



CHDP NEWSLETTER

CHDP Gateway is Two Years Old!

By Norene Bailey, PHN III,
 CHDP Deputy Director

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Is it really possible that the Gateway is two years old? How time does fly! Remember two years ago when we were providing trainings on the new system? The folks at the State consider the Gateway to be a huge success. In total, 42% of the children in Santa Cruz County are being covered by some sort of health insurance.

There have been 8,586 Gateway transactions generated in Santa Cruz County during the first 2 years of the Gateway. This number represents 6,857 children receiving well child exams, immunizations and WIC follow up. Thanks to the enrollment efforts of many folks in our county, 26% of the children are being enrolled into Medi-Cal, 10% into Healthy Kids, 4% into Healthy Families, 1% have other health coverage (which does not cover well child exams), and 3% are in a pending status.

Things to remember when using the Gateway:

- Newborns should be enrolled into the Gateway. There is no longer a need to use the mother's Medi-Cal number. Many will be eligible for full scope Medi-Cal for the first year of life. Use the most current Pre-Enrollment Application (DHS 4073, dated 6/04).
- Verify the child's eligibility after entering them into the Gateway and before seeing them. Help us by entering the Medi-Cal number on the PM 160 and include the aid code.
- The periodicity schedule still applies. If a child is seen outside of the periodicity without an explanation, you may not receive reimbursement.

- If you have a problem as you enter the child into the Gateway, i.e., mistaken identity, not receiving verification of enrollment, etc. **Call the Helpdesk at 800-541-5555, press 11-14-14.** Don't re-enter the information without checking with them first. This will create duplicate data.
- Verify all client information before entering it into the data system. A wrong birth date or misspelled name, or use of another name will generate another client identification number (CIN) for the child.
- Proper distribution of the PM 160 is important for prompt payment. Gateway white copies go to Sacramento, yellow copies come to us at our P.O. Box, gray copies go into the client record, and pink copies go to the parent. Don't send the Gateway State Medi-Cal copies to the Alliance. They will be rejected.
- Use follow-up code numbers on the PM 160 for identified problems and indicate in the Comments section the type of condition. If a referral was made, please enter to whom the child was referred.
- Please enter the results of vision and hearing screens in the Comments/Problems sections if they are abnormal.
- For any complete CHDP exam, the height and weight must be entered. Please include BMI in the Comments section. Enter the birth weight for all patients less than 24 months, if known and record age in months for children under 2 years of age.

Please call our office at 831-763-8932 if you have problems with denied claims or if you need a copy of the current list of Healthy Families/Healthy Kids Application Assistors. We can also schedule a CHDP Update for you and your staff.



Thank you to all the CHDP Providers and Certified Application Assistors for the success of the CHDP Gateway in Santa Cruz County!

Dientes Treats Students at Hall and Ohlone Schools

By John Faraola, Development Director

Dientes Community Dental Clinic

Dientes Community Dental Clinic recently conducted an oral health program at Hall and Ohlone schools in the Pajaro Valley Unified School District and the results were quite interesting. These schools were selected because their population of underserved students is substantial, as is their potential for dental disease.

Funded by grants from the Monterey Community Foundation, McMahan Foundation, Barnet Segal Foundation, and the Harden Foundation, Dientes conducted a screening and treatment program for students on school campus in a portable dental clinic set up by Dientes' staff.

The screening portion of the program used a standardized rating system to qualify each child's need for care. A "Class 4" rating indicated urgent and severe need for care, such as a tooth extraction due to abscess. A "Class 3" rating indicated a slightly less urgent but still pressing need for care, such as a filling or multiple fillings. Both indicate the presence of decay.

At Hall Elementary School, 544 children were

screened. Of these, 136 were rated Class 3 and 38 were rated Class 4. **This means that 32% of the children screened required care.**

At Ohlone Elementary School, 487 children were screened. Of these, 96 were Class 3, and 13 were class 4. **This means that 22% of the children screened required care.**

A quarter of these children were treated at the school site using portable dental equipment and Dientes is exploring funding sources and the best way to treat the rest.

The Pajaro Valley continues to be an area of great concern for Dientes, and for obvious good reasons. Clearly, the findings at Hall and Ohlone Schools strengthen the case for fluoridation of the drinking water. These findings expose a tremendous need for oral health services in the Pajaro Valley Community.

