

# San Joaquin County Public Health Services

Child Health & Disability Prevention



Gateway To Health Coverage

## Summer 2013 Newsletter

### Primary Care Physician Rate Bump

The Medi-Cal-to-Medicare primary care reimbursement increase is expected by the end of the 2013 calendar year. It will be retroactive to January 1, 2013, and is federally funded for two years. Physicians who want to take advantage of it must complete the self-attestation form. Primary care providers, and most—but not all—pediatric sub-specialists are eligible for the rate bump, if they meet certain criteria. Detailed eligibility criteria as well as the self-attestation forms can be found at [http://files.medi-cal.ca.gov/pubdoco/newsroom/newsroom\\_21596\\_5.asp](http://files.medi-cal.ca.gov/pubdoco/newsroom/newsroom_21596_5.asp).

### Medi-Cal Kids Adjunctively Eligible for WIC

With the transition of children from the Healthy Families Program to Medi-Cal, over 79,000 infants and children will now be eligible to participate in the Supplemental Nutrition Program for Women, Infants and Children (WIC). The income guidelines for participating in WIC will remain at 185% of the Federal Poverty Level, but Medi-Cal status can render a person adjunctively (or automatically) income eligible for WIC services. These services include nutrition education, breastfeeding support and referrals, and vouchers for purchasing healthy foods.

As Medi-Cal and WIC expand, the number of referrals from primary care providers to the WIC program will likely increase. As such, it is important to remember that WIC requires the sections on **height, weight** and **hemoglobin/hematocrit** to be completed on the WIC referral form. If blood tests are not performed in your office or clinic, it is important to report the hemoglobin/hematocrit results from the lab where the blood tests were performed.

In San Joaquin County, three agencies—Community Medical Centers, Delta Health Care, and Public Health Services—serve the WIC population. For more information on WIC services and resources, visit [www.wicworks.ca.gov](http://www.wicworks.ca.gov).

### Transitional Kindergarten Requirements

The Kindergarten Readiness Act of 2010 amended the California Education Code to change the required birthday for admission to kindergarten, and established a transitional kindergarten program beginning in fall 2012. Transitional kindergarten was created as the first year of a two-year kindergarten experience for those students whose birthdays fall between September 2 and December 2.

Students enrolling in transitional kindergarten are still subject to the kindergarten immunization requirements and must complete these requirements before starting transitional kindergarten. The **health exam for school entry requirements**, which require a health assessment no more than 18 months prior and 90 days after entering first grade, **remain unchanged**. For more information on transitional kindergarten, visit [www.TKCalifornia.org](http://www.TKCalifornia.org).

### HAG Revisions: Tuberculosis

Tuberculosis (TB) remains a significant public health problem in California, and the most important steps to reducing the number of children with TB disease are prompt and thorough contact investigation of persons with known or suspected TB. In August 2011, the CHDP Health Assessment Guidelines (HAG) were revised to reflect changes in state and national policies in regards to targeted TB testing for all children.

The Provider Information Notice (PIN) 11-04, that details the revisions, includes the following:

- Implementation of mandatory TB Risk Assessment Screening
- Definitions of positive Tuberculin Skin Test (TST) Results in Children and Adolescents
- Links to up-to-date patient teaching materials on TB
- A discussion about the use of Interferon Gamma Release Assays (IGRAs)
- Pediatric TB Risk Assessment Questionnaire (*Attachment A*)
- A Sample Questionnaire that may be used in provider offices

The PIN may be found at [www.dhcs.ca.gov/services/chdp](http://www.dhcs.ca.gov/services/chdp)



*“The CHDP Gateway has proven successful in providing care to low-income children.*

*-The Children’s Partnership for the 100% Campaign*



## Increased Need for CHDP Gateway Providers

Since 1973, CHDP has served California’s children by paying for approximately 2 million health assessments each year, both for children enrolled in Medi-Cal and uninsured children. While Medi-Cal would pay for the diagnosis and treatment of conditions discovered during a CHDP visit for Medi-Cal enrolled children, few resources existed for uninsured children until the CHDP Gateway Program was implemented in 2003.

