San Joaquin County Public Health Services

Spring 2013 Newsletter

HFP Transition to Medi-Cal Starts April 1ST

On December 31, 2012, the Center for Medicare & Medicaid Services approved the request to amend California's section 1115 demonstration, allowing the transition of nearly 900,000 children from the existing Healthy Families Program (HFP) into Medi-Cal. Children who would have been eligible for HFP in the past will now be eligible for full scope, no share-of-cost Medi-Cal under a new **Targeted Low Income Children's Program (TLICP)**. There will be premium payments for some families, but all co-payments have been eliminated.

In San Joaquin County, the transition will start April 1, 2013. As Medi-Cal recipients, these families will have access to a wide range of health care services, including medical, dental, vision, mental health, and alcohol and drug treatment services. New aid codes have been created for these children and are detailed in *Attachment A*. The CHDP Gateway aid code, 8X, will continue to be used for children who enter through the CHDP Gateway and qualify for TLICP. For more information, visit www.dhcs.ca.gov/services/Pages/HealthyFamiliesTransition.aspx.

New CA Law Protects Breastfeeding Mothers

The American Academy of Pediatrics recommends babies be fed nothing but breast milk for the first 6 months and continue breastfeeding for at least one year. Babies who are fed formula and stop breastfeeding early have higher risks of obesity, diabetes, respiratory and ear infections, and sudden infant death syndrome (SIDS), and tend to require more doctor visits, hospitalizations, and prescriptions. A baby's risk of becoming an overweight child goes down with each month of breastfeeding.[1] For women returning to work after childbirth, studies have shown that there is less employee turnover when the workplace provides a supportive environment for continued breastfeeding.[2]

In 2002, the California Lactation Accommodation Law was passed, stating that employers should provide a reasonable amount of **break time** and the **use of a room or other location**, other than a toilet stall, for the employee to express milk in private. On January 1, 2013, the California Fair Employment and Housing Act was amended to **prohibit discrimination against breastfeeding women in the workplace.**

While it is mandatory for an employer to comply with these laws, extra employer efforts to provide breastfeeding support through flexible break times and schedules, education resources, and supportive policies are shown to have a substantial return on investment in terms of lower health care costs, higher productivity, and improved employee morale. For more information, visit www.californiabreastfeeding.org.

PM 160 & Routine Referrals

Both CHDP referrals to specialist physicians and routine referrals for preventative oral health care and blood lead tests should be documented on the PM 160.

ROUTINE REFERRAL(S) (√)

☐ BLOOD LEAD ☐ DENTAL

Starting at age 1, all children should be referred to a dentist at every CHDP health examination. If no dental problems are found during the periodic routine assessment and you have advised the parents to obtain annual preventive dental care for a Medi-Cal child, enter a check mark (√) in the routine dental referral box (shown above).

All children should be referred for a blood lead test at age 12 months and again at age 24 months. Make sure to check (√) the routine blood lead referral box when a child has been referred to a laboratory for the collection of a blood specimen for the lead test (also shown above).

If you have any questions, please contact your local CHDP office at 468-8335.

[1]CDC Vital Signs. (2011). Hospital Support for Breastfeeding. Accessed 3/20/2013 from http://www.cdc.gov/vitalsigns/breastfeeding/

[2]U.S. Department of Health and Human Services. (2008) The business case for breastfeeding: Steps for creating a breastfeeding friendly worksite. Accessed 3/12/2013 from http://www.womenshealth.gov/breastfeeding.

Lead Poisoning from SURMA Prevalent in SJC

"We know there is no safe level of lead exposure in children."

-Gale Heinrich, Childhood Lead Poisoning Prevention Program

Although lead contaminated paint, dust, and soil remain the primary source of lead poisoning in San Joaquin County (SJC), non-paint sources have been increasingly identified as a cause of lead poisoning, particularly in immigrant communities. In SJC, surma accounts for the largest percentage of non-paint lead poisoning cases. In 2012, thirty-one percent of the cases followed by San Joaquin County's Childhood Lead Poisoning Prevention Program were as a result of surma, with the majority of these children from families originating from Pakistan. Surma is also used by individuals from the Middle East, India, and parts of Africa.