"These findings expose a tremendous need for oral health Services in the Pajaro Valley"

First Smiles Oral Health Education Training

We would like to inform our medical providers that the California Dental Association and the Dental Health Foundation, in a joint venture, have been awarded a 4-year, \$7 million grant to deliver the California Children and Families Commission's Oral Health Education and Training Project.

The Oral Health and Training Project entitled "First Smiles: Dental Health Begins at Birth" has the goal of educating 30,000 dental professionals, 10,000 medical professionals and delivering intensive training to 14,000 dental professionals and over 3,500 medical professionals statewide.

The education and training will consist of the newest scientific information on dental disease prevention in children prenatal to 5 years.



An invitational flyer announcing the First Smiles dental training on September 16, 2005 for our county has been sent to our CHDP medical providers, nurse practitioners, and physician assistants.

The flyer announces the availability of continuing medical education and continuing education units as well as a fabulous meal at the Green Valley Grill at no cost!

The guest speakers will be Dr. Francisco Ramos-Gomez, DDS, MS, MPH and Dr. Ray Stewart, DMD, MS. Please join us for an informative evening comprised of leading oral health experts from public health, private practice, and academia.

Return the First Smiles Oral health Education Training Insert in this newsletter to register for the event. If you have any questions regarding this dental training, please contact: Karrie Courneen, at 831-454-7564.

Ready...Set...Grow!

By Heidi Littke, RD,
Nutrition Network Coordinator



Remember the good old' days when you were able to play with your food? We have been busy hosting the Nutrition Decathlon for the five schools that are in our program (MacQuiddy, Alianza, Amesti, Freedom and Radcliff) so the kids can play with food and food models.

We have games like melon basketball and coconut bowling that get the kids moving while they learn that melons are high in Vitamin A and coconuts are the largest seed on earth.

We have also completed the last of the farm field trips in which the students went to Crystal Bay Farm, High Ground Organics, or Triple M.

In the spring cooking classes the kids made healthy salad dressings and set up their own "salad bar" with a variety of options for building their own salad.

We also had a class on the 5 tastes and talked about the taste of bitter and how it is associated with leafy greens, and why green leafies are so good for you. With this lesson the students experimented by eating food with the 5 tastes--bitter, salty, sweet, sour and spicy.

The class then cooked collard greens using all 5 of the tastes and the kids saw the difference in having a taste (like salty) alone vs. in a recipe using other tastes, and how to become more aware of the taste of their food.

This summer we will continue to work with the summer school program. We are in the process of renewing our grant contract for the next three years.

Childhood Lead Poisoning Prevention Program has moved!

CLPPP has permanently moved to a new location:

1430 Freedom Blvd. Ste.101 Room 6

Watsonville CA 95067

Phone: 831-763-8206 Spanish: 831-763-8207

More CLPPP News!

The CLPP Program is dedicated to following up on all children with an EBL of 5 mcg/dcl and above. The plan is to initiate telephone contact and to send information on preventing lead poisoning to the families in order to insure early preventive measures. We are pleased to be partnered with the environmental team executing the HUD grant in the Watsonville Enterprise Zone. This partnership helps to identify and remediate homes that are tested positive for lead hazard.

Please call for information regarding new sources of lead poisoning.

Or visit the website for the CLPPP Branch office at

<http://www.dhs.ca.gov/childlead/html/POhome.html>,

the Consumer Product Safety Commission at www.cpsc.gov,

the EPA at <http://www.epa.gov/opptintr/lead/index.html> ,

or the Santa Cruz County CLPPP at <http://hsa.health.co.santa-cruz.ca.us/Interland/phealth/cms/Lead/3lead.htm>.

What's New In California Children's Services?

By Chris Dybdahl
Senior Program Manager, CCS



The County of Santa Cruz administers the State CCS program for eligible children and youth ages birth to 21 years. The Medical Therapy component has two Medical Therapy Units in Watsonville and Scotts Valley where physical and occupational therapy is provided to approximately 220 clients. At the 12 West Beach Street, Watsonville office there are five Public Health Nurses and five Case Coordinators that provide case management for approximately 1,250 clients. Elizabeth Falade, M.D, MPH., Board Certified in Public Health and General Preventive Medicine, is the CCS Medical Director.