The CHDP Gateway program has two primary goals: (1) pre-enrolling children in temporary Medi-Cal at the time of CHDP health assessments; and (2) facilitating the enrollment of eligible children in continuous coverage. Children who are pre-enrolled in Medi-Cal through the CHDP Gateway receive all of the benefits of Medi-Cal during the period of temporary coverage, including preventive care, immunizations, dental care, and referrals to other specialists as needed. Instead of waiting to receive care until *after* the Medi-Cal application has been processed and a determination made, families utilizing the CHDP Gateway can receive care *during* the application and waiting period, thus facilitating timely screening, prevention, diagnosis and treatment.

In San Joaquin County, over 11,000 children utilized the CHDP Gateway during fiscal year 2012-2013, representing about 10% of CHDP health assessments in this county. Studies evaluating the performance of the CHDP Gateway program in regards to the aforementioned goals have found that 91% of pre-enrollments request an application for continuous coverage, but **only 18% of them return the application within the temporary eligibility period.**<sup>1</sup> CHDP Gateway Providers can assist families in making the transition from temporary to continuous coverage by stressing the importance of completing the Medi-Cal application (even when they receive a Benefits Identification Card for the temporary coverage) and referring the family to agencies for application assistance as needed.

Only 50% of CHDP Providers in San Joaquin County are Gateway Providers. **More CHDP Gateway Providers are needed** to meet the current demand. Additionally, the need for CHDP Gateway Providers is likely to increase over the next few years due to changes in health care coverage. If you are interested in becoming a CHDP Gateway Provider, please contact the local CHDP Program at 468-8335. For more information on the CHDP Gateway program, visit [www.dhcs.ca.gov/services/chdp](http://www.dhcs.ca.gov/services/chdp).

## Benefits of Becoming a CHDP Gateway Provider

CHDP Gateway Providers render an invaluable service to low income families. They also experience benefits to their practice, including:

- Reimbursement for CHDP health exams at CHDP Medi-Cal rates.
- Reimbursement for CHDP health exams for uninsured and undocumented children.
- Ability to provide continuity of care when patients may lose Medi-Cal or Managed Care coverage for a period of time.
- Reimbursement for partial screens or re-checks, if completed during the period of Gateway coverage.
- Ability to provide instant enrollment into the CHDP Gateway Program during the visit.
- Ability to provide referrals for patients to specialty programs such as California Children’s Services (CCS).
- Technical support, health educational materials and trainings from local CHDP program.

<sup>1</sup>California Health Care Foundation. Connecting Kids to Health Coverage: Evaluating the Child Health and Disability Prevention Gateway Program. August 2007.

## Focus on HEALTH, Not Weight

With the rising tide of childhood obesity rates, weight bias from peers, family members, teachers and health care providers has become more pervasive. This counterproductive approach can have far-reaching negative consequences for the physical, social and emotional health of children. Weight bias refers to the negative attitudes that affect interpersonal interactions in a detrimental way. A person who is stigmatized because he or she is overweight or obese, is ascribed negative stereotypes that increase vulnerability to unfair treatment, prejudice, and discrimination.<sup>2</sup>

Among health care providers, weight bias can adversely impact the quality of care patients receive, as well as the likelihood of patients to engage in preventive health practices and return to health care offices and clinics. Contrary to the opinions of some providers, persons experiencing weight bias are *more likely* to engage in unhealthy eating behaviors, such as binge eating or emotional eating and are *more likely* to avoid physical activity (even compared to persons at similar BMI levels who do not experience weight bias). Weight bias also increases these patients' vulnerability for depression, anxiety, low self-esteem, poor body image, and suicidal acts and thoughts.<sup>2</sup>

A more productive and effective approach is to focus on health, not weight. Myriad of factors contribute to weight—including genetic predisposition, environmental influences and behavioral practices—only some of which are amenable to change. Additionally, cultural norms have influenced the vast majority of children, teens and adults to value thinness rather than health. Kathy Kater, LICSW, author of the Healthy Bodies Curriculum comments, “Eating well and maintaining an active lifestyle takes time and effort. If the primary purpose is to “control weight” we can expect what we’ve gotten: a nation growing less healthy and in many cases fatter on feelings of failure or complacency. Instead, [children] can be taught that health and well-being—not size or shape—are more reliable rewards for healthy choices.”<sup>3</sup>

In San Joaquin County, the CHDP program has created the Healthy Living Resource Guide for providers to use when discussing health behaviors with their patients. In order to truly combat obesity and eating disorders at the same time, health care providers need to be part of the solution to shift the focus from weight and size to enjoying a healthy, happy lifestyle. For more information, visit [www.bodyimagehealth.org](http://www.bodyimagehealth.org) or [www.yaleruddcenter.org](http://www.yaleruddcenter.org). If you would like a training in your office or clinic on appropriate, evidenced-based approaches to addressing obesity, please contact Krysta Titel at 468-8918 or [ktitel@sjcphs.org](mailto:ktitel@sjcphs.org).

