

CHDP FALL NEWSLETTER

Breastfeeding and COVID-19

The Centers for Disease Control and Prevention (CDC) and the Academy of Pediatrics (AAP) state that parents with COVID-19 can successfully breastfeed.

Current evidence suggests that breast milk is not likely to spread COVID-19 to babies. Parents diagnosed with COVID-19 are encouraged to still breastfeed unless too ill to breastfeed or are on certain medications contraindicated for breastfeeding. The decision to start or continue breastfeeding should be a shared decision made between the breastfeeding parent, family, and the health care provider.

Precautions should be taken to reduce the risk of passing COVID-19 to their baby, including:

- Washing hands before touching the baby and wearing a mask, if possible, while feeding at the breast.
- If choosing to temporarily express milk, parents should wash their hands before expressing milk or touching any pump or bottle parts and wear a mask while pumping. They should follow recommendations for proper pump cleaning after each use. More information at <https://www.cdc.gov/healthywater/hygiene/healthychildcare/infantfeeding/breastpump.html>
- If possible, consider having someone who is not sick feed the expressed milk to the baby. For more information on breastfeeding & caring for newborns, please visit

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html>

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COVID-19 Vaccines While Breastfeeding

COVID-19 vaccination is recommended for all people 12 years and older, including those who are breastfeeding. COVID-19 vaccines are thought not to be a risk to lactating people or their breastfeeding babies. Reports have shown that antibodies are present in the breastmilk of people who have received COVID-19 mRNA vaccines, potentially protecting babies. More data is needed to determine actual protections the antibodies may provide to the baby.

COVID-19 vaccines have not been studied in people who are breastfeeding, there is currently limited data on:

- Safety of COVID-19 vaccines in lactating people
- Effects of vaccination on the breastfed baby
- Effects on milk production or excretion

For more information about COVID-19 vaccinations for lactating patients, please visit

https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/12/covid-19-vaccination-considerations-for-obstetric-gynecologic-care?utm_source=redirect&utm_medium=web&utm_campaign=int



Regional Breastfeeding Liaison (RBL) Program

The Women, Infants, and Children (WIC) RBL Program facilitate progress towards breastfeeding-friendly clinic practices for health care providers, community clinics, and public health programs. Healthcare providers are an important source of breastfeeding information and support. You and your staff play a critical role in promoting exclusive breastfeeding and increasing breastfeeding duration. Your counseling and support efforts should start while patients are pregnant and continue through the neonatal period and beyond. For more information about WIC and breastfeeding resources, please visit

<https://www.cdph.ca.gov/Programs/CFH/DWICSN/Pages/HealthCareProviders/RBLProgram/HCPProviders.aspx>.

To collaborate or for any assistance, please contact SF WIC RBL:

Teresa Chan, MPH, RD, CLE, e-mail: teresa.chan@sfdph.org

References:

California Department of Public Health. (2021, May 18). Guidance for Pregnant and Breastfeeding People During the COVID-19 Pandemic. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/PregnantandBreastfeedingWomenGuidance.aspx>

Centers for Disease Control and Prevention. (2021, May 13). Breastfeeding and Caring for Newborns. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html>

Centers for Disease Control and Prevention. (2021, June 9). COVID-19 Vaccines While Pregnant or Breastfeeding. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy.html>

Silver Diamine Fluoride (SDF)

Silver Diamine Fluoride (SDF) is a non-invasive, interim intervention for dental caries. As more and more dental providers are using SDF for caries therapy, CHDP medical providers may see more children with black stained teeth as a result of SDF application. While fluoride varnish prevents dental caries, SDF arrests dental caries. Therefore, many children can benefit from SDF applications, especially children who are experiencing early childhood caries (ECC) or who have multiple dental caries.

What is Silver Diamine Fluoride?

SDF is a topical clear or tinted blue liquid. SDF 38% was cleared for use by the Food and Drug Administration in August 2014 for dentinal sensitivity; however, dental professionals outside of the U.S have been using it for both dentin hypersensitivity and caries therapy for more than 45 years. SDF 38% contains 25% silver, 8% ammonia, 5% fluoride (44,800 Parts Per Million), and 62% water. The combination of the antibacterial effects of silver and remineralizing effects of fluoride arrest dental caries.