Although anyone may make a referral to CCS, most referrals come in the form of a service authorization request (SAR) from the providers – doctors and hospitals – who know which diagnoses are medically eligible for CCS. Another substantial number of referrals arrives from our local Medi-Cal Managed Care program, Central Coast Alliance for Health.

The CCS-qualifying diagnoses are “carved-out” of local Managed Care. CCS approves the diagnostic and treatment authorizations for Medi-Cal providers who are on the panel of CCS providers. CCS also assists in arranging appointments with specialists. Social services including reimbursement for transportation and lodging are provided to needy families.

A new electronic system of approving SARs began in July 2004. It is web-based and allows electronic claiming. This system is still rolling out new

features monthly, partly as planned and partly in response to input from counties and providers.

Providers and CCS Case Managers have adapted to the use of codes – HCPCS, CPT, DME, supplies and bundled codes. CCS can authorize many services with a single Service Code Grouping to hospitals, physicians, audiology centers, orthopedists, Federally Qualified Health Centers, etc. Allied professionals (e.g., radiologists, laboratories and pharmacies) can also submit claims under a Service Code Grouping that CCS issued to the physician.

In addition to helping providers to apply to become Medi-Cal and CCS-paneled, CCS Provider Relations representatives visit provider offices and are available by phone to assist with claiming – whether paper or electronic. CCS has trained many local provider offices in the new SAR system. A parallel web-based system will allow large providers and Medi-Cal Managed Care Plans to view the status of their request for specific service authorizations.

The Children's Medical Services Branch/CCS Program of California's Department of Health Services certifies facilities that meet the CCS program standards. Recently, The intermediate Neonatal Intensive Care Units have been provisionally approved at Watsonville Community Hospital and Salinas Valley Memorial Hospital. In addition, the Santa Clara Valley Medical Center Spina Bifida Center was conditionally approved as a CCS Special Care Center.

Santa Cruz CCS main phone number is 831-763-8900; fax 831-763-8910. Provider Relations manager, Joe Phares, can be reached at 831-763-8580. Administrator, Chris Dybdahl, can be reached at 831- 763-8914.

Update on Early Childhood Caries



Promoting Awareness, Preventing Pain: Facts on Early Childhood Caries (ECC), a fact sheet published by the National Maternal and Child Oral Health Resource Center(OHRC), presents information on dental caries in the primary teeth of children from birth through age 5.

The fact sheet defines ECC, describes who is at risk, and presents information on both the financial and the human costs of ECC. It also suggests ways in which health professionals can reduce a child's risk for ECC. The fact sheet is intended for use by health professionals, program administrators, policymakers, and others working to improve the oral health status of infants, children, and their families.

It is available on the OHRC Website at: <http://www.mchoralhealth.org/PDFs/ECCFactSheet.pdf>.

Newborn Screening In California

New technology is being developed every day to expand the number of treatable metabolic disorders that can be identified at birth. When these disorders are detected and treated in time, the child is regulated with special diets and medication. This early intervention will then help the child go on to lead a relatively normal life. When these disorders are not detected, mental retardation, severe disability, and death can occur.

Currently, California screens all babies for many hemoglobin disorders and a limited number of metabolic and endocrine conditions.

Senator Dede Alpert (San Diego) authored legislation expanding newborn screening tests in California to add more than 40 detectable metabolic disorders. Governor Schwarzenegger has signed that legislation into law.

By law, California must implement this expanded newborn screening program before August 1, 2005.

Children with these disorders who do not receive early and ongoing treatment may suffer serious disabilities, mental retardation, and a lifetime of special education training, physical and occupational therapy. Many die.

The March of Dimes is encouraging parents, who deliver a baby in California before August 2005, to seek supplemental newborn screen-



ing in addition to the current mandatory state newborn screening test.

Expectant mothers should talk to their doctor for more information on newborn screening and should determine if the fee for obtaining an expanded newborn screening kit is covered by their current insurance policy, or if their hospital is conducting expanded newborn screening.