*“With concerns about obesity fueling ever more stigma and fear about fatness, a reminder about the directive to “first, do no harm” has never been more urgent.”*

*-Kathy Kater, LICSW,  
Author of the Healthy  
Bodies Curriculum*



### Recommendations for CHDP Providers

1. Educate parents about BMI and associated health risks at different BMI levels
2. Communicate to parents that they are an important part of the solution to improve their child's health, but avoid using language that places blame on parents
3. Be mindful of the language used, and address the topic of weight with sensitivity—ask the parents and child for their permission to discuss the child's weight and use less-biased terms, such as “BMI” or “weight” instead of “obesity” or “fatness”
4. Give specific steps that parents can implement to improve their child's eating habits and physical activity
5. Encourage parents to make healthy lifestyle changes as a family
6. Give parents examples of appropriate behavioral goals to set for the family
7. Emphasize to parents the importance of focusing on health behaviors in their child, rather than just how much their child weighs

<sup>2</sup>The Rudd Center for Food Policy and Obesity. Weight Bias in Health Care Settings. Accessed 6/28/2013 at [http://www.yaleruddcenter.org/resources/bias\\_toolkit/module3.html](http://www.yaleruddcenter.org/resources/bias_toolkit/module3.html)

<sup>3</sup>Body Image Health. The Model for Healthy Body Image and Weight. Accessed 6/28/2013 at <http://bodyimagehealth.org/model-for-healthy-body-image/>

# Announcements

## Free Vision Training

**October 17, 2013, 8:30AM—12:00PM**

St. Gertrude's Head Start  
1701 East Main Street, Stockton

Call **Jay Chevalier**, PHN  
at **468-3703** for more information

NOTE: All medical staff who perform vision screening in CHDP provider offices must be recertified **every 3 years**

## Free Audiometric Training

**October 23, 2013, 8:00AM—3:00PM**

Public Health Services Multipurpose Room  
1601 East Hazelton Avenue, Stockton

Call **Donna Skidgel**, PHN  
at **468-8922** for more information

NOTE: All medical staff who perform audiometric screening in CHDP provider offices must be recertified **every 4 years**

## Friendly Reminders about the PM160

### Appropriately Documenting Follow-up Codes 4 & 5

If a new problem is diagnosed or suspected during a CHDP health assessment, follow-up codes should be marked under column C in the corresponding row with notes included in the Comments/Problems section of the PM 160.

**Follow-up Code 4**—If a return visit is scheduled for diagnosis and/or treatment and the child will be returning to your office or clinic for follow-up, the code 4 should be marked in column C in the row corresponding to the problem. Further explanation and follow-up should also be documented in the Comments/Problems section. **Attachment B** is a sample PM 160 utilizing follow-up code 4.

**Follow-up Code 5**—If the child is referred to a specialist outside of your office or clinic for diagnosis and/or treatment, the code 5 should be marked in Column C in the row corresponding to the problem. Also use follow-up code 5 if a child is diagnosed in your office or clinic, but is referred elsewhere for treatment. Further explanation and follow-up should be documented in the Comments/Problems section and the contact information (i.e. name and phone number) for the referral should be included in the "Referred to" box directly above the Comments/Problems section. **Attachment C** is a sample PM 160 utilizing follow-up code 5.

If you have any questions, or would like to schedule a training on properly completing the PM 160, please contact the local CHDP program at 468-8335.

## Healthy Minds

### Read to Me, Stockton!

is a program for children ages 0-5 years to receive **one free book every month**. Any child from birth up to their fifth birthday who lives in the **95202, 95205, 95206 and 95210 zip codes** qualifies for the program.

For more information and to sign up online, visit [tinyurl.com/ReadStockton](http://tinyurl.com/ReadStockton).

## New PIN: WHO Growth Charts

All CHDP Providers are required to transition to the WHO Growth Charts by **October 2013**. For more information about the WHO Growth Charts, refer to the **CHDP Spring 2013 Newsletter**. To view the recently released Provider Information Notice (PIN), visit [www.dhcs.ca.gov/services/chdp](http://www.dhcs.ca.gov/services/chdp).

