

San Joaquin County Public Health Services

Child Health & Disability Prevention



Summer 2014 Newsletter

ACA Payment Increase for Physicians

The Patient Protection and Affordable Care Act (ACA), requires payments to be increased to the Medicare equivalent for certain primary care services. The increased payments are retroactive for dates of service on or after January 1, 2013, for both fee-for-service and managed care programs. Physicians who want to take advantage of it must complete the self-attestation form [by December 31, 2014](#). Detailed eligibility criteria as well as the self-attestation forms can be found at http://files.medi-cal.ca.gov/pubsdoco/aca/aca_form_landing.asp.

Failure to Thrive: Possible Sign of Neglect

Failure to thrive (FTT) is a common problem in infancy and childhood. It is defined as a significantly prolonged cessation of appropriate weight gain compared with recognized norms for age and gender after having achieved a stable pattern, and it is often multifactorial in origin. Malnutrition in children with FTT can lead not only to impaired growth but also to long-term deficits in intellectual, social, and psychological functioning. In extreme cases, FTT can be fatal.

When FTT is caused by child neglect, certain risk factors are often present. Pediatricians should be alerted to the following risk factors as they can signify that neglect or abuse is the cause of FTT:

- Parental depression, stress, marital strife, divorce
- Parental history of abuse as a child
- Mental retardation and psychological abnormalities in the parent(s)
- Young and single mothers without social support
- Domestic violence
- Alcohol or other substance abuse
- Previous child abuse in the family
- Social isolation and/or poverty
- Parents with inadequate adaptive or social skills
- Parents who are overly focused on career and/or activities away from home
- Failure to adhere to medical regimens
- Lack of knowledge of normal growth and development
- Infant with low birth weight or prolonged hospitalization

Pediatricians are strongly encouraged to consider child abuse and neglect and to report cases of FTT that do not resolve with appropriate interventions.¹ A copy of the Suspected Child Abuse Report is attached ([Appendix A](#)) and must be faxed to San Joaquin County Child Protective Services (SJCCPS) within 36 hours of making a verbal report over the phone (Fax #: 468-1827). SJCCPS can be contacted at 468-1330.

E-cig. Poisonings

E-cigarette exposure calls per month increased from one in September 2010 to 215 in February 2014 according to data from U.S. poison centers.

More than half (51.1%) of the calls to poison centers, due to e-cigarettes, involved young children 5 years and under, and 42.0% of the poison calls involved people age 20 and older.

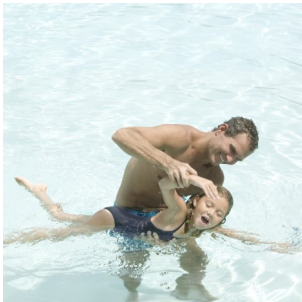
Poisoning from conventional cigarettes is generally due to ingestion, while poisoning related to e-cigarettes can occur by ingestion, inhalation or absorption through the skin or eyes of the liquid nicotine solution.

CDC Director, Tom Frieden, M.D., M.P.H. cautioned, "Use of these products is skyrocketing and these poisonings will continue. E-cigarette liquids, as currently sold, are a threat to small children because they are not required to be childproof, and they come in candy and fruit flavors that are appealing to children."

Health care providers and the public should be aware that e-cigarettes have the potential to cause acute adverse health effects and represent an emerging public health concern. Please share the CA poison control number (1-800-222-1222) with your patients. To order free poison control educational materials, visit www.calpoison.org/hcp.

¹American Academy of Pediatrics. Failure to Thrive as a Manifestation of Child Neglect. Accessed 5/7/14 at <http://pediatrics.aappublications.org/content/116/5/1234.long>

“Drowning is almost always a deceptively quiet event. The waving, splashing, and yelling that dramatic conditioning prepares us to look for is rarely seen in real life.”



Enjoying Water Safely this Summer

In California, drowning is the leading cause of death in children ages 1-4 years and the second leading cause of death in children ages 5-9 years.² Children need constant supervision around water—whether the water is in a bathtub, a wading pool, a swimming pool, a spa, the beach, or a lake. Young children are especially vulnerable; they can drown in less than two inches of water. When infants and toddlers are in or around the water, an adult—preferably one who knows how to swim and perform cardiopulmonary resuscitation (CPR)—should be within arm’s length providing “touch supervision.”

