



CHDP HIGHLIGHTS

Ventura County Public Health
Child Health and Disability Prevention Program

February 2018 | Quarterly Newsletter

CHDP Training Calendar

Register at www.vcchdp.org or contact chdpadministration@ventura.org for more information.

February 21—Childhood Oral Health in-service (<http://bit.ly/2Gvh37o>)

Outreach Events Calendar

Share these upcoming resource opportunities with your families:

Every 2nd Tuesday, 10 am - 1 pm
Every 4th Tuesday, 2 pm - 5 pm
Pop-up Community Resource Shop
Our Lady of Guadalupe Church
427 N. Oak Street, Santa Paula

February 24, 10 am - 2 pm
Dental Health Fair
Clinicas Del Camino Real, Inc.
El Rio (rear parking lot)
221 Ventura Blvd. Suite 126, Oxnard

*Do you have a program or event you would like a CHDP representative to attend?
Are you interested in hosting a fluoride varnish application event?
Please contact Jennifer Palomino at jennifer.palomino@ventura.org*

Provider Resources

[CHDP Provider Resources](http://www.vcchdp.org/forms-for-providers) (www.vcchdp.org/forms-for-providers) offers printable educational materials about the following:

- Child Health & Disability Prevention (CHDP)
- Childhood Lead Poisoning Prevention Program (CLPPP)
- Breastfeeding Resources for CHDP
- Childhood Oral Health & Dental Care
- Health Care Program for Children in Foster Care (HCPCFC)
- Developmental Screening

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CHDP Updates

CHDP updated roles:

CHDP is undergoing a transition following national and state legislation geared towards the whole person care and whole child models. **A prominent change found within the Affordable Care Act (ACA) includes a mandate that all health insurance providers offer free preventive care to their clients.**

In California the ACA led to SB 75 (An expansion of Medi-Cal coverage), which was implemented May 1, 2016. Under this law, children under 19 years of age are eligible for full-scope Medi-Cal benefits regardless of immigration status, as long as they meet all other eligibility requirements (Welfare and Institutions Code section 14007.8.).

Consequently, the State transferred some of the responsibilities associated with the CHDP's initial mandate to managed care plans (Gold Coast Health Plan in Ventura County). Before, CHDP was responsible for overseeing the screening and follow-up components of the federally mandated Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) for all Medi-Cal eligible children and youth. Now, Gold Coast Health Plan (Ventura County's managed care plan) has this responsibility relating to EPSDT for Medi-Cal eligible children and youth, and CHDP is responsible for coordinating EPSDT components with providers serving Fee-for-Service (FFS) children.

CHDP is therefore primarily a gate keeper for vulnerable populations including foster care, underserved, at-risk and "lost to follow-up" children and youth.

Form updates:

On July 1, 2017, FFS CHDP providers were required to discontinue use of the Confidential Screening/Billing Report form (Green PM 160). Yet, CHDP programs and CHDP providers remain responsible to ensure that FFS Medi-Cal beneficiaries receive needed follow-up care (Health and Safety Code 124040). The HIPAA compliant form CMS 1500 replaced the billing component of the PM160. The new **CHDP Care Coordination / Follow Up Form** replaces the reporting component of the PM 160. This new **HCPCFC Foster Care Medical (Specialty) Form** replaces the previous Medical/Dental Treatment form. Training from the administrative office is available upon request.

Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) are still required to provide a copy of Confidential Screening/Billing Report Information Only (Brown PM 160) along with their UB-04 claim form.

For additional information regarding billing and care coordination activities:

- FQHCs and RHCs should contact their federal representative.
- Non-FQHC facilities/offices:
 - GCHP CHDP clients: contact their GHCP provider relation.
 - Non GHCP clients (state medical, FFS clients): **For billing** contact the CHDP transitions Help Desk at 1-800-541-5555 or CHDPTransition@conduent.com; **For care coordination** contact your assigned CHDP PHN or the local CHDP administrative office.

National Children’s Dental Health Month

CHDP joins the American Dental Association (ADA) in observing February as National Children’s Dental Health Month (NCDHM) in a national effort to raise awareness on the importance of children’s oral health and dental disease prevention. Dental cavities are one of the most common chronic diseases affecting children. By participating in NCDHM activities in February, CHDP providers, staff and parents can help build a lifetime of healthy dental habits.



Join the "Tooth Team" in promoting oral health with their message, "Brush your teeth with fluoride toothpaste and clean between your teeth for a healthy smile". The [2018 NCDHM Campaign](https://www.ada.org/en/public-programs/national-childrens-dental-health-month) offers posters and fun activity sheets for children at: <https://www.ada.org/en/public-programs/national-childrens-dental-health-month>

Remember to reinforce the 5 easy steps to a healthy smile:

1. Brush two minutes, two times a day.
2. Clean between your teeth daily with floss.
3. Limit snacks, eat healthy meals.
4. Visit the dentist regularly starting at age 1.
5. Get fluoride protection.

