



# San Joaquin County Public Health Services



## Child Health and Disability Prevention Program Winter 2017 Newsletter

### CHDP Updates

#### BMI and Lead Reminders

Many offices refer children for high Body Mass Index (BMI) once they reach the 95th percentile. However, according to the Health Assessment Guidelines, a referral should be made beginning at the 85th percentile. **All children over two years of age with a BMI below the 5th percentile or the 85th percentile and greater should receive counseling and a referral to a registered dietitian.** The Comments section of the PM 160 should indicate the diagnosis (see **Attachment A**).

Children on public programs like Medi-Cal and WIC should be tested for lead at 12 and 24 months old. When this test is ordered the routine blood lead referral box must be checked on the PM 160 (see **Attachment B**). Other indicators for a blood lead test are suspected lead exposure, parental request, recent immigration from a country with high levels of lead in the environment, or any change in living situation that puts the child at risk for lead exposure. For more information please see: <http://www.cdph.ca.gov/programs/CLPPB/Pages/ScreenRegs-CLPPB.aspx>.

#### PM 160 Transition

The Department of Health Care Services (DHCS) will **begin transitioning away from the PM 160 in 2017**. The transition will include switching to new Health Insurance Portability and Accountability Act (HIPAA) compliant, patient-friendly forms. These new hardcopy forms will summarize the appointment and be given to families before they leave the office. **Providers should continue submitting standard (green) and info-only (brown) PM 160s until DHCS announces the official transition date.**

Providers are strongly encouraged to sign up for the Medi-Cal Subscription Service (MCSS) in order to receive notices about the transition. To sign up go to the following link, enter your information, and check the box labeled CHDP Gateway to Health Coverage: <http://files.medi-cal.ca.gov/publsdoco/mcss/mcss.asp>.



#### Audiometric Training

The next CHDP Audiometric Screening Training will be held on **March 29th, 2017** at Public Health Services located at 1601 E. Hazelton Ave, Stockton 95205. Stay tuned for registration information.

**It is mandated that all staff who do hearing screenings for CHDP children complete this training and receive a certificate.** Certification is good for four years. However, if you do not perform a screening within one year then you must repeat the training before screening any children.

For any questions please call 209-468-8918 or email [gcallaway@sjcphs.org](mailto:gcallaway@sjcphs.org).

# Kids Corner

## 2016 Safe Sleep Recommendations

The American Academy of Pediatrics (AAP) recently released new guidelines aimed at reducing Sudden Infant Death Syndrome (SIDS) and other sleep-related deaths in very young children. These new recommendations take into account recent research that shows having infants sleep in the same room as their parents, but in a separate crib or bassinette, can reduce the risk of SIDS by as much as 50%.

For more resources on Safe Sleep and SIDS Prevention visit the SJC Public Health Services Injury Prevention Program at: [http://www.sjcphs.org/healthed/health\\_education\\_community\\_resources.aspx#Injury](http://www.sjcphs.org/healthed/health_education_community_resources.aspx#Injury)



## Child Maltreatment

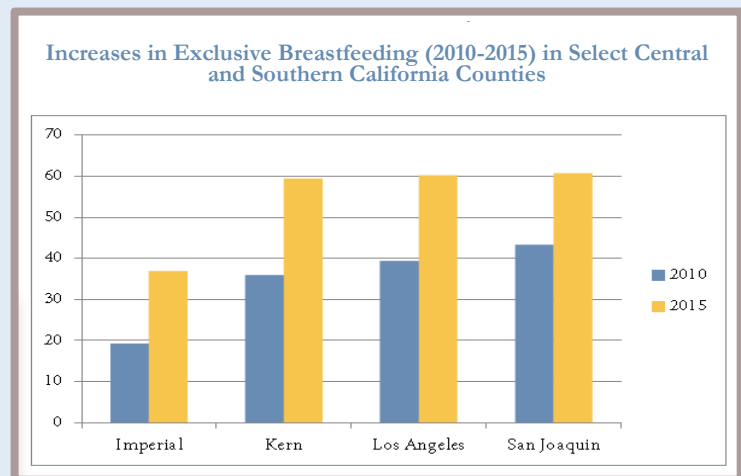
As health professionals, the welfare and safety of our county's children is our highest priority. CHDP providers are on the front line in detecting and reporting child abuse cases. To that end, please remember that **all physical exams must be unclothed as mandated by CHDP.**

If you suspect that a pediatric patient is being abused, call the Child Abuse Line at 209-468-1333. The line is staffed 24 hours a day, 7 days a week. The accompanying report must be filed within 36 hours of the call.

