

Child Health & Disability Prevention



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

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New Care Coordination Referral Forms Released for Non-Federally Qualified Health Center Providers (*Private Practice Providers*)

As of July 1, 2017, the Green PM 160s used for billing and care coordination on Fee for Service/Gateway clients was eliminated. A replacement form identifying care coordination needs is now ready for use:

For **Fee for Service/Gateway** clients, non-FQHC providers (private providers) should now complete and submit the NEW Care Coordination Form for all children (birth to 21 years of age) when a medical or dental referral was made at the time of a well child visit. The SF CHDP team will continue to case manage these children.

The care coordination form is available as an insert and also available as an electronic fillable PDF. The form should be completed in their entirety, and mailed to the local SF CHDP office. Please contact your SF CHDP provider relations nurse if you have any questions on the new form.

How to get copies of the NEW Care Coordination Forms:

1. Print out additional copies of insert from this newsletter
2. Print from CHDP website at: <https://www.sfdph.org/dph/comupg/oprograms/MCH/CHDPProv.asp>
3. If you'd like copies mailed to you, please contact us to request them by emailing tina.panziera@sfdph.org or by calling (415) -575-5712.

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¹ San Francisco Unified School District-San Francisco Department of Public Health Dental Services, Kindergarten Oral Health Screening Program data 16-17

San Francisco Dental Transformation Initiative Provides Dental Care Coordination to Medi-Cal Managed Care Children 0-5

In San Francisco, 33% of children have experienced dental decay by the time they enter kindergarten.¹ Although dental decay is entirely preventable, it is the most common childhood chronic disease. San Francisco Dental Transformation Initiative Local Dental Pilot Project (SF DTI LDPP) is partnering with CHDP in a 4 year long pilot to link children to dental care to reverse these trends.

Over the 4 years of the project, SF DTI LDPP will provide multilingual dental care coordination for children on Medi-Cal Managed Care plans ages 0-5 (up to 6th birthday). Health Workers at CHDP will help parents and caregivers of children 0-5 schedule preventive dental appointments, provide reminders for them to attend the dental appointment, and address concerns and barriers they may have to taking their children to the dentist.

In January, through SF DTI LDPP, Health Workers have connected 220 children to preventive dental services. The success rate is 90% out of the 243 cases closed in the month of January.

As a CHDP provider, you can help your young patients achieve a cavities-free childhood that will reduce the risk of caries over their lifetime, help them perform better in school, and achieve better overall health.

To send referrals to DTI, providers should continue to send in PM160 forms for all Managed Care Medi-Cal clients to the CHDP office.

- **For SFHP clients:** Please complete and submit PM 160s for children 0 through 5 (up to 6th birthday) only. Refer to SFHP March 2018 newsletter (https://www.sfhp.org/files/providers/provider_updates/March%20Provider%20Update.pdf) for details on PM160 completion & submission.
- **For Anthem Blue Cross clients:** Completion and submission of the PM 160s remains the same. Complete the form in its entirety and mail to both the local CHDP office and the State.

For questions or more information about the SF DTI LDPP, contact Christina Nip at christina.nip@sfdph.org, or visit our [website](https://sfdti.weebly.com/) at <https://sfdti.weebly.com/>

Dental Care Coordination

Free Dental Care Coordination for children 0-5 on Medi-Cal Managed Care



33% of children in San Francisco has experienced dental decay by kindergarten



Dental decay is the most common childhood chronic disease, and is entirely preventable

San Francisco Dental Transformation Initiative Local Dental Pilot Project is now providing bilingual dental care coordination to Medi-Cal Managed Care children 0-5.

Parents can get help to:



Schedule a preventive dental appointment



Receive reminder to preventive dental appointment



Address barriers to attending preventive dental visits



Explore concerns about taking their children to the dentist

There are many benefits to dental care coordination. Your pediatric patients can:



Be connected to a dental home

Receive early preventive dental services

Reduce risk of early childhood and a lifetime of caries

Have better overall health

To participate, continue to submit PM160 forms for children 0-5 on Medi-Cal Managed Care plans to CHDP. Health Workers at the San Francisco Department of Public Health will provide dental care coordination.