A Healthy Kid’s Plate

At WIC, we help parents create a healthy lifestyle for their kids—no matter the budget or barriers. A substantial component of a healthy lifestyle is a healthy and balanced diet. Offering foods packed with nutrients will help keep your child not only fully fed but also fully nourished.

Here are **four** WIC-approved principles for a healthy kids’ plate:

1. Model It Like MyPlate.

- a. MyPlate encourages a balance of foods from the five food groups.
- b. Fill half your child’s plate with fruits and veggies. In the other half, choose lean protein, mostly whole grains, and a bit of dairy on the side.

2. Focus On Nutrient-Dense Foods.

- a. Offer more fruits and veggies to add vitamins, minerals, and fiber.
- b. Cut back on empty-calorie foods loaded with solid fats, added sugars, and excess salt.

3. Offer Kid-Sized Portions.

- a. Young children have little stomachs. They need less food than adults do.
- b. Offer small portions of healthy foods throughout the day. A very small child may only eat ½ cup of fruit for snack and ¼ cup of vegetables with dinner. Over the course of the day, these frequent small portions will add up to reach their daily needs.

4. Vary Foods to Vary Vitamins.

- a. Different foods contain different vitamins. In order to help your child get all the vitamins she needs, switch up the foods you offer.
- b. Make sure to offer foods containing *iron, vitamin A, vitamin C, vitamin D, calcium, and fiber.*



For more guidance on helping your kids eat healthy, visit <http://kidshealth.org/en/parents/nutrition-center>

How do I know if my child is eating enough?

Many parents or caregivers become concerned when a young child seems to eat very small quantities of food, especially when compared to a sibling or adults in the household. Although the parents worry about the small portion sizes and overall amount of food, the best way to tell whether a child is getting enough to eat is to look at the child’s growth chart. If the child’s weight, stature and Body Mass Index (BMI) for age are following established curves in the expected range, you can reassure the parents or caregivers that the child is consuming adequate calories. A child who is growing well is eating enough.

Here are some additional tips you can share with parents to help children grow well and stay healthy:

- **Offer child-size portions.** For young children, serve 1 measuring tablespoon of each food for each year of the child’s age.
- **Serve less than you think your child will eat.** Allow the child to ask for a second helping if she is still hungry.
- **Offer foods from at least three food groups at each meal or snack:** one protein or dairy, one fruit or veggie and one grain (or starchy vegetable).
- **In the course of a day, make sure that each of the five food groups are represented.** If your child omits foods from one group for a few days, he will likely accept them again soon.
- **Look at your child’s intake of milk, 100 % fruit juice or sweetened beverages.** If she is filling up on drinks, she may not have room for eating food at meals.
- **Model a healthy eating style** by consuming a variety of foods from each food group yourself.

Print, read or listen to [Tips for Preventing Food Hassles](#) in English or Spanish to learn more ways to encourage positive eating habits in children. Available at: <https://www.healthychildren.org/english/healthy-living/nutrition/pages/tips-for-preventing-food-hassles.aspx>

Current Recommendations for Milk or Dairy Products

One serving is an 8-oz glass of milk, an 8-oz yogurt, or 1.5 oz of natural cheese.

When dairy isn’t an option, consider a plant milk fortified in calcium and Vitamin D with a protein profile similar to cow’s milk such as soy milk or high protein nutmilk.

Children 2 to 3	16 ounces
Children 4 to 8	16 to 24 ounces
Children 9 to 18	32 ounces

Reference: Golden NH, Abrams SA, Committee on Nutrition. [Optimizing Bone Health in Children and Adolescents](#), Pediatrics. 2014 Oct; 134 (4):e1229-e1243.

Resources:

[Dairy Alternatives for Kids Who Won't – or Can't – Drink Milk](#)

Available at:

<http://www.eatright.org/resource/food/nutrition/dietary-guidelines-and-myplate/dairy-alternatives-for-kids-who-wont-or-cant-drink-milk>

[In search of a milk alternative](#)

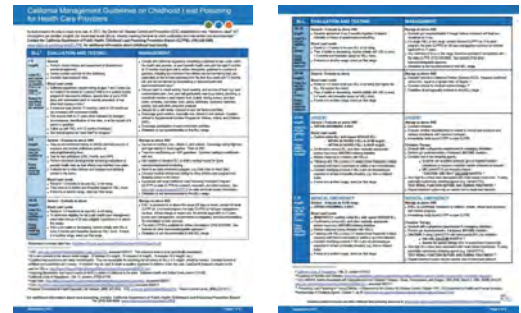
Available at: <https://www.health.harvard.edu/staying-healthy/in-search-of-a-milk-alternative>

Notice of Revised Health Assessment Guidelines on Blood Lead Test and Anticipatory Guidance

The revised lead Guidelines, [Blood Lead Test and Anticipatory Guidance](http://www.dhcs.ca.gov/services/chdp/Documents/HAG/Chapter6.pdf) are available online at: <http://www.dhcs.ca.gov/services/chdp/Documents/HAG/Chapter6.pdf>. Practices indicated in the Guidelines are required of CHDP health care providers and are considered best practice for all primary care providers in California.