Health care providers should discuss with parents and caregivers the steps to prevent drowning (see below) and how to recognize the signs of drowning. Contrary to what is shown in the media, children and adults who are drowning rarely have the capabilities to call for help or flail their arms or legs. Some of the key signs of drowning include: head low in the water with mouth at water level; head tilted back with mouth open; eyes are glassy, unable to focus, or closed; hair over forehead or eyes; not using legs, vertical in the water. Remind parents and caregivers that when children are playing in the water, they make noise. If they get quiet, it’s crucial to get to them right away and make sure they are alright. For more information, visit

www.healthychildren.org.

Share These Recommendations with ALL Families:

1. Designate a responsible adult to watch young children while in the bath and all children swimming or playing in or around water. Adults should not be involved in any other distracting activity (such as reading, playing cards, talking on the phone or mowing the lawn) while supervising children.
2. Always swim with a buddy. Select swimming sites that have lifeguards whenever possible.
3. Avoid drinking alcohol before or during swimming, boating, or water skiing. Do not drink alcohol while supervising children.
4. Learn to swim. Be aware that the American Academy of Pediatrics does not recommend swimming classes as the primary means of drowning prevention for children younger than 4 years.
5. Learn CPR—in the time it might take for paramedics to arrive, your CPR skills could make a difference in someone’s life.
6. Do not use air-filled or foam toys, such as “water wings,” “noodles,” or inner-tubes, in place of life jackets.

New Aid Code & Billing Inquiries

The NewsFlash article “New Presumptive Eligibility Medi-Cal Coverage for Adults,” dated January 21, 2014, announced that the Department of Health Care Services (DHCS) will provide temporary Medi-Cal eligibility for many individuals and families through aid code 8E while Medi-Cal applications submitted through the Covered California website are being verified.

Please note that billing with aid code 8E on a Confidential Screening/Billing Report (PM 160) claim form for CHDP health assessments and immunizations rendered to beneficiaries 19 through 20 years, 11 months of age may result in an erroneous claim denial. CHDP is aware of the problem and is working to implement a remedy. A notice to providers will be posted on the Medi-Cal website when the problem is corrected. For additional information, CHDP providers can call the Telephone Service Center at 1-800-541-5555.

CHDP billing questions as well as requests for CHDP billing trainings can be directed to Derrick Douglas, Northern Region Representative for Xerox, at 916-893-1802 or derrick.douglas@xerox.com.

²California Department of Public Health. EpiCenter California Injury Data Center Online. Accessed 5/9/14 at <http://epicenter.cdph.ca.gov/ReportMenus/DataSummaries.aspx>

San Joaquin County Medical Therapy Program

The California Children's Services (CCS) Medical Therapy Program (MTP) provides occupational and physical therapy to physically disabled children ages 0-21 years who meet medical and residential eligibility. These services are offered free of charge at four Medical Therapy Units in San Joaquin County: Hoover School in Stockton, McFall School in Manteca, Washington School in Lodi, and McKinley School in Tracy.

Therapy is provided under the prescription and direction of a CCS paneled physician. The programs are tailored to the individual needs of the child and are periodically re-evaluated as they grow and develop or progress. The frequency and type of therapy services will vary according to the child's needs. Periodic check-ups and consultations are provided to parents, caregivers, and teachers when needed for guidance with home therapy or equipment needs.

Anyone—parents, physicians, school nurses, etc.—can refer a child to MTP by contacting the [CCS main line at 209-468-3900](tel:209-468-3900). The family will need to apply to CCS, who will then determine if the family is eligible for MTP. If you have any questions about MTP in San Joaquin County, please contact Armando Valerio at 468-8114 or avalerio@sjcphs.org.



Health Advisory: Measles in San Joaquin County

As of April 30, 2014, 58 cases of measles with onset this year had been reported in California, including one case in San Joaquin County. Thirteen of the cases had traveled outside of the country recently, while three cases had contact with international travelers, and thirty two cases had contact with known measles cases. **Immunization is the best defense against measles**, with 99% of persons developing immunity after two doses. It is important that anyone traveling to a country with endemic measles ensure they have completed two doses of the MMR (Measles, Mumps, Rubella) vaccine prior to travel. This includes travel to Europe, the Middle East, Asia, the Pacific, and Africa.