The California Department of Health Services, Genetics Disease Branch urges doctors and hospital staff to provide information to all pregnant women about the disorders not included in the state program and how to obtain supplemental testing.

For more information about newborn screening visit: marchofdimes.com or go to dhs.ca.gov/gdb and click on Newborn Screening.

Statistics

One in 3,000 babies will be born in California with a treatable metabolic disorder, if detected in time.

The Senate Office of Research reports that expanding newborn screening in California would save the state more than \$100,000,000 annually.

CLPPP SUCCESS STORY!

Dr. Josefa Simkin,

Dr. Madhu

Raghavan,

Dr. Carmen Hsu,

and Western

Medical Pediacare

successfully

completed finger

stick training.

Because of the

**dedication of the
medical community**

**and their focus on
eliminating child-
hood lead poisoning**

by 2010, there

were 3,824

**children in Santa
Cruz County tested**

for lead

poisoning in

2004.



Wrong Address?

**If we have your
contact information wrong,**

Please email

karrie.courneen@health.co.santa-cruz.ca.us

Children's Summer Safety Risks

(The following has been reprinted from *Northeast Medical Rounds*)

For children, summertime is filled with opportunities to play, explore, and have fun with friends and family. Nearly half (42 percent) of all unintentional injury-related deaths occur from May to August.

The greatest summertime risks include drowning, bike accidents, falls, pedestrian incidents, and motor vehicle crashes. July is the deadliest time for childhood unintentional injury; 12 percent of unintentional injury-related deaths occur during this month alone.

Older children experience the greatest increase in unintentional injury-related death during the summer months. This is primarily because children ages 10 to 14 tend to engage in more risky behaviors and are presumably given more freedom from their parents.

Young school age children ages 5 to 9 are also at high risk because they lack the skills to make clear judgments necessary to bike, walk, swim, and play safely without adult supervision. Many parents of children this age also fail to restrain them properly in booster seats in motor vehicles that can lead to severe injuries or even death in the event of a car crash.

Despite a 34 percent decline from 1987 to 1998, drowning is still the second leading cause of unintentional injury-related death for children ages 14 and under taking more than 1,000 children's lives each year. For every child who drowns, four more are hospitalized for near drowning; for every hospital admission, four children are treated and released from emergency departments.

Statistics from 1994 to 1996 include 6, 237 children ages 14 and under who died as a result of drowning. Of these deaths, two-thirds occurred in the summer. Drowning occurs more often during July than any other month. The increase in deaths



may be attributed to the number of children out of school during July as well as the likelihood of warm, long days.

The greater number of drownings and near drownings occur in residential swimming pools, but young children can drown in as little as one inch of water thus making wading pools, bathtubs, buckets, diaper pails, toilets, spas, and hot tubs potential hazards for drowning risk. Never leave a

young child unsupervised in or around water in the home.

Take responsible safety measures if you own a residential swimming pool. Installation of four-sided isolation fencing with self-closing and self-latching gates, alarm systems, and pool covers will increase the safety margin. Learn infant and child CPR. Never rely on a personal flotation device or swimming lessons as sufficient protection for your children.

Head injury is the leading cause of death in bicycle crashes. A helmet is the single most effective safety device available to reduce head injury and death from bike accidents.

This is also the time of year to remember that kids, automobiles, and the heat of summer can combine to create a life-threatening situation. NEVER leave children for any time at all alone in a vehicle. A closed vehicle heats up extremely fast, and children have a lower heat tolerance than adults thus creating the potential for serious, lasting consequences of hyperthermia and even death.

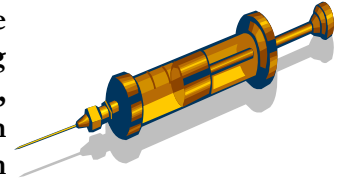
Knowledge is a powerful tool for combating these tragedies. The National SAFE KIDS Campaign is the first and only national organization dedicated solely to the prevention of unintentional childhood injuries. To learn more about this effort, access the SAFE KIDS web site at www.safekids.org or contact SAFE KIDS at 1-888-347-3737.