What is changing: Updated follow-up testing and management procedures to be used by health care providers are summarized in Table 1 from the Guidelines. Repeat blood lead testing should be carried out based on the blood lead level (BLL) and whether the initial specimen was capillary, venous, arterial, or cord blood. *Capillary specimens are easily contaminated, so venous specimens are required for follow-up tests. Cord bloods and arterial blood draws are considered to be the equivalent of a venous draw for blood lead testing.* The testing recommendations should be followed closely, especially if the BLL is Urgent or an Emergency (44.5 mcg/dL or above).

New: A double-sided version of [Table 1](#) from the Guidelines is available online at: https://www.cdph.ca.gov/Programs/CCDPHP/DEOD/CLPPB/CDPH%20Document%20Library/Lead_HAGs_Table.pdf



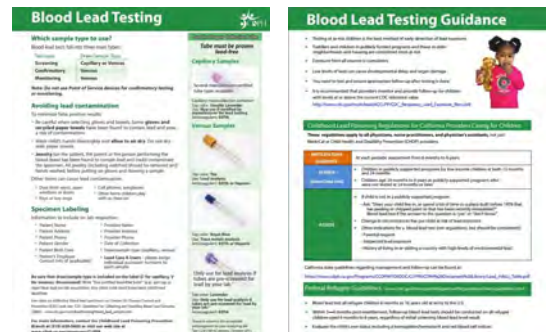
Available: Two-sided Fact Sheet “Blood Lead Testing Fact Sheet”

Side one of the fact sheet is designed to provide education and guidance to the health care provider, laboratory, and office staff regarding blood lead testing ordering, specimen handling and labeling. It reviews practices and procedure to avoid contamination of samples and specifies which collections to use. In addition, it clearly indicates when to order capillary tests versus venous blood tests (screening, confirmatory blood test, and ongoing monitoring).

Side two contains guidance for blood lead testing. This includes who is at risk, when to test, as well as appropriate follow-up. The California Regulations for Providers, as well as the Federal Refugee Guidelines, are included.

For complete California health care provider regulations and blood lead testing guidance, refer to the [Blood Lead Testing and Guidance Fact Sheet](https://www.cdph.ca.gov/Programs/CCDPHP/DEOD/CLPPB/CDPH%20Document%20Library/BLT_20160426.pdf) online at: https://www.cdph.ca.gov/Programs/CCDPHP/DEOD/CLPPB/CDPH%20Document%20Library/BLT_20160426.pdf

Be sure to refer to the **specimen labeling** section of the sheet. Include on each test performed: draw/sample type on the label (C for capillary, V for venous), patient demographics (name, address, phone number, gender, date of birth), ordering physician (name, address, phone number) and date of collection.



A Note of Congratulations

Dear Readers,

On behalf of Ventura County Public Health (VCPH) and the CHDP Highlights, we would like to take a moment to recognize the retirement of Marilyn Whitford, MPH, RD.

As Editor of the CHDP Highlights for the last 5 years, Marilyn has ensured important topics and updates were communicated efficiently to community providers and other partners. However, her role as Editor was one of many “hats” she wore during her cumulative 29 years with Ventura County, where she provided her nutrition expertise to clinicians, case workers, community partners and others.

From beginning her career as a WIC student field worker and intern gaining requisite experience for certification as a registered dietitian (RD/RDN) to ending her career as the Public Health Nutritionist for multiple programs within Children’s Medical Services, she has taken every opportunity to protect and improve the health of individuals and families living in the county. Through her commitment to VCPH and serving as chair of the statewide CHDP Nutrition Subcommittee, Marilyn set clinical and professional practice standards that will be used and built upon for many years beyond her retirement. Marilyn has made a lasting impact on not only the patients and residents she served but also on the programs she dedicated her time to improving. We are thankful for Marilyn’s dedication and expertise as well as her friendship and encouragement, and we wish her all the best on her retirement.



Photo provided by Marilyn Whitford

Signed,
Jennifer Palomino and Jon Thornton, *Co-Editors*