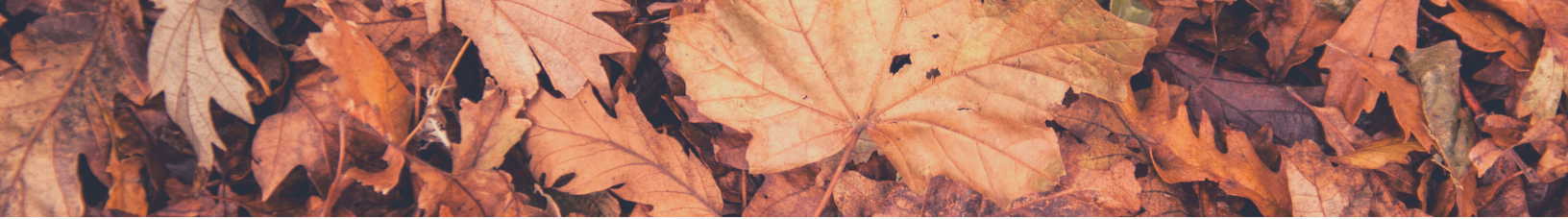
Efficacy and benefits of SDF

Clinical Studies have shown that SDF 38%

- Can arrest dental caries from further progression of the disease
- Provide non-surgical caries restoration
- Inhibits cariogenic biofilm formation
- Significantly prevents further tooth demineralization
- Helps prevent emergency visits in children with ECC

According to The Association of State and Territorial Dental Directors (ASTDD), applying SDF once a year arrests 65.9% of dentin carious lesions; however, there is no consensus regarding the number and frequencies of SDF application for the optimal result. Studies also show that SDF 38% is more effective for caries prevention in primary teeth and first molars compared to other teeth.

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Side effects of SDF

The most common side effect is irreversible dark stains in the dental area where SDF is applied, especially on caries. Clothes and other parts of the mouth such as the gums and skin may also be stained temporarily when it comes in contact with the SDF. Additional side effects include a metallic taste in the mouth, gum and tooth pain (low prevalence), and gum irritation which usually resolves in a couple of days.



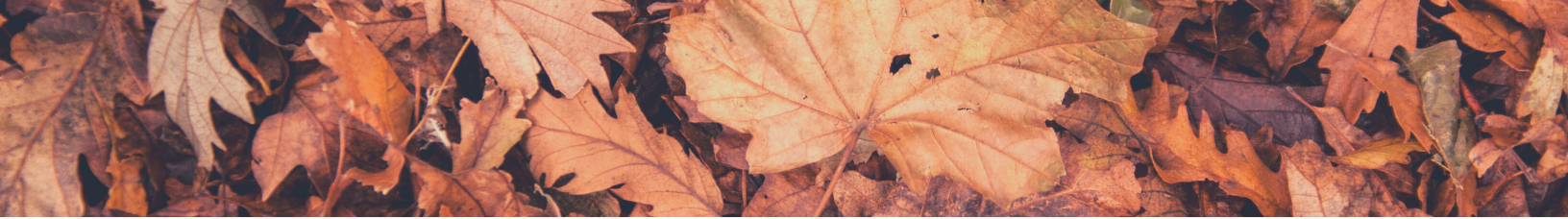
Contraindications for SDF

SDF should not be used on people who are allergic to silver, the area where gingiva stomatitis is present, teeth with evidence of pulpitis or pulpal necrosis, and deep caries lesions. Some providers use a saturated solution of potassium iodine (SSKI) to decrease the black staining after applying SDF. SDF is safe to use during the first six months of breastfeeding. On the other hand, SSKI is a concern for pregnant women during the first six months of breastfeeding because getting more iodine than what is needed can affect the developing thyroid gland of babies. Therefore, due to these concerns about SSKI, some researchers recommend a pregnancy test prior to using SDF for women of childbearing age.

Who Can apply SDF?

ASTDD states “According to the rules and as governed by their state medical and/or dental practice acts, dentists, dental hygienists, physicians, nurses, and their assistants may be permitted to apply fluorides and SDF. Dental hygienists in most states whose Medicaid programs cover SDF application may be permitted to apply SDF under the same authorization or restrictions as other topical fluorides.” The American Dental Association (ADA) approved dental team members who have received the appropriate training to apply SDF with supervision in accordance with the state laws.

To be a part of the solution to combat contagious, infectious dental disease, CHDP medical providers are important in identifying and referring their pediatric patients to a dental home where the clients can benefit from SDF application. Moreover, in the future, there may be opportunities to integrate SDF application as a part of primary care practice and thus have a larger impact in mitigating dental caries and improving the quality of life of children with Medi-Cal coverage in San Francisco.