## CHDP Newsletter Team

Children's Medical Services Medical Director	Judy A. Cook, MD
Children's Medical Services Administrator	Marianne Hernandez, PHN, MSN, CNS
CHDP Deputy Director	Surbhi Jayant, PHN, MSN
CHDP Public Health Educator	Krysta Titel, MPH
CHDP Provider Relations	Jay Chevalier, PHN II Donna Skidgel, PHN II
CHDP Foster Care Coordination	Sue Gibson, Senior PHN Lois Woledge, PHN II Mary Amoroso, PHN II
CHDP Outreach & Support	Xia Lo Fatima Hinojosa

Today's Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**PEDIATRIC TB RISK ASSESSMENT QUESTIONNAIRE**

<p>1. <i>Was your child born in a high risk region?*</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>2. <i>Has your child ever traveled to a high risk country for more than 1 week?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>3. <i>Has a family member or contact had tuberculosis disease?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>4. <i>Has a family member or close contact had a positive Tuberculin skin test?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p>

- High Risk Region = any country in Africa, Asia, Central America, South America, or Eastern Europe

STAPLE  
HERE

CLAIM CONTROL NUMBER • FOR STATE USE ONLY

DO NOT STAPLE  
IN BAR AREA

PATIENT NAME (LAST) (FIRST) (INITIAL) MEDICAL RECORD NO. LA Code  
 J O N E S S A M U E L P 9 8 7 6 5 4 3 2 1 0 6 5 94 09446787 J

BIRTHDATE (Mo. Day Year) AGE SEX M/F PATIENT'S COUNTY OF RESIDENCE CO. CODE TELEPHONE NUMBER NEXT CHDP EXAM (Mo. Day Year)  
 0 3 2 4 9 7 10 9 M COUNTY 1 9 (805) 555-1234 0 7 0 1 1 1

RESPONSIBLE PERSON (NAME) (STREET) (APT./SPACE #) (CITY) (ZIP) Ethnic Code  
 AMY JONES 1234 MAPLE LANE TOWN 9 0 2 1 2 5

1-American Indian  
 2-Asian  
 3-Black  
 4-F'phio  
 5-Mex. Amer./Hispanic  
 6-White  
 7-Other  
 8-Pacific Islander

**CHDP ASSESSMENT**  
 Indicate outcome for each screening procedure

	NO PROBLEM SUSPECTED ✓A	REFUSED, CONTRA-INDICATED, NOT NEEDED ✓B	PROBLEM SUSPECTED Enter Follow Up Code in Appropriate Column		DATE OF SERVICE Mo. Day Year 0 7 0 1 0 7	FEES	FOLLOW UP CODES			
			NEW C	KNOWN D			1. NO DX/RX INDICATED OR NOW UNDER CARE.	2. QUESTIONABLE RESULT, RECHECK SCHEDULED.	3. DX MADE AND RX STARTED	4. DX PENDING/RETURN VISIT SCHEDULED.

01 HISTORY and PHYSICAL EXAM	✓				01	42.12	REFERRED TO:	TELEPHONE NUMBER
02 DENTAL ASSESSMENT/REFERRAL	✓						REFERRED TO:	TELEPHONE NUMBER
03 NUTRITIONAL ASSESSMENT	✓							
04 ANTICIPATORY GUIDANCE HEALTH EDUCATION	✓							
05 DEVELOPMENTAL ASSESSMENT	✓							
06 SNELLEN OR EQUIVALENT	✓				06	2.54		
07 AUDIOMETRIC	✓				07	11.60		
08 HEMOGLOBIN OR HEMATOCRIT	✓				08	3.01		
09 URINE DIPSTICK	✓				09	2.87		
10 COMPLETE URINALYSIS		✓			10			
12 TB MANTOUX				4	12	7.91		

**COMMENTS/PROBLEMS**  
 IF A PROBLEM IS DIAGNOSED THIS VISIT, PLEASE ENTER YOUR DIAGNOSIS IN THIS AREA

12 TB MANTOUX (4)  
 Return visit scheduled, 07/03/07, 4:30pm

CODE OTHER TESTS PLEASE REFER TO THE CHDP LIST OF TEST CODES CODE OTHER TESTS

HEIGHT IN INCHES WEIGHT LBS OZS BODY MASS INDEX (BMI) PERCENTILE BLOOD PRESSURE  
 0 5 6 3 4 0 7 9 0 0 105 / 72

HEMOGLOBIN HEMATOCRIT BIRTH WEIGHT LBS OZS  
 1 2 3 .0% 5 5 %

GIVEN TODAY		NOT GIVEN TODAY	
NOW UP TO DATE FOR AGE A	STILL NOT UP TO DATE FOR AGE B	ALREADY UP TO DATE FOR AGE C	REFUSED OR CONTRA-INDICATED D

