanut allergy in the United States: Report of the National Institute of Allergy and Infectious Diseases-sponsored expert panel. *Journal of Allergy and Clinical Immunology*.
- <sup>4</sup>Sicherer, S. H. (2017). How to implement new peanut allergy prevention guidelines. AAP News. <http://www.aappublications.org/news/2017/05/09/Peanut050917>

### Strategies for feeding peanuts and other nuts to infants and toddlers

- Try thinned out peanut butter or peanut butter powder with puree fruits or vegetables.
- Introduce peanut butter puffs.
- Young children should not be given whole peanuts or unmodified peanut butter due to choking risks.

## DEVELOPMENTAL SCREENING REMINDER: CATCH UP SCREENS

Per Bright Futures periodicity, "If a child comes under care for the first time at any point on the schedule, if any items are not accomplished at the suggested age, the schedule should be brought up-to-date at the earliest possible time." This rule also applies to developmental screens. Per periodicity, a developmental screening using a validated tool should be conducted at the 9 month, 18 month and 30 month visits. A catch up screen should be conducted on any client who was not screened at the recommended age. For example, if a 4 year old comes into care and a developmental screen was not conducted at the 30 month or later visit, a screening should be administered. Catch up screens should be considered until the child enters Kindergarten.

For a list of AAP Bright Futures approved screening tools, please follow this link: <https://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/Developmental-Behavioral-Psychosocial-Screening-and-Assessment-Forms.aspx>

## **PRINTED CHDP NEWSLETTERS**

As CHDP moves towards the digital age, CHDP will stop sending out printed newsletters in Summer 2019 unless requested. If you prefer and would like to receive printed CHDP newsletters, please e-mail [teresa.chan@sfdph.org](mailto:teresa.chan@sfdph.org).

## **SAN FRANCISCO HEALTH PLAN CARE MANAGEMENT ANNOUNCEMENT**

San Francisco Health Plan (SFHP) is excited to announce the launch of the **Child, Adolescent and Transitional Aged Youth (CATY) Care Management program!** The CATY program is designed to meet the **medical, behavioral and psychosocial care coordination needs** of members between the **ages of 0-17**. SFHP's team can work with the child/adolescent, their caregiver(s) and providers both over the phone and in person.

### **The process includes:**

- Conducting a comprehensive assessment of the member's needs
- Determining available benefits and resources
- Developing and implementing a patient-centered care management plan with goals, monitoring and follow-up

**Who qualifies?** Any member between the ages of **0-17** assigned to an **SFHN, SFCCC or UCSF** clinic that is:

- Experiencing barriers to care and/or
- Needing support navigating the health care system or accessing community resources

The SFHP team will connect members assigned to clinics outside of the SFHN, SFCCC or UCSF system with one of SFHP delegated medical group's case management programs.

**Referrals:** If you believe your patient would benefit from SFHP care management services, either you, your patient or the patient's caregiver can call SFHP intake line at **415-615-4515**, or email at **caremanagement\_referrals@sfhp.org** to speak with a member of the SFHP team. Please note that SFHP will occasionally have a waitlist and will triage urgent referrals.

**Additional questions?** Please contact Jess Wiley, Children & Family Program Manager: 415-615-4416 or [jwiley@sfhp.org](mailto:jwiley@sfhp.org)

Electronic CHDP newsletters will continue to be e-mailed and posted on the CHDP website at <https://www.sfdph.org/dph/comupg/oprograms/MCH/CHDPNews.asp>.

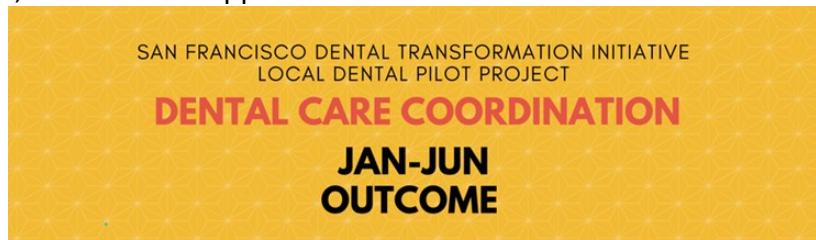


*Here for you*

## **DENTAL CARE COORDINATION SUCCESS RATE**

**CHDP Dental Care Coordination:** Our experienced bilingual CHDP health workers have spent many years building relationships with local dental providers, and understanding the barriers that prevent parents from getting dental appointments for their children. Health workers help schedule preventive dental visits, remind parents to keep appointments, and help address any concerns or questions parents may have about taking their children to the dentist.