FOR MORE INFORMATION

Contact: Christina Nip
christina.nip@sfdph.org



San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

SF Dental
Transformation
Initiative
Local Dental Pilot Project

General Anesthesia for Pediatric Dental Procedures: FDA Warning

Although dental decay is largely preventable, some children experience rampant caries which, if left untreated, pose a risk for severe infection and even death. Dental providers have routinely referred severe caries in very young pre-cooperative toddlers and preschoolers for hospital dental treatment with general anesthesia (GA).

In 2017, the U.S. Food and Drug Administration (<https://www.fda.gov/Drugs/DrugSafety/ucm532356.htm>) issued an official warning to all practicing physicians regarding potentially detrimental behavioral and cognitive sequelae of an early exposure to GA during in utero and in early postnatal life. The U.S. Food and Drug Administration concern is focused on children younger than three years of age who are exposed to clinically used GA and sedatives for three hours or longer.¹

Studies conducted in pregnant animals, young animals, and children exposed early in life suggest repeated or prolonged use of GA and sedation drugs may have negative effects on the developing brain.

Multiple, but not single, exposures to procedures requiring GA before the age of 3 yr are associated with an increased frequency of learning disability and ADHD and decreased scores in group-administered tests. Single exposures are associated with impaired performance in some domains measured by the group-administered tests but not others. These findings in children receiving contemporary anesthesia care confirm and extend previous observations in children anesthetized before 1985 and provide additional evidence that children receiving multiple exposures are at increased risk for adverse outcomes related to learning and attention.²

One option that many dental clinics are using now, to stabilize severe decay in infants/toddlers from progressing to the need for GA, is applying Silver Diamine Fluoride³ (<https://www.sfdph.org/dph/files/MCHdocs/CHDP/CHDP-News-Summer2016.pdf>). In addition, a Fluoride Varnish routinely applied in the medical setting, where children see medical providers up to 11 times before seeing a dentist, has been shown in many studies to be an important decay preventive treatment.

If you would like your medical staff to receive training for Fluoride Varnish, please call our SF CHDP office for details: 415-575-5719.



“Prevention is our goal as health care providers, so that the situation where severe decay poses a risk to life and health does not occur.” Steven Krause, DDS

¹U.S. Food and Drug Administration (2017 April). FDA Drug Safety Communication: FDA review results in new warnings about using general anesthetics and sedation drugs in young children and pregnant women. Retrieved from: <https://www.fda.gov/Drugs/DrugSafety/ucm532356.htm>

²Danqing Hu, M.D.; (2017 August). Association between Exposure of Young Children to Procedures Requiring General Anesthesia and Learning and Behavioral Outcomes in a Population-based Birth Cohort, The Journal of the American Society of Anesthesiologists, Inc, Vol.127, pp.227-240. Retrieved from: http://anesthesiology.pubs.asahq.org/article.aspx?articleid=2633150&_ga=2.179083360.515814467.1519875978-1155166592.1519875978

³Bentley, C. (2016). Black Teeth at the Well Child Visit. San Francisco Child Health & Disability Prevention (CHDP) Program Newsletter. Vol. IX (I) p. 6. Retrieved from: <https://www.sfdph.org/dph/files/MCHdocs/CHDP/CHDP-News-Summer2016.pdf>

Reference:
(2017) Learn about
Cronobacter Infection.
*Centers for Disease Control
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from
[https://www.cdc.gov/
features/cronobacter/
index.html](https://www.cdc.gov/features/cronobacter/index.html)

Cronobacter Infection in Infants

Cronobacter, formerly known as *Enterobacter sakazakii*, is a group of germs that can cause sepsis or meningitis in infants. Although rare, *Cronobacter* infections in infants can be deadly. *Cronobacter* can be found in dry foods such as powdered infant formula.