For more information please refer to: <http://www.dhcs.ca.gov/services/chdp/Documents/HAG/9ChildMaltreatment.pdf>.

## Breastfeeding Improvements

California WIC and the University of California Davis Human Lactation Center have released their annual report on breastfeeding rates across the state. Their hospital data shows that the exclusive breastfeeding rate in San Joaquin County (SJC) has risen 17.4% since 2010 compared to 12% statewide. This huge improvement is comparable to some of the largest, most populous counties in California. This chart highlights a few of the counties that have shown the most progress in exclusive breastfeeding across the state.



Source: California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data, 2010 & 2015.

# Public Health News

## Norovirus: The Winter Vomiting Bug

Norovirus is the leading cause of foodborne illnesses and outbreaks in the United States. Each year, this infection leads to over 400,000 emergency department visits, primarily among young children. Norovirus is a very contagious virus that causes diarrhea, nausea, vomiting, and stomach pain. These symptoms also commonly lead to dehydration and typically last for 1-3 days.

Anyone can become infected with norovirus by eating or drinking contaminated food or beverages, touching contaminated surfaces or objects then touching the mouth, or coming into contact with someone who is infected with norovirus. In the U.S., most outbreaks occur from November to April.

There is no vaccine to prevent norovirus, however the Centers for Disease Control and Prevention (CDC) has several recommendations to avoid it:

- ◇ Wash your hands with soap and water. Alcohol-based hand sanitizers can be used too, but not as a substitute.
- ◇ Make sure to wash produce thoroughly before eating and avoid quick steaming when cooking foods such as shellfish.

Please see **Attachment C** for more information for patients on how to prevent norovirus at home.



## Heart Health is Good Health



February is American Heart Month and it comes not a moment too soon. Wintertime can be stressful on the heart as colder weather often leads to increased blood pressure and makes it more difficult for the body to maintain a constant internal temperature. Luckily, there are steps you can take year round to keep your heart healthy.

- ⇒ Avoid trans fats and look for unsaturated fats instead.
- ⇒ Practice good dental hygiene by brushing and flossing every day.
- ⇒ Try to get enough sleep every night—about 6 to 8 hours.
- ⇒ Don't sit for too long at one time, get up and move throughout the day.
- ⇒ No amount of smoking is safe and even secondhand smoke can increase your risk of heart disease.



Regular blood pressure screenings are recommended beginning at age 3. St. Joseph's CareVan offers free clinical services including blood pressure screenings (see page 4). For more heart healthy tips visit the American Heart Association's website at: <http://www.heart.org/HEARTORG/>.

# Resources

## Lenny the Lion

This fun, kid-friendly app uses games and cartoons to **teach carb counting to those managing diabetes.**



The food guide helps kids learn how many carbs are in common foods and there are four different games that make it fun to learn about the role of carbs and insulin in diabetes.

Search “Lenny the Lion” in the App Store for both iPhone and Android.

## Free Clinic Services!

St. Joseph’s Medical Center CareVan will be offering a free health clinic for low-income or uninsured families. Blood pressure and diabetes checks are included.

**Tuesdays**

8:30am—4pm

**Dollar General**

310 W. Martin Luther King Dr.  
Stockton, CA 95206

Call **209-461-3471** or visit [www.StJosephsCares.org/Carvan](http://www.StJosephsCares.org/Carvan) for the most up to date information.

## Winter Weather Tips

Take a look at some of these wintertime tips for keeping your child happy and healthy during their time outside:

- ◆ **Think layers:** for babies and toddlers, use one more layer than an adult would wear.
- ◆ **Be aware of clothing hazards:** make sure scarves and hood strings are loose enough to avoid strangulation.
- ◆ **Stay toasty:** check in with kids to make sure they are dry and warm enough.
- ◆ **Hydration:** we lose more moisture when breathing in cold weather. Make sure kids get enough to drink.
- ◆ **Car seat safety:** take off your child’s winter coat when in the car seat so the straps fit snugly.