**Dental Transformation Initiative (DTI) Program:** The proficiency of health workers linking CHDP children to needed dental treatment is now being put to good use in the DTI program to link Medi-Cal Managed Care beneficiaries (ages 0 up to 6 y.o.) to dental care. Previously, these children were not eligible for this skilled care coordination support. As of June 30, 2018, health workers have connected 1,310 children to preventive dental services through the DTI program. According to veteran health worker, Becky Sung, "About 1/3 of the children who are referred for dental needs have dental caries. If we did not have the DTI program for the children on Medi-Cal Managed Care, what would happen to these kids?"



**1,726 REFERRALS RECEIVED**



**1,568 CLIENTS CONTACTED**



**1,338 CLIENTS MADE DENTAL  
APPOINTMENTS**



**1,310 CLIENTS ATTENDED  
DENTAL VISIT**



## **SUCCESS RATE**

91% OF CHILDREN REFERRED WERE CONTACTED

85% OF CHILDREN CONTACTED MADE A DENTAL APPOINTMENT

98% OF CHILDREN APPOINTED ATTENDED THE DENTAL VISIT

Visit our website to learn more about the SF Dental Transformation Initiative project  
<https://sfdti.weebly.com/>

## **CLASSIFYING DENTAL DECAY: TRIAGING TO APPROPRIATE CARE**

Performing a thorough dental assessment is a mandatory part of every CHDP well child visit, every child should be assessed. Below is the CHDP Dental Referral Classification Guide to determine the dental classification, which is essential for proper triaging of dental problems. Documenting dental classifications in the care coordination referral form help CHDP health workers link your patients to the most expedient and appropriate dental care. A child with Class I, II, or III will be linked to the appropriate dental clinic for dental care or treatment. Providers of patients with Class IV emergent needs should link the child directly with emergency dental care immediately! While ensuring that a child with an emergency dental need receives immediate treatment is always the medical provider's responsibility, CHDP can assist you in finding appropriate care for your patient.

If you would like a CHDP training on how to properly assess and refer your pediatric patients, please call (415) 575-5719 to schedule.

<b>If child has a Dental Home</b>	Remind parent/guardian to take child to dentist every 6 months.		
<b>If child has no Dental Home/ no Dental Visit in last 6 months</b>	Give list of CHDP Denti-Cal dentists. Send a dental referral to CHDP or DTI (if managed care patient).		
<b>Class I: No Visible Problems</b>  Mandated annual routine dental referral (beginning no later than age 1 and recommended every 6 months)	<b>Class II: Visible decay, small carious lesion or gingivitis</b>   <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>White Decalcification Initial Decay</b> </div>  <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>Small Carious Lesions</b> </div>  <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>Mild Gingivitis</b> </div>  <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>Appears Healthy</b> </div> 	<b>Class III: Urgent – pain, abscess, large carious lesions or extensive gingivitis</b>   <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>Large Carious Lesions</b> </div>  <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>Early Childhood Caries</b> </div>  <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>Abscess</b> </div>	<b>Class IV: Emergent – acute injury, oral infection or other pain</b>   <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>Acute Injuries</b> </div>   <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>Oral Infection/Cellulitis</b> </div>

**ROUTINE DENTAL  
REFERRAL.**

**NEEDS NON-URGENT  
DENTAL CARE.**

**IMMEDIATE TREATMENT  
FOR URGENT DENTAL  
CONDITION WHICH CAN  
PROGRESS RAPIDLY.**

**NEEDS IMMEDIATE  
EMERGENCY DENTAL  
TREATMENT WITHIN 24  
HOURS. MEDICAL PROVIDER  
IS RESPONSIBLE FOR  
ENSURING IMMEDIATE  
TREATMENT.**



Stacey Burnett, RN, PHN



April Nakayoshi, MPH, CHES

## **NEW CHDP STAFF**

**Stacey Burnett, RN, PHN** is CHDP's newest Provider Relations Nurse. She was District Nurse for a large school district in San Mateo county and has experience in interpreting policy and implementing procedures that helped individual sites achieve compliance benchmarks. Additionally, she has experience in developing and leading staff trainings, and case management. She's excited to be a part of the CHDP team! Stacey used to live in San Francisco's Mission District, but now lives in Menlo Park with her husband, almost 1 year old daughter, and their dog.