Surma is a fine powder that is often applied to the conjunctival surface of the eyes of infants and young children. Some families use it because they are following tradition. Others use it because they believe it will improve visual acuity, for cosmetic purposes, or to ward off the "evil eye." In addition to absorption across the conjunctiva, children become lead poisoned from surma when they put their hands in their mouth after rubbing or touching their eyes.

Commercial preparations of surma may contain more than 70 percent lead. The lead content of surma associated with a recent case in SJC was analyzed and found to be 74 percent. Surma has been banned from import into the United States by the U.S. Food and Drug Administration, but this product often still makes its way into the country in the suitcases of travelers or by illegal import and distribution to retailers.

If you come across children in your practice wearing this black eye make-up, please ensure they receive a blood test for lead, in addition to advising them to immediately discontinue the use of surma. Feel free to utilize the attached flyer (*Attachment B*) in discussing the dangers of surma with your patients and clients.

AMULETS: Newly Identified Source of Lead Poisoning in SJC

Wearing amulets is common among Cambodians and other ethnic groups in Southeast Asia, and typically infants and toddlers wear these "protective strings" around their necks, wrists, or waists. The amulets are often made of string with several knots, metal beads, or both. Often the metals beads are made from lead and are believed by some to be infused with protective powers. Adults may also wear protective amulets around their necks, making it accessible to children who may be sitting on their laps. Health care providers should ask families about their use of amulets and protective belts, especially families from Southeast Asia, and educate them about the dangers of lead poisoning. These strings also pose the risk of strangulation or entrapment when worn by infants or toddlers.

New Developments in Lead Poisoning Prevention

The brochure, **Protect Your Child From Lead**, is now available in English and Spanish. Please contact Gale Heinrich, Coordinator, Childhood Lead Poisoning Prevention Program, for free copies of this brochure at 209-468-2593 or gheinrich@sjcphs.org. Ms. Heinrich is also available for presentations on current trends and recommendations regarding lead poisoning.

PLEASE NOTE: The San Joaquin County Childhood Lead Poisoning Prevention Program's new fax number is **(209) 468-2185**.

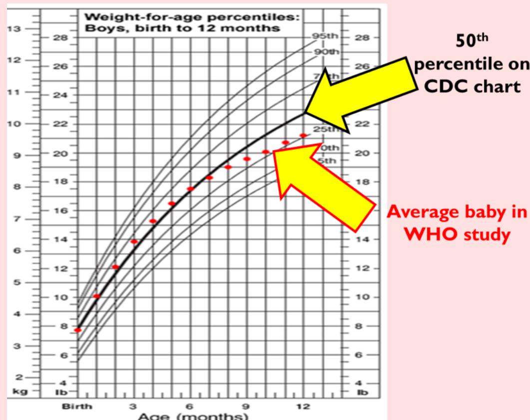
WHO Growth Charts: Defining the Standard

In September 2010, the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), and the American Academy of Pediatrics (AAP) recommended that the World Health Organization (WHO) Growth Standard Charts (released in 2006) be utilized for children from birth up to 24 months in the United States. The WHO growth curves were created using high-quality data from six different countries, including the United States. As such, the growth charts can be utilized as a standard against which all infants can be compared to properly assess healthy growth.