More information can be found at [healthychildren.org](http://healthychildren.org) from the American Academy of Pediatrics.

## San Joaquin 2-1-1

Don’t know how to connect a patient to extra resources? Just tell them to call 211! 211 is an information and referral line that connects callers to the San Joaquin County resources they need. All the information is also available online at [www.211SJ.org](http://www.211SJ.org).

See **Attachment D** for the program flyer.



## CHDP Newsletter Team

CMS Medical Director	Maggie Park, MD
CMS Administrator	Marianne Hernandez, MSN
CHDP Deputy Director	Renee Sunseri, SPHN
CHDP Public Health Educator	Gwen Callaway, MPH
CHDP Provider Relations	Jay Chevalier, PHN Annette Vegas, PHN
CHDP Foster Care Coordination	Pam Lam, Sr. PHN Jamie Crenshaw, PHN Charlene Devera, PHN Christine Merin, PHN Annelie Steele, PHN
CHDP Outreach & Support	Xia Lo

CLAIM CONTROL NUMBER • FOR STATE USE ONLY  
BMI Example

DO NOT STAPLE IN BAR AREA

STAPLE HERE

PLEASE PRINT	PATIENT NAME (LAST) (FIRST) (INITIAL)			MEDICAL RECORD NO.		LA Code	94	09446786 J	
	Mo.	Day	Year	AGE	SEX M/F	PATIENT'S COUNTY OF RESIDENCE			CO. CODE
	01	21	12	4 yrs	F				
	RESPONSIBLE PERSON (NAME)			(STREET)	(APT/SPACE #)	(CITY)	(ZIP)	Ethnic Code	
								<input type="checkbox"/> 1-American Indian <input type="checkbox"/> 2-Asian <input type="checkbox"/> 3-Black <input type="checkbox"/> 4-Filipino <input type="checkbox"/> 5-Mex. Amer./Hispanic <input type="checkbox"/> 6-White <input type="checkbox"/> 7-Other <input type="checkbox"/> 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	FEES	
			NEW C	KNOWN D			
01 HISTORY and PHYSICAL EXAM					01		
02 DENTAL ASSESSMENT/REFERRAL							
03 NUTRITIONAL ASSESSMENT				5			
04 ANTICIPATORY GUIDANCE HEALTH EDUCATION							
05 DEVELOPMENTAL ASSESSMENT							
06 SNELLEN OR EQUIVALENT					06		
07 AUDIOMETRIC					07		
08 HEMOGLOBIN OR HEMATOCRIT					08		
09 URINE DIPSTICK					09		
10 COMPLETE URINALYSIS					10		
12 TB MANTOUX					12		
CODE	OTHER TESTS		PLEASE REFER TO THE CHDP LIST OF TEST CODES			CODE	OTHER TESTS

**FOLLOW UP CODES**

1. NO DX/RX INDICATED OR NOW UNDER CARE. 4. DX PENDING/RETURN VISIT SCHEDULED.  
 2. QUESTIONABLE RESULT, RECHECK SCHEDULED. 5. REFERRED TO ANOTHER EXAMINER FOR DX/RX.  
 3. DX MADE AND RX STARTED 6. REFERRAL REFUSED

REFERRED TO: **Dietician** TELEPHONE NUMBER

REFERRED TO: TELEPHONE NUMBER

**COMMENTS/PROBLEMS**

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

**03: Overweight (5)**

HEIGHT IN INCHES 0 3 9 1 4	WEIGHT LBS 0 3 7 0 0	BODY MASS INDEX (BMI) PERCENTILE 8 7 %	BLOOD PRESSURE
HEMOGLOBIN	HEMATOCRIT	BIRTH WEIGHT LBS	ozs

ROUTINE REFERRAL(S) (✓) <input type="checkbox"/>	PATIENT IS A FOSTER CHILD (✓) <input type="checkbox"/>
BLOOD LEAD	DENTAL
DIAGNOSIS CODES	
1	2