**April Nakayoshi, MPH, CHES** joins the CHDP team as the Oral Health Coordinator. She comes from Prevent Blindness Northern California, where she led their "Eye Bus" program for low-income pre-schoolers called See Well to Learn, as well as the Vision Screening Training and Certification Program. In her 17 years at Prevent Blindness, April frequently worked with the CHDP and the Child Care Health Program, and is thrilled to be here, putting her skills to use in a new area, going from vision health to oral health! April lives in the San Francisco Sunset District with her husband and 2 dogs, and has 2 daughters who are gradually learning to be adults.

## **CHDP PROVIDER INFORMATION NOTICE**

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

No new Provider Information Notices since PIN # 17-03 6-27-17.

All CHDP providers are required to comply with the most recent AAP Bright Futures Guidelines and the AAP Bright Futures Recommendations for Preventive Pediatric Health Care (periodicity table). In addition, CHDP providers are also required to comply with any additional state regulatory requirements for risk assessments and testing as outlined in the CHDP HAG (*Health Assessment Guidelines*).

**Medi-Cal NewsFlash** <http://www.medi-cal.ca.gov/>

**EPSDT Code Conversion: Policy Update for Lead Investigation** – released August 21, 2018. Effective for dates of service on or after September 1, 2018, HCPCS Level III local Early and Periodic Screening, Diagnostic and Treatment (EPSDT) code Z5830 will be terminated and replaced with a HIPAA-compliant national HCPCS Level II code T1029 as shown in the crosswalk. This conversion will also include the use of the EP modifier to indicate EPSDT services.

**October 2018 Medi-Cal Medi-Cal Provider Seminar in Concord, CA**

– released August 16, 2018. The October Medi-Cal provider seminar is scheduled for October 16 – 17, 2018, at the Crown Plaza in Concord, California. Providers can access a class schedule for the seminar by visiting the Provider Training web page of the Medi-Cal Learning Portal (MLP) at <https://learn.medi-cal.ca.gov/Training/TrainingServices.aspx> and clicking the seminar date(s) they would like to attend. Providers may RSVP by logging in to the MLP. Providers must register by October 2, 2018, to

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receive a hard copy of the Medi-Cal provider training workbooks on the date(s) of training. After October 2, 2018, the workbooks will be available only by download on the Medi-Cal Provider Training Workbooks page of the Medi-Cal website at [http://files.medi-cal.ca.gov/pubsdoco/outreach\\_education/training\\_workbooks.asp](http://files.medi-cal.ca.gov/pubsdoco/outreach_education/training_workbooks.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 # 164 – June 2018**

**1. Medi-Cal Checkwrite Schedule Update for Fiscal Year 2018-2019.** The checkwrite schedule is updated **effective July 1, 2018.** This schedule reflects warrant release dates and Electronic Fund Transfer (EFT) dates of deposit for all programs including Child Health & Disability Prevention (CHDP) Program.

**2. Phase 3: RTD Generation Discontinued.** The Department of Health Care Services (DHCS) has eliminated the generation of *Resubmission Turnaround Documents* (RTDs) (Form 65-1). The discontinuation of RTDs will both increase claims processing efficiency and reduce costs.

The new process will deny claims submitted with questionable or missing information instead of generating an RTD. The generation of RTDs has been completely discontinued and providers will no longer receive RTDs. Providers are encouraged to routinely check the Medi-Cal website for more information.

**3. Reminders: a) VeriFone VX 520 POS Device to Decommission in July 2018.** Transactions from these devices will no longer be accepted or processed after decommission.

**b) Do Not Staple Paper Claim Forms.** Providers are reminded to not staple paper claim forms as staples delay claims processing.

**Bulletin # 165 – July 2018** No relevant news related to CHDP since June Bulletin # 164

**Bulletin # 166 – August 2018**

**1. CHDP Phase 3 HIPAA Code Conversion: School-Based Services Crosswalk.** The Department of Health Care Services (DHCS) is initiating Phase 3 of the Child Health and Disability Prevention (CHDP) claim form transition and code conversion. To comply with HIPAA national standards for health care electronic transactions and code sets, school-based services will transition to national standards in the fourth quarter of 2018.

CHDP school-based providers will bill services directly to Medi-Cal in accordance with HIPAA national standards. Services will be billed with CPT-4 national codes on the *UB-04* claim form or electronic equivalent. Services billed on the incorrect claim form for the date of service will be denied.