Infants most at risk of *Cronobacter* infection:

- Infants two months and younger are at most risk for developing meningitis if sick with *Cronobacter*.
- Infants born prematurely.
- Infants with lower ability to fight germs & sickness due to illness (ie HIV) or medical treatment (ie chemotherapy).

Infants with the following symptoms of *Cronobacter* infection should see a doctor:

- Fever
- Poor feeding
- Crying
- Low energy

Guidelines to protect infants from *Cronobacter*:

1. Encourage breastfeeding. Breastfeeding is one of the best things for a baby's health and may prevent infections.
2. Recommend careful cleaning, sanitizing, and safely storing baby bottles, feeding items (<https://www.cdc.gov/healthywater/hygiene/healthychildcare/infantfeeding/cleansanitize.html>) and breast pump parts (<https://www.cdc.gov/healthywater/hygiene/healthychildcare/infantfeeding/breastpump.html>).
3. Recommend liquid formula. If the at risk baby uses formula, advise caregiver to choose liquid formula. Families enrolled in WIC may request liquid Enfamil Infant and Enfamil ProSobee.
4. Advise proper powdered infant formula preparation.
 - Warm water to at least 158°F/70°C and pour into bottle.
 - Add formula and carefully shake bottle (rather than stir).
 - Cool formula by running prepared, capped bottle under cool water or placing in ice bath.
 - Test temperature by shaking a few drops on wrist before feeding to baby.
 - Formula should be used within 2 hours of preparation.

Winter 2018 Newsletter Correction:

CHDP would like to amend an error on the previously printed Recommended Interventions based on BP Category. Please see highlighted section below for correction.

BP Category and Stages	Recommended Intervention
Normal BP	Recheck in 1 year at next well child exam
Elevated BP	Repeat measurement in 6 months Recommend lifestyle modifications Consider nutrition and/or weight management referral
	If BP remains "elevated" 6 months later: Upper and lower extremity BP should be checked (right arm, left arm, and 1 leg) Lifestyle counseling repeated Repeat measurement in 6 months by auscultation
	If BP remains "elevated" after 12 months (after 3 auscultatory measurements): Ambulatory Blood Pressure Monitoring (ABPM) should be ordered if available Diagnostic evaluation should be conducted Consider subspecialty referral
Stage 1 HTN	If patient is asymptomatic: Repeat measurement in 1-2 weeks Recommend lifestyle modifications
	If BP reading remains at Stage 1 1-2 weeks later: Check BP in right arm, left arm, and 1 leg Consider nutrition and/or weight management referrals Recheck BP by auscultation in 3 months
	If BP remains at Stage 1 after 3 visits: Order ABPM Conduct diagnostic evaluation, Initiate treatment Consider subspecialty referral
Stage 2 HTN	Upper and Lower extremity BP should be checked (right arm, left arm, and 1 leg) Repeat BP measurement in 1 week Lifestyle recommendations OR Refer to subspecialty care within 1 week
	If still at Stage 2 when repeated: Diagnostic evaluation Order ABPM Initiate Treatment OR Refer to subspecialty within 1 week
	If reading still at Stage 2 and the patient is symptomatic or the BP > 30 mm Hg above the 95 th percentile (or > 180/120 mm Hg in an adolescent), refer to immediate source of care, such as an emergency department

Reference:

Flynn, J., Kaelber, D., Baker-Smith, C., et al. (2017). Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents. *Pediatrics*, 140(3). <http://pediatrics.aappublications.org/content/140/3>



Kimberlee Pitters,
CHDP Deputy Director

New CHDP Deputy Director: Welcome Kimberlee Pitters!

Kimberlee Pitters is the new Director of Children’s Medical Services (CMS) in Maternal, Child and Adolescent Health with oversight of the Child Health and Disability Prevention, California Children’s Services, and Medical Therapy program. In this role, Kimberlee will be responsible for directing the CMS programs, ensuring that programs are implemented at the highest quality according to SFDPH policies and California Department of Health Services requirements. Kimberlee started with DPH as a Public Health Nurse 14 years ago and for the past 5 years held the job of Nurse Manager of the Family and Children’s Services Public Health Nursing programs housed at Family and Children Services Division, Human Services Agency.

