

CHDP WINTER NEWSLETTER

January 2024



Greetings CHDP providers and community partners,

Happy 2024!! We hope you are well and enjoying the New Year. We are excited to share with you our newsletter for Winter 2023/2024. Read on for all our updates!

CHDP program updates:

- We know many, if not all of you, would like to know what is happening with CHDP and the transition plans. We recently received notice from DHCS regarding the transition plan. The update is in the [CHDP Program Letters and Provider Information Notices](#) section of the website. As we hear more updates, we will be sure to share them.
- We have been informed there are some issues with sites updating information in the CHDP provider portal causing sites to be kicked out of Gateway (Presumptive Eligibility)
 - If this happens, please let us know so we can support you.
 - You can also email - ChildrensPE@dhcs.gov who now helps with presumptive eligibility issues

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- **Coming July 2024: Children’s Presumptive Eligibility**

- This is where you will be doing Gateway
- Effective for dates of service on or after July 1, 2024, the Child Health and Disability Prevention Gateway is being rebranded as the Children’s Presumptive Eligibility Portal
<https://mcweb.apps.prd.cammis.medi-cal.ca.gov/news/32567>
- Also, Signature Flexibilities for Presumptive Eligibility through CHDP
<https://mcweb.apps.prd.cammis.medi-cal.ca.gov/news/32392>

Updates from community partners:

- **WIC has closed 3 locations - Chinatown, Southeast and Valencia. Services available at:**

- Zuckerberg San Francisco General Hospital (ZSFG) WIC
- Silver Ave Public Health Center WIC
- Ocean Park Public Health Center WIC
- Human Services Agency (HSA) WIC
- Monthly Pop-Up Village in the Bayview



To stay up to date, please visit: sf.gov/wic

- **Full Scope Medi-Cal Coverage Expansion**

- Ages 26 through 49 Adult Full Scope Medi-Cal Expansion: Beginning January 1, 2024, a new law in California will provide adults 26 through 49 years of age access to full scope Medi-Cal services and immigration status does not matter. All other Medi-Cal eligibility rules, including income limits, will still apply.
- The initiative is called the Age 26 through 49 Adult Expansion. To support the implementation of this initiative, the Department of Health Care Services (DHCS) created a dedicated [Ages 26 through 49 Adult Full Scope Medi-Cal Expansion](#) web page on the DHCS website

RSV Virus Season 2023

- SARS-CoV-2 – everyone 6 months and older should stay up to date with COVID-19 vaccines
- Influenza – everyone over the age of 6 months
- Respiratory Syncytial Virus (RSV) - infants younger than 8 months old (October 2023 – March 2024)
- Most updated info can be found [here on the CDPH website](#)

Blood Lead Testing Reminder

Clinicians are expected to assess lead exposure and order blood lead levels (BLLs) for all children eligible for Medi-Cal at **both** 12-month and 24-month well-child checks. Kids ages 36-72 months must have BLLs completed, if not previously conducted. For more information and recommendations specifically for refugee infants and children ≤16 years of age, please see the guidelines below.

Source: Blood Lead Testing and Anticipatory Guidance. July 2023. California Department of Health Care Services.

<https://www.dhcs.ca.gov/services/chdp/Documents/2023-Blood-Lead-Testing-and-Anticipatory-Guidance.pdf>

VSP for selected Medi-Cal Managed Care Plans

VSP is now the vision care provider for selected Medi-Cal Managed Care Plans!

In 2024, Medi-Cal will become Medi-Cal Managed Care Plan Programs. Some of these managed care plans, such as San Francisco Health Plan, Anthem Blue Cross, and Kaiser, will have VSP as their vision care provider. This is a great opportunity to expand your patient base and grow your practice. VSP has its roots in California. VSP was originally called California Vision Services before expanding on the national level and changing its name to VSP. VSP has grown to be a leader in providing routine vision benefits for Americans throughout the country.

Traditional medical insurance typically covers eye issues that are deemed medical in nature, such as injury or infection.¹ Vision insurance provides financial assistance to help cover routine eye exam costs and corrective lenses or contact lenses if needed.¹ Routine eye exams can detect many eye problems that can lead to vision loss or even blindness.

Discovering eye disease in children through eye examinations is of critical importance and is being made possible through health plans such as VSP. Childhood myopia can be associated with eye diseases such as glaucoma, retinal detachment, cataracts, and myopic maculopathy.²

Other types of refractive errors, such as hyperopia and astigmatism can also result in permanent loss of vision (called amblyopia) if not found and corrected early.³ Many eye diseases often believed to cause vision loss in later years, have variants that can develop in childhood. Glaucoma and macular degeneration are examples.^{4,5}

Strabismus is also another common eye problem that can result in permanent loss of vision (amblyopia) if not detected early.⁶ Strabismus is a misalignment of the eyes, which limits the ability to focus both eyes on the same target. Strabismus is among the most common pediatric ocular pathologies, occurring in roughly 2–4% of children.⁶ It may be present at birth, especially in premature or low birth weight deliveries, or be acquired during childhood.⁶ VSP eye doctors evaluate for the presence of strabismus and offer assistance in managing this condition.

VSP is pleased to be part of the California Managed Care Plans program. Californians who have one of the Medi-Cal Managed Care Plans are encouraged to call their provider or go to the VSP website to find an eye care provider in their area.