References:

Contreras,V.,Toro,M., Elías-Boneta, A., and Encarnación-Burgos, A. (2017, July). Effectiveness of silver diamine fluoride in caries prevention and arrest: a systematic literature review.

PMC. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5535266/>

American Dental Hygienists Association. (2021, March). ADHA. State Specific Information on Silver Diamine Fluoride. https://www.adha.org/resources-docs/Silver_Diamine_Fluoride_State_by_State_Information.pdf

Association of State & Territorial Dental Directors. (2017, July 10). Silver Diamine Fluoride (SDF) Fact Sheet. <https://www.astdd.org/www/docs/sdf-fact-sheet-09-07-2017.pdf>

Pardue, S. (2016, March). Silver Diamine Fluoride 38% Scientific Literature Review. Elevate Oral Care. <https://health.mo.gov/living/families/oralhealth/pdf/silver-diamine-fluoride.pdf>

Cheng, L. (2017, February). Limited evidence suggesting silver diamine fluoride may arrest dental caries in children. [https://jada.ada.org/article/S0002-8177\(16\)30946-1/pdf](https://jada.ada.org/article/S0002-8177(16)30946-1/pdf)

Oral Health Care Resources for Primary Care Physicians

A new primary care physician toolkit containing oral health resources is available on the [Smile California website](#) and the [Medi-Cal Dental website](#) for primary care physicians who serve Medi-Cal members. Physicians can access oral health guidelines, dental training for physicians and medical staff, continuing education credit opportunities, and downloadable educational materials for Medi-Cal members. Detailed descriptions of each resource can also be found on the [Primary Care Physician Toolkit: Description of Resources one-page](#).

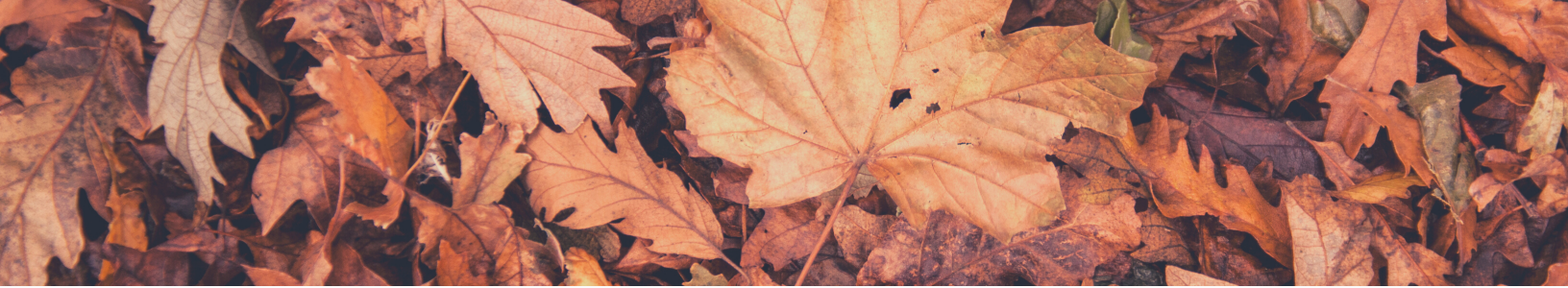
References:

Smile California, Provider bulletin (2021, April). Provider Bulletin. https://www.dental.dhcs.ca.gov/MCD_documents/providers/provider_bulletins/Volume_37_Number_09.pdf

Smile California (2021). Primary Care Physician Toolkit. https://smilecalifornia.org/partners-and-providers/#Physician_toolkit

DHCS|Medi-Cal Dental (2021). Smile Care Plan. https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Physicians_Information/

Smile California (2021). Primary Care Physician Toolkit: Description of Resources. https://smilecalifornia.org/wp-content/uploads/2021/02/Physician-Toolkit-Description-Sheet-04_remediated.pdf