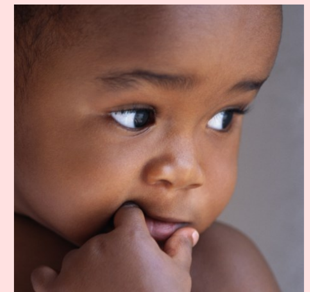
One of the key differences between the 2006 WHO growth charts and the 2000 CDC growth charts is the proportion of infants in the reference population who were predominately breastfed. Since healthy breastfed infants typically gain weight faster than formula-fed infants in the first few months of life but then gain weight slowly for the remainder of infancy, a breastfed infant will plot differently on the WHO growth charts compared to the CDC growth charts (see figure below). By establishing the growth of the breastfed infant as the norm, clinicians can address environmental or nutritional problems that may cause a child to be underweight, stunted, or overweight.[3]

"Use of the 2006 WHO international growth standard for the assessment of growth among all children age <24 months, regardless of type of feeding, is recommended."

-CDC Morbidity and Mortality Weekly Report



The CDC Growth Reference Charts (released in 2000) are still recommended for use with children ages 2-20 years. There will be a minor disjunction when switching from the WHO charts to the CDC charts. However, transitioning at age 24 months is the most feasible option since the CDC charts can be utilized up to age 20 years, the child's length measurements switch from recumbent to stature measurements, and the methods used to create the WHO growth charts for children 24 months and older were very similar to the methods used to create the CDC growth charts.



CHDP requires all providers to transition to the WHO growth charts for infants from birth to <24 months by October 2013. **In the coming months, the California Department of Health Care Services (DHCS) will release training materials to aid in the transition to the WHO growth charts.** For more information, contact Krysta Titel at 468-8918 or ktitel@sjcphs.org. If you are interested in learning more about the development of the WHO growth charts, recommendations for use and how the changes may impact growth assessments, visit www.cdc.gov/growthcharts.

Recommendations for CHDP Providers

- Use the 2006 WHO growth standard charts for children from birth to <24 months, regardless of type of feeding, to monitor growth
    - **CHDP requires all providers to transition to the WHO growth charts by October 2013**
- Use the 2000 CDC growth reference charts for children ages 2-20 years to monitor growth
- Encourage breastfeeding, review feeding with each health assessment and determine if foods are developmentally appropriate

[3] CDC Morbidity and Mortality Weekly Report. Use of World Health Organization and CDC Growth Charts for Children Age 0-59 Months in the United States. Accessed 3/5/2013 at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5909a1.htm.

Announcements

CHDP Success Story: Collaboration in Action

One of the integral components of the CHDP program is community outreach, including raising awareness of the CHDP program and connecting eligible families with resources to obtain health care coverage. **Xia Lo, CHDP Community Outreach Worker,** assists families on a daily basis by connecting them with various resources available in the community. The experience of one such family demonstrates the positive impact of collaboration among the health and human services agencies in San Joaquin County.

A mother of two young children, pregnant with her third child, was referred to Xia when her Medi-Cal coverage was unexpectedly terminated and she needed assistance to reapply. Since the mother was pregnant, this lapse in coverage meant that she could not access prenatal care in addition to her children losing access to health care services. Xia promptly directed the mother to reapply for Medi-Cal where she was assured that the application would be reviewed quickly. When the mother didn't receive a reply within four weeks, Xia collaborated with other community agencies in the county to expedite the family's Medi-Cal application. Within a few days, the mother and her children had their Medi-Cal coverage reinstated. They were able to receive medical care and were expressly grateful for the concerted efforts of all who helped to resolve the issue. Xia Lo can be contacted at 468-8916 or xlo@sjcphs.org.

Friendly Reminders about the PM160

The PM 160, the CHDP Confidential Health Assessment and Billing Form, is a multiple copy document, so anything recorded on it needs to be legible on all copies. The pink copy of the PM 160 is always given to the parent, the yellow copy is sent to the local CHDP office (within 30 days) and the white copy is sent to the fiscal intermediary as a billing report. If the child has straight Medi-Cal (also called fee-for-service Medi-Cal), the white copy will be sent to the Medi-Cal/CHDP address. If the child has managed care Medi-Cal, the white copy will be sent to one of the two managed care plans in this county. All three addresses are listed below for your reference:

Medi-Cal/CHDP	**Health Plan of San Joaquin**	**Health Net**
P.O. Box 15300	P.O. Box 30490	P.O. Box 419071
Sacramento, CA 95851-1300	Stockton, CA 95231	Rancho Cordova, CA 95741

New immunization schedules, VFC vaccine administration fee changes, and friendly reminders for all VFC providers can be found at www.EZIZ.org.