Health care providers are especially important in identifying suspected measles cases and preventing further spread of the infection. San Joaquin County Health Officer, Dr. Alvaro Garza requests the following actions of clinicians:

- **Suspect measles** in a patient with fever and rash. Ask about measles immunization history and international travel or exposure to returning international travelers in the three weeks prior to illness; consider the diagnosis regardless of travel history.
- **Implement airborne precautions** immediately for suspected cases. Mask and isolate patient in an airborne infection isolation room. Do not use a regular exam room for at least two hours after a suspected measles patient has left the room. Notify your facility's Infection Control Professional immediately.
- **Report suspect measles** cases immediately to San Joaquin County Public Health Services (SJCPHS) by telephone (workday: 468-3822; after hours: 468-6000).
- **Test suspected cases.** Collect blood, a throat or nasopharyngeal swab, and urine and HOLD for rapid testing by the Public Health Laboratory (PHL) network. Call SJCPHS for prior approval for measles testing by the PHL.
- **Advise** patient with suspected measles to **stay home** until four days after rash onset and/or until cleared by SJCPHS to resume usual activities.
- **Vaccinate** patients born in 1957 and later who have not received two documented doses of MMR, unless contraindicated.

Additional information about clinical presentation of measles, isolation precautions, vaccine recommendations as well as updated case counts by local health jurisdictions can be found at the California Department of Public Health Website—<http://www.cdph.ca.gov/HealthInfo/discond/Pages/Measles.aspx>.

Announcements

New Oral Health Trainings Posted

New oral health trainings have been posted on the state CHDP website, titled “**CHDP Dental Training: Fluoride Varnish**” and “**CHDP Dental Training: Focus on PM 160 Screening**.”

To access the trainings, visit www.dhcs.ca.gov/services/chdp and click on “Training” under Local CHDP Programs.

New Location and Fax # for CLPPP

The San Joaquin County Childhood Lead Poisoning Prevention Program (CLPPP) has moved offices and has a new fax number (468-8222). Please make sure any referrals or inquiries are being sent to the correct office.

See the attached flyer (*Attachment B*) for more information.

Do you have a new provider or location?

Make sure to let the local CHDP program know of any changes to your practice. **If you gain or lose a provider, or open or close a location, contact the local CHDP program at 468-8335** so they can update their provider files and notify the state Department of Health Care Services, if necessary.

Friendly Reminders about the PM160

Providing a Copy to the Parent

Section 124095 of the Health and Safety Code and section 6826, Title 17 of the California Code of Regulations require that the results of a health assessment be provided to the CHDP family on a form provided by the Department of Health Care Services (PM 160). The current CHDP protocol for meeting these regulations is to require CHDP providers to supply a copy of the PM 160 to local CHDP programs (yellow copy) and to **CHDP families (pink copy)** to inform them of the results of health assessments.

Additionally, the CHDP Health Assessment Provider Program Agreement, signed by all CHDP providers, states, “I, the undersigned agree as a Health Assessment Provider in the CHDP program to the following...to provide a health assessment summary or immunization information to the child’s parents or legal guardian **at no cost and upon request or when required**. This information may include school health reports, immunization records, and any such information required by the Head Start or Women, Infants, and Children programs.”

If you have any questions, please contact the local CHDP program at 468-8335.

CHDP Webinar

June 19, 2014, 2-3PM

The CHDP class is designed to familiarize participants with provider eligibility, Gateway enrollment forms and procedures, and authorized health screening services provided to CHDP recipients. Also included is the field-by-field completion instruction of the PM 160.

To register for the webinar, sign-in or create an account at <https://learn.medi-cal.ca.gov/>, go to the Training Calendar and click RSVP for the webinar.