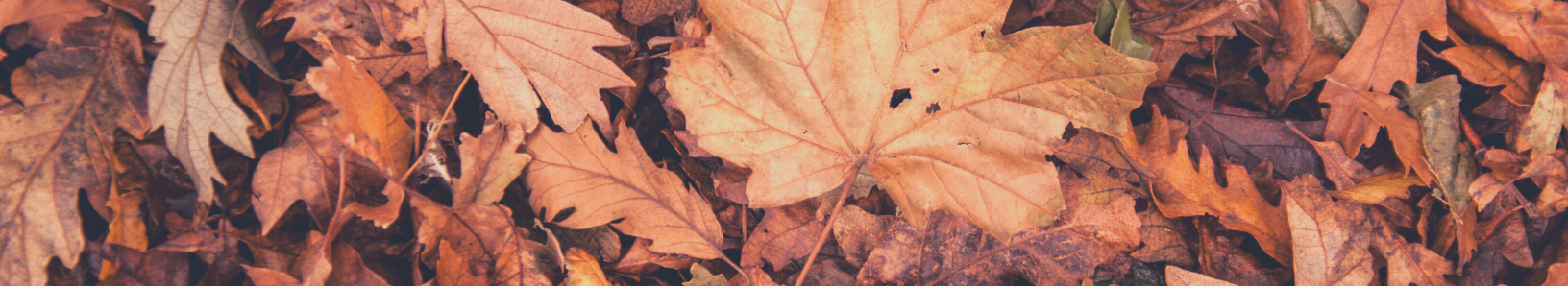
CHDP Providers needed to administer COVID-19 Vaccines— Grant(s) Available!

With the fall comes the return to school and the need for children to complete a school health examination, as well as get caught up on their vaccinations. An opportunity is available for CHDP providers to enroll in the state's COVID-19 vaccine platform [myCAvax](#) to be able to vaccinate your **over 12yr old** population. Vaccination in children **under 12yrs old** will be set up through this system as well. Please see the letter below from the San Francisco Department of Public Health's Vaccine Coordinator, Gino Cifoletti, for further information.

The San Francisco Department of Public Health along with the DPH COVID Task Force would like for your practice and as many pediatric and family practices to be enrolled in the state's vaccine ordering platform [myCAvax](#) so, you can start vaccinating your 12+ year old pediatric patients and any family member who have not been vaccinated. We also anticipate the Pfizer EUA to be extended to under 12 years old in the fall and we want to make sure that your practice is set up now to administer the vaccine to this population once there is an amendment to the EUA. As you already know, family members and guardians of children will feel more comfortable with a trusted provider rather than getting the vaccine in an unfamiliar place. The DPH COVID Task Force is committed to your practice in guiding you through the enrollment process and will be here as a support in your vaccination operations along the way.

We understand that there may be added cost to your practice in this effort, and because of this, there is a [CalVaxGrant](#) which can be as much as \$55,000 depending on the size of your practice. To be eligible, practices must meet all the following criteria:

- **Small practice providers, Schools, School-based Clinics, and independent Pharmacies with 200 physicians or fewer** can apply to receive \$10,000 for up to five COVID-19 vaccination sites and receive an additional \$1,000 per site if their vaccination sites serve [high priority areas](#)
- Completed **Section A and B** of the [myCAvax](#) enrollment process
- Spent or plan to spend \$10,000 per site (up to five sites) between November 1, 2020, and November 1, 2021, and
- Have an unrestricted license and be in good standing with their licensing board.
- **Providers already participating in the California COVID-19 Vaccination Program may apply for reimbursement retroactively.**
- *Deadline is likely to be extended again*



If you have any questions or would like assistance in enrolling into [myCAvax](#) please feel free to reach out to gino.cifoelli@sfdph.org. Thank you so much for all the hard work you do, and we hope you take the time in enrolling for this important initiative.

Gino Cifoelli (he/him/his)

Vaccine Coordinator-Vaccine Branch COVID-19 Command Center

Healthcare Coalition Clinical Advisor
Emergency Preparedness & Response
San Francisco Department of Public Health
628-217-6973

References:

CDPH. (2021, January). Priority Zip Codes. High Priority Areas
Retrieved August, 2021, from <http://www.phcdocs.org/Portals/0/PriorityZipCodes.pdf>

California Vaccine Management System. (2021). MyCAvax-Preparing for Enrollment. Retrieved August, 2021, from <https://mycavax.cdph.ca.gov/s/>

Physicians For A Healthy California. (2021). CalVax Grant. Retrieved August, 2021, from <https://www.phcdocs.org/Programs/CalVaxGrant>



GATEWAY TRANSACTION DELAYS

Medi-Cal News: Manual Adjudication of Presumptive Eligibility Aid Codes within the Same Month of Eligibility

September 8, 2021

Background

Qualified Providers (QPs) who have attempted to enroll individuals in another Presumptive Eligibility (PE) program when the individual is currently active on the COVID-19 Uninsured Group Program (aid code V2) are receiving a response that the individual currently has Medi-Cal eligibility. QPs are unable to enroll individuals in a more beneficial Presumptive Eligibility (PE) program aid code where benefits are not limited to COVID-19 related services. This limitation has created issues in accessing care for individuals who should be receiving services beyond COVID-19 related services.