In addition to meeting HIPAA standards, this transition adapts CHDP billing to the American Academy of Pediatrics (AAP) February 2017 Bright Futures periodicity schedule and enhanced Bright Futures services.

**Code Conversion Table** -The full code conversion can be accessed via [http://files.medi-cal.ca.gov/pubsdoco/chdp/articles/chdp\\_27074\\_01.asp](http://files.medi-cal.ca.gov/pubsdoco/chdp/articles/chdp_27074_01.asp)

**CHDP Program** - The CHDP program reimburses for outpatient preventive health services for eligible children and youth. In California, the CHDP program provides the early and periodic screening component of the federally mandated Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit for Medi-Cal recipients.

**Billing and Reporting** - It is recommended that providers plan to bill electronically. Providers who are not able to bill electronically and do not have a supply of national claim forms should order them. Providers should work with a credible vendor and purchase forms with “drop-out” ink that meet Centers for Medicare & Medicaid (CMS) standards.

**Note:** To bill, CHDP providers must have an active Medi-Cal NPI.

**2. A New Way to Subscribe – Contact Medi-Cal Subscription Service Representatives.** Providers can now contact MCSS representatives directly at [MCSSCalifornia@conduent.com](mailto:MCSSCalifornia@conduent.com) to subscribe and for assistance with managing subscriptions. This is just another way to subscribe in addition to either online or email subscription.

# San Francisco CHDP Staff

**CHDP Deputy Director**

Kimberlee Pitters  
415-575-5712  
[kimberlee.pitters@sfgov.org](mailto:kimberlee.pitters@sfgov.org)

**Medical Director**

C. Jeanne Lee, MD, MPH  
415-575-5712  
[jeanne.lee@sfdph.org](mailto:jeanne.lee@sfdph.org)

**Nurse Manager**

Dorothy Quan, RN, PHN, MPA  
415-575-5712  
[dorothy.quan@sfdph.org](mailto:dorothy.quan@sfdph.org)

**Billing Inquiry & PM160 ordering**

Tina Panziera  
415-575-5712  
[tina.panziera@sfdph.org](mailto:tina.panziera@sfdph.org)

**Provider Relations Nurses**

Kathy Shumaker, RN, PHN, MSN  
415-575-5736  
[kathy.shumaker@sfdph.org](mailto:kathy.shumaker@sfdph.org)

Margaret A Suda, RN, PHN, MSN  
415-575-5705  
[margaret.suda@sfdph.org](mailto:margaret.suda@sfdph.org)

Stacey Burnett, RN, PHN  
415-575-5707  
[stacey.burnett@sfdph.org](mailto:stacey.burnett@sfdph.org)

**Nutritionist**

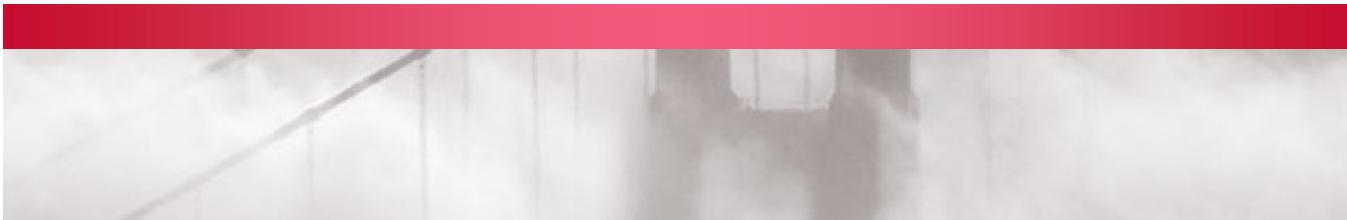
Teresa Chan, RD, MPH  
415-575-5731  
[teresa.chan@sfdph.org](mailto:teresa.chan@sfdph.org)

**Dental Hygienist**

Margaret Fisher, RDHAP, BS  
415-575-5719  
[margaret.fisher@sfdph.org](mailto:margaret.fisher@sfdph.org)

**Oral Health Program Coordinator**

April Nakayoshi, MPH, CHES  
415-575-5706  
[april.nakayoshi@sfdph.org](mailto:april.nakayoshi@sfdph.org)

**Child Health & Disability Prevention Program**

C H D P

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San Francisco Department of Public Health  
30 Van Ness Avenue, Suite 210  
San Francisco, CA 94102  
Phone: 415-575-5712  
Fax: 415-558-5905  
Toll-Free Line: 1-800-300-9950