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 Charlene Devera PHN I
CHDP Outreach & Support	Xia Lo Ronald Ross

Print

SUSPECTED CHILD ABUSE REPORT

Reset Form

To Be Completed by **Mandated Child Abuse Reporters**

Pursuant to Penal Code Section 11166

CASE NAME: _____

PLEASE PRINT OR TYPE

CASE NUMBER: _____

A. REPORTING PARTY	NAME OF MANDATED REPORTER		TITLE		MANDATED REPORTER CATEGORY					
	REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS			Street	City	Zip	DID MANDATED REPORTER WITNESS THE INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	REPORTER'S TELEPHONE (DAYTIME) ()		SIGNATURE		TODAY'S DATE					
B. REPORT NOTIFICATION	<input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> COUNTY PROBATION		AGENCY							
	<input type="checkbox"/> COUNTY WELFARE / CPS (Child Protective Services)									
	ADDRESS			Street	City	Zip	DATE/TIME OF PHONE CALL			
OFFICIAL CONTACTED - TITLE					TELEPHONE ()					
C. VICTIM One report per victim	NAME (LAST, FIRST, MIDDLE)				BIRTHDATE OR APPROX. AGE	SEX	ETHNICITY			
	ADDRESS			Street	City	Zip	TELEPHONE ()			
	PRESENT LOCATION OF VICTIM			SCHOOL		CLASS	GRADE			
	PHYSICALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEVELOPMENTALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER DISABILITY (SPECIFY)			PRIMARY LANGUAGE SPOKEN IN HOME				
	IN FOSTER CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE: <input type="checkbox"/> DAY CARE <input type="checkbox"/> CHILD CARE CENTER <input type="checkbox"/> FOSTER FAMILY HOME <input type="checkbox"/> FAMILY FRIEND <input type="checkbox"/> GROUP HOME OR INSTITUTION <input type="checkbox"/> RELATIVES HOME				TYPE OF ABUSE (CHECK ONE OR MORE) <input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL <input type="checkbox"/> SEXUAL <input type="checkbox"/> NEGLECT <input type="checkbox"/> OTHER (SPECIFY)				
	RELATIONSHIP TO SUSPECT				PHOTOS TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	DID THE INCIDENT RESULT IN THIS VICTIM'S DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK				
D. INVOLVED PARTIES	VICTIMS SIBLINGS									
	NAME		BIRTHDATE	SEX	ETHNICITY	NAME		BIRTHDATE	SEX	ETHNICITY
	1. _____				3. _____					
	2. _____				4. _____					
	VICTIMS PARENTS/GUARDIANS									
	NAME (LAST, FIRST, MIDDLE)				BIRTHDATE OR APPROX. AGE	SEX	ETHNICITY			
	ADDRESS			Street	City	Zip	HOME PHONE ()	BUSINESS PHONE ()		
	NAME (LAST, FIRST, MIDDLE)				BIRTHDATE OR APPROX. AGE	SEX	ETHNICITY			
	ADDRESS			Street	City	Zip	HOME PHONE ()	BUSINESS PHONE ()		
	SUSPECT									
SUSPECT'S NAME (LAST, FIRST, MIDDLE)				BIRTHDATE OR APPROX. AGE	SEX	ETHNICITY				
ADDRESS			Street	City	Zip	TELEPHONE ()				
OTHER RELEVANT INFORMATION										
E. INCIDENT INFORMATION	IF NECESSARY, ATTACH EXTRA SHEET(S) OR OTHER FORM(S) AND CHECK THIS BOX <input type="checkbox"/> IF MULTIPLE VICTIMS, INDICATE NUMBER: _____									
	DATE / TIME OF INCIDENT				PLACE OF INCIDENT					
	NARRATIVE DESCRIPTION (What victim(s) said/what the mandated reporter observed/what person accompanying the victim(s) said/similar or past incidents involving the victim(s) or suspect)									

San Joaquin County's Childhood Lead Poisoning Prevention Program Has Moved!

**The Childhood Lead Poisoning Prevention
Program's (CLPPP) new address is:**

1601 E. Hazelton Avenue

Stockton, CA 95205

The new fax is 209-468-8222

**The CLPPP provides lead poisoning trainings
for providers and their staff. For more
information on these trainings, CLPPP
services, or to make a referral, please contact
Gale Heinrich, San Joaquin County's CLPPP
Coordinator, at (209)468-2593.**



SAN JOAQUIN COUNTY
Public Health Services
Healthy Future

Childhood Lead Poisoning Prevention Program

1601 E. Hazelton Avenue
Stockton, CA 95205

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E-mail: gheinrich@sjcphs.org