In addition, federal guidance allows retroactive eligibility for V2 back to April 8, 2020. Currently, the COVID-19 Uninsured Group Program portal does not allow for retroactive eligibility requests. As a result, the Department of Health Care Services (DHCS) has received retroactive eligibility requests for V2 which may coincide with other PE aid codes in the same month of eligibility.

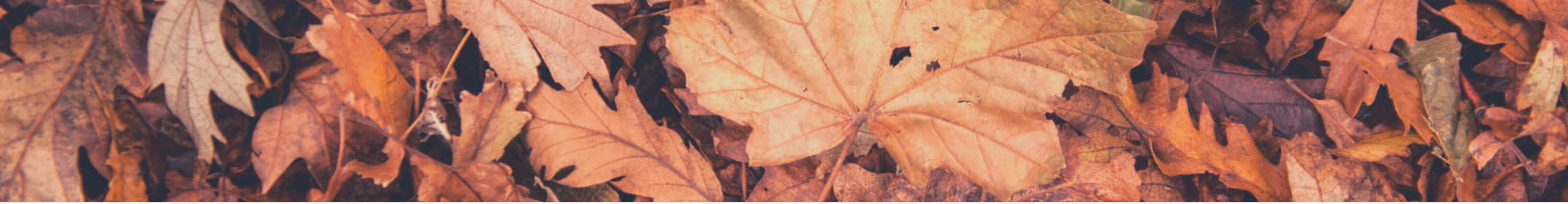
Interim Process

Effective immediately and continuing until further guidance, QPs are to send the appropriate application information to DHCS to each of the respective PE programs: Child Health and Disability Prevention (CHDP), Hospital Presumptive Eligibility (HPE), Presumptive Eligibility for Pregnant Women (PE4PW), Breast and Cervical Cancer Treatment Program (BCCTP), and COVID-19 Uninsured Group Program, when the QP is unable to enroll an individual in another PE aid code within the same month of eligibility. Additional information will be released in a future Medi-Cal Update.

During the interim process, DHCS will manually process the application referrals from QPs and provide a response to the provider via secure email. QPs should note DHCS will not process incomplete application referrals. If further information is needed, DHCS will reach out to the QP.

Once the QP receives confirmation from DHCS that the PE program application has been processed and approved, QPs should contact the individual regarding their approval into the new PE program and obtain an eligibility response for the individual.

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Additionally, providers are to submit their claims for processing using the appropriate billing exception code. Refer to [CMS-1500 Submission Timeliness Instructions](#) in Part 2 of the Medi-Cal Provider Manual for further instructions. If your claim is denied for timeliness or eligibility, an Erroneous Payment Correction (EPC) will be implemented to reprocess affected claims. Claims re-processed by EPC are still subject to all edits and audits as governed by the Medi-Cal program and could be denied for a reason other than timeliness or eligibility. Providers may submit a *Claims Inquiry Form (CIF)* within six months of the *new Remittance Advice Details (RAD)* date or you may submit an Appeal Form (90-1) within 90 days of the new RAD date. For CIF completion instructions, please refer to the CIF Completion and CIF Special Billing Instructions sections in the appropriate Part 2 manual or on the [Medi-Cal Providers website](#).

For Appeal Form (90-1) completion instructions, please refer to the [Appeal Form Completion](#) section in Part 2 of the Medi-Cal Provider Manual.