New

Unite for Diabetes

Website

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	Mary Amoruso, PHN II
CHDP Outreach & Support	Xia Lo
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For article contributions, topic suggestions and mailing list updates, please contact Krysta Titel at 468-8918 or ktitel@sjcphs.org.

New Aid Codes for Children Transitioning from Healthy Families to Medi-Cal

New Medi-Cal Presumptive Eligibility Aid Codes

The HFP transitional group will be assigned one of two new presumptive eligibility aid codes. These aid codes will be used only during the transition period—April 1, 2013 until their annual Medi-Cal eligibility redetermination.

Aid Code	Benefits	Premium Payment	Program/Description
5C	Full Scope	No	**Medi-Cal Presumptive Eligibility, HFP Transitional Children** Provides full scope, no-cost Medi-Cal for children with family income up to and including 150% FPL during the transition period
5D	Full Scope	Yes	**Medi-Cal Presumptive Eligibility, HFP Transitional Children** Provides full scope Medi-Cal, with a premium payment, for children with family income 150%-250% FPL during the transition period

New Medi-Cal Targeted Low Income Children's Program (TLICP) Aid Codes

At the time of their annual Medi-Cal eligibility redetermination, children and adolescents who have made the transition from HFP to Medi-Cal will be assigned one of these five aid codes as appropriate. Starting January 1, 2013, HFP will not be accepting any new subscribers—children and adolescents who would have qualified for HFP will now be eligible for Medi-Cal and will be assigned one of these aid codes when they have completed determination of Medi-Cal eligibility.

Aid Code	Benefits	Premium Payment	Program/Description
H1	Full Scope	No	**Medi-Cal TLICP—Infants, Birth—1 year** Provides full scope, no-cost Medi-Cal for infants up to the month of their first birthday with family income 200%-250% FPL
H2	Full Scope	No	**Medi-Cal TLICP—Children, 1-6 years** Provides full scope, no-cost Medi-Cal for children ages one through the month of the 6th birthday with family income up to and including 150% FPL
H3	Full Scope	Yes	**Medi-Cal TLICP—Children, 1-6 years, with premium payment** Provides full scope Medi-Cal, with a premium payment, for children from age one to the month of the 6th birthday with family income 150%-250% FPL
H4	Full Scope	No	**Medi-Cal TLICP—Children, 6-19 years** Provides full scope, no-cost Medi-Cal for children ages 6 through the month of the 9th birthday with family income up to and including 150% FPL
H5	Full Scope	Yes	**Medi-Cal TLICP—Children, 6-19 years, with premium payment** Provides full scope Medi-Cal, with a premium payment, for children ages 6 through the month of the 19th birthday with family income 150%-250% FPL

For more information, visit www.dhcs.ca.gov/services/Pages/HealthyFamiliesTransition.aspx.

CAUTION

The SURMA you use on your children or yourself may contain lead!!

- Lead is a poison that can harm the brain or other parts of the body.
- Lead poisoning can make it hard for your children to learn, pay attention, and behave appropriately.
- Children get lead poisoning from surma when they touch their eyes, or another person's eyes, and then put their hands in their mouth.

For more information contact:

Childhood Lead Poisoning Prevention Program
P.O. Box 2009 • Stockton, CA 95201-2009
Phone (209) 468-2593 • Fax (209) 468-2185
A Division of San Joaquin County Health Care Services

SAN JOAQUIN COUNTY
Public Health Services
Healthy Future

Most Children Who Have Lead Poisoning Do Not Look or Act Sick

What to do if you have used surma on your child:

- **Immediately** stop using this product.
- **Call** your child's doctor to ask about a blood test for lead.
- **Follow** your doctor's recommendations if further testing is needed.