Revised Dates for Vaccine Information

As of April 2005, the most recent versions of the Vaccine Information Sheets (VIS) are as follows:

DTaP/DT/DTP 7/30/01	Hepatitis A 8/4/04	Hepatitis B 7/11/01
Influenza (LAIV) . 5/24/04	Hib 12/16/98	Influenza (TIV) ... 5/24/04
MMR 1/15/03	Meningococcal ... 4/4/05	PCV 9/30/02
PPV 7/29/97	Polio 1/1/00	Rabies 11/4/03
Td 6/10/94	Typhoid 5/19/04	Varicella 12/16/98
Yellow fever ... 11/9/04		

NOTE: Required documentation of immunizations given should include the date administered, manufacturer and lot number, initials or signature of person giving the vaccine and the Vaccine Information Sheet (VIS) publication date. Optimally, all copies of a child's vaccine record should be transcribed onto an Immunization Record history form. This documentation is discussed in the CHDP Health Assessment Guidelines, pages 706-1 & 706-2.



2005 CHDP Provider Information Notices (PIN)

- PIN: 05-02 Revised CHDP Eligibility Table, Effective April 1, 2005
- PIN: 05-03 Medi-Cal Aid Code 3D and the CHDP program
- PIN: 05-04 Childhood Bone Health Educational Resources for CHDP program providers
- PIN: 05-05 Availability of Continuing Medical Education on Preventive Oral Health Services for young children
- PIN: 05-06 Addition of Decavac vaccine as a CHDP benefit, increased reimbursement for purchased tetanus and Diphtheria toxoids vaccine, and updated CHDP vaccine benefit and reimbursement table.
- PIN: 05-07 CLPP Program letter No.:2005-02 on lead care blood lead testing system recall and impact on CHDP provider requests for retesting for blood lead
- PIN: 05-08 Review of automatic Medi-Cal Enrollment for infants through the CHDP Gateway and reminder to use CHDP Gateway to enroll infants up to one year of age.

Podiatry Referrals

Please be advised that Santa Cruz County does not have any podiatrists who are accepting children on Gateway Medi-Cal.



Natividad Medical Center will see our kids. However, their appointments are booked up for 2 months. Santa Clara Valley Medical Center is probably the next best option. They have weekly clinics at their site in San Jose, 851 S. Bascom Avenue. The contact person is Maggie Campos and she can be reached at 408-848-3859. Please call her to arrange appointments and fax the PM 160 and pre-enrollment response for each referral to 408-885-3534.



Santa Cruz County Health Services Agency
Child Health and Disability Prevention Program
PO Box 962
Santa Cruz, CA 95061

Telephone: 831-763-8934

Special thanks to all of our contributors to this newsletter. Various contributing articles from programs within the Santa Cruz County Health Services Agency are included in each issue.

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Smoke-Free Environments For Children

**By Joanna Reed, MPH, CHES
Tobacco Outreach Coordinator**

According to the U.S. Environmental Protection Agency, breathing secondhand smoke can be harmful to children's health. Please share the following information with your parents. Second-hand smoke puts children at risk for asthma, bronchitis, pneumonia, ear infections, and Sudden Infant Death Syndrome (SIDS).

The developing lungs of young children are severely affected by exposure to secondhand smoke for several reasons. For example, children are still developing physically. They have higher breathing rates than adults, and have little control over their indoor environments. Children receiving high doses of secondhand smoke, such as those with smoking caretakers, run the greatest risk of damaging health effects.

Parents can take a few basic actions to protect children from secondhand smoke:

- Choose not to smoke in your home or car and do not allow family and visitors to do so.
- Infants and toddlers are especially vulnerable to the health risks from secondhand smoke.
- Do not allow childcare providers or others who work in your home to smoke.

- **Until you can quit, choose to smoke outside.** Moving to another room or opening a window is not enough to protect your children. Keep in mind that chemicals from second hand smoke stay in your clothes and hair and can create contaminated dust particles in your home. Smoke can also enter your home from the outside through operable doors and windows, exterior cracks, pipes, and ventilation systems. If you smoke outside, choose a spot at least 20 feet or more away from the home.

Parents can call for help to quit smoking in English, Spanish, Chinese, Korean, and Vietnamese, at: 1-800-NO-BUTTS. For more information on tobacco education in our county contact Joanna Reed at: 831-454-4304.