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

**THE QUESTIONS BELOW MUST BE ANSWERED**

1. Patient is Exposed to Passive (Second Hand) Tobacco Smoke. Yes  No

2. Tobacco Used by Patient Yes  No

3. Counseled About/Referred For Tobacco Use Prevention/Cessation. Yes  No

PATIENT VISIT (✓) <input type="checkbox"/> 1 New Patient or Extended Visit <input type="checkbox"/> 2 Routine Visit	TYPE OF SCREEN (✓) <input type="checkbox"/> 1 Initial <input type="checkbox"/> 2 Periodic	TOTAL FEES
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SERVICE LOCATION: Name, Address, Telephone Number (Please Include Area Code)

PROVIDER NUMBER

PLACE OF SERVICE

1 Enrolled in WIC  2 Referred to WIC

NOTE: WIC requires Ht., Wt. and Hemoglobin/Hematocrit

1 PARTIAL SCREEN  2 SCREENING PROCEDURE RECHECK

ACCOMPANIES PRIOR PM 160 DATED

PATIENT ELIGIBILITY COUNTY AID IDENTIFICATION NUMBER

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.

SIGNATURE OF PROVIDER \_\_\_\_\_ DATE \_\_\_\_\_

1 If covered by Medi-Cal, or pre-enrolled in CHDP Gateway, enter BIC number.  
 2 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

CLAIM CONTROL NUMBER • FOR STATE USE ONLY  
Lead Example

DO NOT STAPLE IN BAR AREA

STAPLE HERE

PLEASE PRINT	PATIENT NAME (LAST) (FIRST) (INITIAL)			MEDICAL RECORD NO.			LA Code	94 09446786 J	
	BIRTHDATE Mo. Day Year	AGE	SEX M/F	PATIENT'S COUNTY OF RESIDENCE		CO. CODE	TELEPHONE NUMBER	NEXT CHDP EXAM Mo. Day Year	Ethnic Code
01 14 15 2 yrs									1-American Indian 2-Asian 3-Black 4-Filipino 5-Mex. Amer./Hispanic 6-White 7-Other 8-Pacific Islander
RESPONSIBLE PERSON (NAME)			(STREET)		(APT/SPACE #)	(CITY)	(ZIP)		

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	FEES
			NEW C	KNOWN D		
01 HISTORY and PHYSICAL EXAM					01	
02 DENTAL ASSESSMENT/REFERRAL						
03 NUTRITIONAL ASSESSMENT						
04 ANTICIPATORY GUIDANCE HEALTH EDUCATION						
05 DEVELOPMENTAL ASSESSMENT						
06 SNELLEN OR EQUIVALENT					06	
07 AUDIOMETRIC					07	
08 HEMOGLOBIN OR HEMATOCRIT					08	
09 URINE DIPSTICK					09	
10 COMPLETE URINALYSIS					10	
12 TB MANTOUX					12	
CODE	OTHER TESTS	PLEASE REFER TO THE CHDP LIST OF TEST CODES			CODE	OTHER TESTS

<b>FOLLOW UP CODES</b>	
1. NO DX/RX INDICATED OR NOW UNDER CARE.	4. DX PENDING/RETURN VISIT SCHEDULED.
2. QUESTIONABLE RESULT, RECHECK SCHEDULED.	5. REFERRED TO ANOTHER EXAMINER FOR DX/RX.
3. DX MADE AND RX STARTED	6. REFERRAL REFUSED
REFERRED TO:	TELEPHONE NUMBER
REFERRED TO:	TELEPHONE NUMBER

<b>COMMENTS/PROBLEMS</b>	
IF A PROBLEM IS DIAGNOSED THIS VISIT, PLEASE ENTER YOUR DIAGNOSIS IN THIS AREA	
ROUTINE REFERRAL(S) (✓) <input checked="" type="checkbox"/> BLOOD LEAD	PATIENT IS A FOSTER CHILD (✓) <input type="checkbox"/>
DIAGNOSIS CODES	
1	2

HEIGHT IN INCHES 0	WEIGHT LBS 4	OZS	BODY MASS INDEX (BMI) PERCENTILE 0%	BLOOD PRESSURE
HEMOGLOBIN	HEMATOCRIT		BIRTH WEIGHT LBS	OZS
<b>IMMUNIZATIONS</b> PLEASE REFER TO THE CHDP LIST OF IMMUNIZATION CODES		<b>GIVEN TODAY</b>		
		<b>NOT GIVEN TODAY</b>		
		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		