**IMMUNIZATIONS**  
 PLEASE REFER TO THE CHDP LIST OF IMMUNIZATION CODES

ROUTINE (REFERRALS) (✓)	PATIENT IS A FOSTER CHILD (✓)
<input type="checkbox"/>	<input type="checkbox"/>
BLOOD LEAD	DENTAL

DIAGNOSIS CODES  
 1 2

PATIENT VISIT (✓) TYPE OF SCREEN (✓) TOTAL FEES  
 New Patient or Extended Visit  Routine Visit  Initial  Periodic 70.05

SERVICE LOCATION: Name, Address, Telephone Number (Please include Area Code) PROVIDER NUMBER PLACE OF SERVICE  
 Your Facility / provider Name N P I N U M B E R 11  
 Your Street Address  
 City, State, 9-digit Zip Code  
 Your telephone Number

Enrolled in WIC [1] Referred to WIC [2]  
 NOTE: WIC requires Hb, Wt, and Hemoglobin/Hematocrit

[1] PARTIAL SCREEN [2] SCREENING PROCEDURE RECHECK

ACCOMPANIES PRIOR PM 160 DATED

PATIENT COUNTY AID IDENTIFICATION NUMBER  
 ELIGIBILITY 1 9 8 W 5 4 5 8 4 3 6 8 9 1

2  
 ✓ If covered by Medi-Cal, or pre-enrolled in CHDP Gateway, enter BIC number.  
 ✓ Patient eligible for CHDP benefits only.

This is to certify that the screening information is true and complete, and the results explained to the child or his parent or guardian. I understand that payment and satisfaction of this claim may be from Federal or State funds, and that any false claims, statements or documents or concealment of a material fact, may be prosecuted under applicable Federal or State law. I also certify that none of the services billed on this form have been or will be billed to Medi-Cal, the patient, or other insurance providers.

Examiner Signature DATE 07/01/07

STATE OF CALIFORNIA-CHILD HEALTH AND DISABILITY PREVENTION PROGRAM  
 Medi-Cal/CHDP  
 P.O. Box 15300  
 Sacramento, CA 95851-1300

STAPLE  
HERE

CLAIM CONTROL NUMBER • FOR STATE USE ONLY

DO NOT STAPLE  
IN BAR AREA

PATIENT NAME (LAST) (FIRST) (INITIAL) MEDICAL RECORD NO. L.A. Code  
 D O E J A N E A 1 2 3 4 5 6 7 8 9 0 0 5 94 09446783 J

BIRTHDATE (Mo. Day Year) AGE SEX M/F PATIENT'S COUNTY OF RESIDENCE CO. CODE TELEPHONE NUMBER NEXT CHDP EXAM (Mo. Day Year)  
 0 2 2 5 0 1 6 Y F COUNTY 1 9 (310) 555-1212 0 7 0 1 1 0

RESPONSIBLE PERSON (NAME) (STREET) (APT./SPACE #) (CITY) (ZIP) Ethnic Code  
 AMY DOE 1234 OAK STREET TOWN 900 2 2 6

1-American Indian  
 2-Asian  
 3-Black  
 4-Filipino  
 5-Mex. Amer./Hispanic  
 6-White  
 7-Other  
 8-Pacific Islander

CHDP ASSESSMENT

Indicate outcome for each screening procedure

	NO PROBLEM SUSPECTED √A	REFUSED, CONTRA-INDICATED, NOT NEEDED √B	PROBLEM SUSPECTED Enter Follow Up Code in Appropriate Column		DATE OF SERVICE Mo. Day Year 0 7 0 1 0 7	FEES
			NEW C	KNOWN D		
01 HISTORY and PHYSICAL EXAM	✓				01 42.12	
02 DENTAL ASSESSMENT/REFERRAL	✓					
03 NUTRITIONAL ASSESSMENT	✓					
04 ANTICIPATORY GUIDANCE HEALTH EDUCATION	✓					
05 DEVELOPMENTAL ASSESSMENT	✓					
06 SNELLEN OR EQUIVALENT			5		06 5.04	
07 AUDIOMETRIC	✓				07 11.60	
08 HEMOGLOBIN OR HEMATOCRIT	✓				08 3.01	
09 URINE DIPSTICK	✓				09 2.87	
10 COMPLETE URINALYSIS		✓			10	
12 TB MANTOUX		✓			12	