Kimberlee is inspired by a desire to ensure that marginalized populations obtain the health and social services they need. She is an effective leader who will help MCAH and SFDPH reach our goals.

Medi-Cal Update

For all Medi-Cal fee-for-service providers who have not billed in a year, DHCS will deactivate you according to the Welfare and Institutions Code Section 14043.62*. If providers would like to continue participating in the Medi-Cal fee-for-service program in their current status, they may send an email to DHCSMassDeact@dhcs.ca.gov.

In addition, providers who do not bill, but wish to continue to order, refer, or prescribe to Medi-Cal members may apply as an Ordering, Referring and Prescribing (ORP) provider. ORP providers enroll solely for the purpose of ordering, referring or prescribing items or services for Medi-Cal members. For more information, please see the [Medi-Cal website ORP FAQs \(https://sfhp.us7.list-manage.com/track/click?u=ba4c3a4b50b7267d07808ae43&id=a468a98503&e=b9a9f501e4\)](https://sfhp.us7.list-manage.com/track/click?u=ba4c3a4b50b7267d07808ae43&id=a468a98503&e=b9a9f501e4).

* <http://codes.findlaw.com/ca/welfare-and-institutions-code/wic-sect-14043-62.html>

CHDP Provider Information Notices

<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

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any additional state regulatory requirements for risk assessments and testing as outlined in the CHDP HAG.

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

FQHC/RHC/HIS-MOA Code Conversion FAQ Update for Clarification on CHDP – released January 3, 2018

Question 20 of the HIPAA: FQHC/RHC/HIS-MOA Code Conversion Frequently Asked Questions (FAQs) has been added to provide clarification regarding CHDP processes for FQHC/RHC/HIS-MOA providers. Please access the following link for details: http://files.medi-cal.ca.gov/pubsdoco/hipaa/hipaaqa_fghc-rhc-and-ihs-moa_code_conversions.asp

Upcoming 2018 Medi-Cal Provider Training Seminar Schedule

Providers can access Medi-Cal training information and registration details by clicking on the Outreach & Education slideshow area of the Medi-Cal website homepage.

- May 15-16 at Double Tree Hilton, 2233 Ventura Street, Fresno, CA 93721
- Aug 14-15 at Sacramento Marriott, 11211 Point East Drive, Rancho Cordova, CA 95742
- Oct 16-17 at Crown Plaza, 45 John Glen Drive, Concord, CA 94520

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 # 158 – December 2017

1. VeriFone VX 520 POS Device to Decommission in July 2018.

Providers may contact the POS Help Desk at 1-800-541-5555 (option 5, followed by option 6) for information about the decommission and for options.

Bulletin # 159 – January 2018

1. Diabetes Prevention Program Established for Medi-Cal. Effective July 10, 2017, Senate Bill 97 (Chapter 52, Statutes of 2017), requires the Department of Health Care Services (DHCS) to establish the Diabetes Prevention Program (DPP) within the Medi-Cal fee-for-service and managed care delivery systems, consistent with the guidelines provided by the Centers for Disease Control and Prevention (CDC) and Centers for Medicare & Medicaid Services (CMS). The DPP curriculum will promote realistic lifestyle changes, emphasizing weight loss through exercise, healthy eating and behavior modification. The benefit will be available to eligible Medi-Cal recipients on January 1, 2019.

Bulletin # 160 – February 2018

1. Gender Specification Removed from BCCTP Aid Codes. Effective for dates of service on or after March 1, 2018, gender specification has been removed from Breast and Cervical Cancer Treatment Program (BCCTP) aid codes. All individuals, regardless of identified gender, who have met the Centers for Disease Control and Prevention (CDC) screening criteria, or were screened by a CDC provider, are eligible for breast and cervical cancer treatment.

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