<b>THE QUESTIONS BELOW MUST BE ANSWERED</b>	
1. Patient is Exposed to Passive (Second Hand) Tobacco Smoke.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Tobacco Used by Patient	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Counseled About/Referred For Tobacco Use Prevention/Cessation.	Yes <input type="checkbox"/> No <input type="checkbox"/>

PATIENT VISIT (✓) <input type="checkbox"/> New Patient or Extended Visit <input type="checkbox"/> Routine Visit	TYPE OF SCREEN (✓) <input type="checkbox"/> Initial <input type="checkbox"/> Periodic	TOTAL FEES
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SERVICE LOCATION: Name, Address, Telephone Number (Please Include Area Code)	PROVIDER NUMBER	PLACE OF SERVICE
--	-----------------	------------------

<input type="checkbox"/> Enrolled in WIC	<input type="checkbox"/> Referred to WIC
NOTE: WIC requires Ht., Wt. and Hemoglobin/Hematocrit	
<input type="checkbox"/> PARTIAL SCREEN	<input type="checkbox"/> SCREENING PROCEDURE RECHECK
ACCOMPANIES PRIOR PM 160 DATED	
PATIENT ELIGIBILITY	COUNTY AID IDENTIFICATION NUMBER

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.

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

# Stop Norovirus!

Norovirus causes diarrhea and vomiting. It spreads easily from an infected person to others, especially in long-term care facilities. Elderly residents are more likely to become very sick or die from norovirus.

**Protect yourself and elderly residents from norovirus.**

## WASH YOUR HANDS



Wash your hands often with soap and water for at least 20 seconds each time and avoid touching your mouth.

## CLEAN SURFACES



Use a bleach-based cleaner or other approved product\* to disinfect surfaces and objects that are frequently touched.

## WASH LAUNDRY



Remove and wash soiled clothes and linens immediately, then tumble dry.

## USE GOWN AND GLOVES



Use gown and gloves when touching or caring for patients to reduce exposure to vomit or fecal matter.

## STAY HOME WHEN SICK



If you're sick, stay home and don't take care of or visit people in long-term care facilities for at least 2 days after your symptoms stop.

For more information, visit [www.cdc.gov/norovirus](http://www.cdc.gov/norovirus)



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

\*Use a chlorine bleach solution with a concentration of 1000-5000 ppm (5-25 tablespoons of household bleach [5.25%] per gallon of water) or other disinfectant registered as effective against norovirus by the Environmental Protection Agency (EPA) at [http://www.epa.gov/oppad001/list\\_g\\_norovirus.pdf](http://www.epa.gov/oppad001/list_g_norovirus.pdf)



# Looking For Local Help?

 **Call 2-1-1**  
IT'S THAT SIMPLE.

 **FREE SERVICES**

## We'll help you find the services you need. We have someone who can speak your language.

A friendly voice will answer your call and help you sort things out -OR- Search the cloud for an answer: [www.211SJ.org](http://www.211SJ.org)

### My kids are hungry. I have no cash. Where can I get food?

Let us help you find a Food Pantry, Food Bank or a Free Meal Program in your area.

### I just lost my job. Now what?

We can introduce you to the local Employment Development office.

### Flu season again?

How about looking for a flu clinic nearby? While we're at it, should we also look into signing you up for affordable health care coverage?

### I just found out I have prediabetes.

#### Where can I go to get help?

There are classes to help you navigate a change in lifestyle. Let's get you the help you need.

### Time to file taxes. Where do I start?

Have you heard of VITA? We can connect you.

### I feel so down lately.

Let me call the Warm-Line for you. There is always someone to talk to.

### But what can I do?

If you have a life-threatening emergency, call 9-1-1. Otherwise, let us try to help you.

#### *The local 2-1-1 Service Provider is*

Family Resource and Referral Center,  
a member of 2-1-1 California.  
509 W. Weber Ave., Suite 101  
Stockton CA 95203  
209-948-1553  
[www.frrcsj.org](http://www.frrcsj.org)

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San Joaquin   
**2-1-1**  
Get Connected. Get Answers.