- FOLLOW UP CODES
- NO DX/RX INDICATED OR NOW UNDER CARE.
  - QUESTIONABLE RESULT, RECHECK SCHEDULED.
  - DX MADE AND RX STARTED
  - DX PENDING/RETURN VISIT SCHEDULED.
  - REFERRED TO ANOTHER EXAMINER FOR DX/RX.
  - REFERRAL REFUSED

REFERRED TO: John Brown TELEPHONE NUMBER (310) 555-4321

REFERRED TO: TELEPHONE NUMBER

COMMENTS/PROBLEMS

IF A PROBLEM IS DIAGNOSED THIS VISIT, PLEASE ENTER YOUR DIAGNOSIS IN THIS AREA

06 Failed vision (5)  
 20/50 OD  
 20/50 OS  
 20/50 OU

Appointment scheduled with optometrist  
 07/26/07, 3:00 PM

CODE	OTHER TESTS	PLEASE REFER TO THE CHDP LIST OF TEST CODES	CODE	OTHER TESTS

HEIGHT IN INCHES 0 4 8 1/4 WEIGHT LBS 0 5 5 6 5 OZS BODY MASS INDEX (BMI) PERCENTILE 8 0 % BLOOD PRESSURE 90 / 60

HEMOGLOBIN 1 2 1 HEMATOCRIT .0% BIRTH WEIGHT LBS OZS

IMMUNIZATIONS PLEASE REFER TO THE CHDP LIST OF IMMUNIZATION CODES	GIVEN TODAY		NOT GIVEN TODAY	
	NOW UP TO DATE FOR AGE A	STILL NOT UP TO DATE FOR AGE B	ALREADY UP TO DATE FOR AGE C	REFUSED OR CONTRA-INDICATED D

ROUTINE REFERRAL (S)  PATIENT IS A FOSTER CHILD (S)

BLOOD LEAD  DENTAL

DIAGNOSIS CODES

1	2
---	---

THE QUESTIONS BELOW MUST BE ANSWERED

- Patient is Exposed to Passive (Second Hand) Tobacco Smoke. Yes  No
- Tobacco Used by Patient. Yes  No
- Counseled About/Referred For Tobacco Use Prevention/Cessation. Yes  No

PATIENT VISIT (✓) TYPE OF SCREEN (✓) TOTAL FEES  
 New Patient or Extended Visit  Routine Visit  Initial  Periodic 64.64

SERVICE LOCATION: Name, Address, Telephone Number (Please include Area Code) PROVIDER NUMBER PLACE OF SERVICE  
 N P I N U M B E R 11

Your Facility / Provider Name  
 Your Street Address  
 City, State, 9-digit ZIP code  
 Your telephone number

Enrolled in WIC  Referred to WIC  
 NOTE: WIC requires Ht, Wt, and Hemoglobin/Hematocrit

PARTIAL SCREEN  SCREENING PROCEDURE RECHECK

ACCOMPANIES PRIOR PM 160 DATED

PATIENT COUNTY AND IDENTIFICATION NUMBER  
 ELIGIBILITY 1 9 0 W 5 4 5 8 9 6 7 1 5 6

This is to certify that the screening information is true and complete, and the results explained to the child or his parent or guardian. I understand that payment and satisfaction of this claim may be from Federal or State funds, and that any false claims, statements or documents or concealment of a material fact, may be prosecuted under applicable Federal or State law. I also certify that none of the services billed on this form have been or will be billed to Medi-Cal, the patient, or other insurance providers.

Examiner Signature 07/01/07  
 SIGNATURE OF PROVIDER DATE

- If covered by Medi-Cal, or pre-enrolled in CHDP Gateway, enter BIC number.  
 Patient eligible for CHDP benefits only.

STATE OF CALIFORNIA-CHILD HEALTH AND DISABILITY PREVENTION PROGRAM  
 Medi-Cal/CHDP  
 P.O. Box 15300  
 Sacramento, CA 95851-1300