Questions

- Questions concerning the CHDP Gateway, HPE, or PE4PW Programs should be sent to PE@dhcs.ca.gov.
- Questions concerning BCCTP PE should be sent to Nancy Ojeda at BCCTP@dhcs.ca.gov.
- Questions concerning the COVID-19 Uninsured Group Program should be sent to COVID19Apps@dhcs.ca.gov.
- For billing or payment questions, providers may call the **Telephone Service Center (TSC) at 1-800-541-5555, from 8 a.m. to 5 p.m., Monday through Friday.**

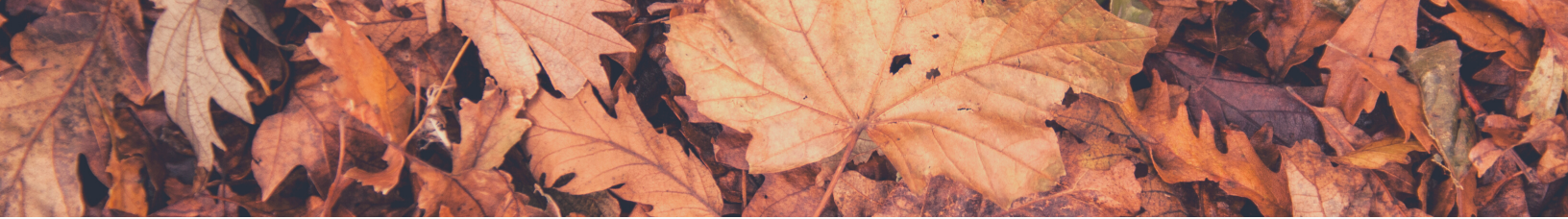
Reference:

DHCS Medi-Cal Providers. (2021, September 8).

Manual Adjudication of Presumptive Eligibility Aid Codes within the Same Month of Eligibility.

Medi-Cal Provider Home.

https://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_31132_22.aspx?_cldee=c3RhY2V5LmJ1cm5ldHRAc2ZkcGgub3Jn&recipientid=contact-1cb656eeebf5ea11a815000d3a33febe-0ade1ec113ef496684187bb9399f386b&esid=245b3dcc-0a11-ec11-b6e6-000d3a5a5324



COVID-19 Premium Waiver Due to Financial Hardship

A COVID-19 premium waiver is available for Medi-Cal members who are experiencing financial hardship due to the COVID-19 public health emergency. These members can receive temporary assistance (stopping the monthly premium payment or receiving credit for payments made during the public health emergency) by calling one of the following numbers and requesting a COVID-19 premium waiver:

Medi-Cal for Families programs:

Optional Targeted Low Income Program (OTLICP)	1-800-880-5305
Medi-Cal Access Infant Program (MCAIP)	1-800-880-5305
Medi-Cal Access Program (MCAP)	1-800-433-2611
County Children's Health Initiative (CCHIP)	1-833-912-2447

Note: For all of the above programs, call center hours are Monday through Friday from 8 a.m. to 7 p.m., or Saturday from 8 a.m. to Noon. TTY/TTD and language services are available.

Reference:

Department of Health Care Services. (2021, June 16). DHCS. Premium Waiver Due to COVID-19.
<https://www.dhcs.ca.gov/services/medi-cal/eligibility/MCAP/Documents/COVID-Premium-Waiver-Message.pdf>

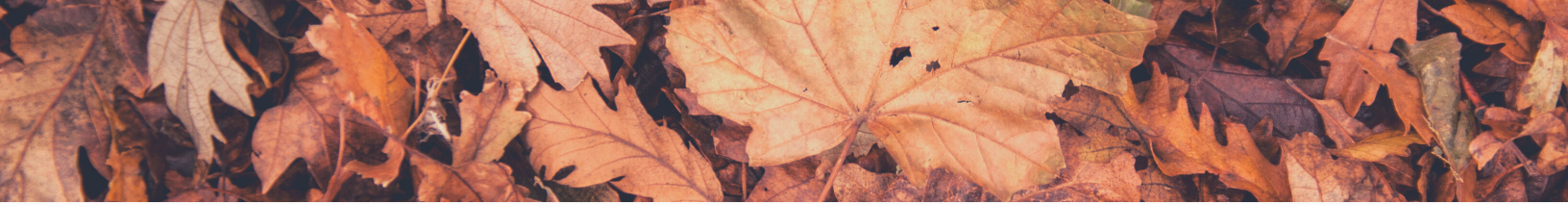
Provider Notification – CDC Health Advisory

Recall of LeadCare® Blood Lead Tests Due to Risk of Falsely Low Results

For more information: https://emergency.cdc.gov/han/2021/han00445.asp?ACSTrackingID=USCDC_511-DM60951&ACSTrackingLabel=HAN%20445%20-%20General%20Public&deliveryName=USCDC_511-DM60951

Reference:

Centers for Disease Control. (2021, August 25). Recall of LeadCare® Blood Lead Tests Due to Risk of Falsely Low Results.
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