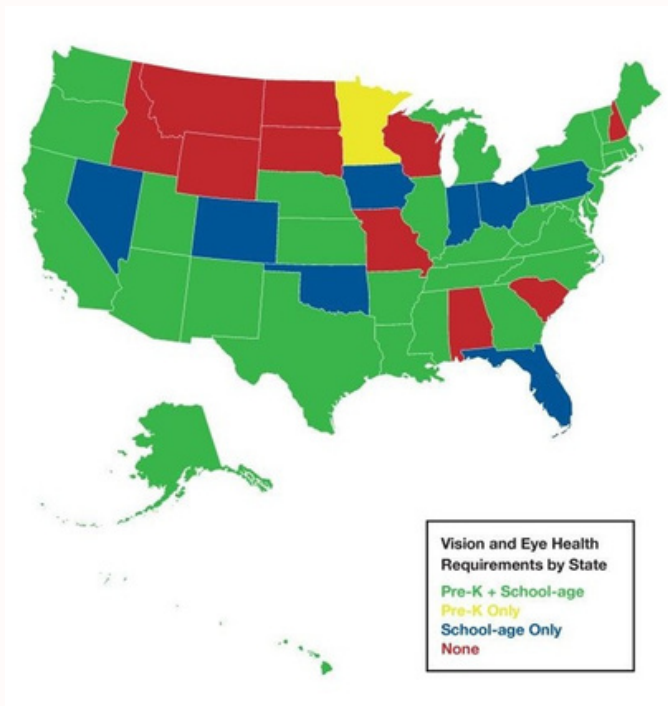
List of providers is at:

<https://www.vsp.com/medicaid>



Vision and Eye Health Surveillance System (VEHSS)

Pic by Daniel Hertzberg



<https://preventblindness.org/vision-screening-requirements-by-state/>

References :

1. Vision Service Plan. (2023, Dec 10). Vision Insurance for Kids: What You Need to Know. <https://www.vspdirect.com/blog/article/is-getting-vsp-insurance-for-kids>.
2. Chen GLJ, Yam JCS, Pang CCP. (2023, Mar 30). Special Issue "Pediatric Eye Disease: Screening, Causes and Treatment". *Children (Basel)*, 10(4), 654. doi: 10.3390/children10040654. PMID: 37189902; PMCID: PMC10136626.
3. Williams C. (2009, Sep 16). Amblyopia. *BMJ Clin Evid*, 0709. PMID: 21726480; PMCID: PMC2907781.
4. Altschwager P, Ambrosio L, Swanson EA, Moskowitz A, Fulton AB. (2017, May 24). Juvenile Macular Degenerations. *Semin Pediatr Neurol*, (2):104-109. doi: 10.1016/j.spen.2017.05.005. Epub 2017 May 23. PMID: 28941524; PMCID: PMC5709045.
5. Jafer Chardoub AA, Blair K. (2022, Dec 26). Juvenile Glaucoma. In: *StatPearls [Internet]*. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. PMID: 32965934.
6. Lam M, Suh D. (2022, Dec 10). Screening, Diagnosis, and Treatment of Pediatric Ocular Diseases. *Children (Basel)*, 9(12):1939. doi: 10.3390/children9121939. PMID: 36553382; PMCID: PMC9777216.

Tips for Discussing Health and Weight at the WCC

Weight is not a reliable predictor of health. Though monitoring each child's anthropometrics, growth charts, and BMI is essential, evaluating the child's and family's lifestyle behaviors and environment is critical. Lifestyle habits or socioeconomic factors are often the root cause of their health concerns rather than their weight. For example, the BMI of a school athlete may be in the "overweight" BMI range due to increased lean mass from physical activity, while another child with undiagnosed eating disorder may be in the "healthy" BMI range. Our society and healthcare system tend to be weight-centric, emphasizing weight/weight loss when defining health and well-being.

Weight-inclusive care emphasizes health and well-being, rather than weight, to improve health-promoting behaviors. Articles and studies show that weight-inclusive care may improve and sustain physical, behavioral, and psychological outcomes, like blood pressure, eating habits, diet quality, self-esteem, and body image. (Bacon & Aphramor, 2011; Pont et al., 2017; Tyke et al., 2014).

Some tips for discussing health with caregivers and children:

- Focus on health-promoting behaviors and their benefits, such as balanced meals, intuitive eating, physical activity that the child enjoys, and good mental health and social interactions (check if the child is experiencing any weight-based mistreatment) for benefits like performing better academically, promoting self-esteem, or helping them grow into strong adults.
- If you need to discuss weight, approach the topic sensitively by avoiding language that may blame the caregiver. Weight and food can often trigger personal trauma. Emphasize that health isn't about weight and that weight doesn't equate to an individual's worth. Ask for permission to discuss weight with the caregiver. Avoid discussing weight in front of the child; instead, invite them to a conversation about healthy habits.
- Use motivational interviewing and person-centered counseling techniques to develop rapport and promote behavior change.

- Examine personal biases when it comes to weight and health. Weight bias is a negative assumption and devaluation of a person based on their weight and size.
- Refer to a weight-inclusive dietitian.

Resources and references to learn more about weight-inclusive care and tips for discussing health:

1. Bacon, L., & Aphramor, L. (2011). Weight science: evaluating the evidence for a paradigm shift. *Nutrition Journal*, 10, 9. <https://doi.org/10.1186/1475-2891-10-9>
2. Loyola Marymount University. (2016). Project Implicit Research - Harvard University. Implicit Association Test (IAT). <https://resources.lmu.edu/dei/initiativesprograms/implicitbiasinitiative/whatisimplicitbias/>
3. Pont, S. J., Puhl, R., Cook, S. R., & Slusser, W. (2017). Stigma experienced by children and adolescents with obesity. *Pediatrics*, 140(6). <https://doi.org/10.1542/peds.2017-3034>
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5. University of Connecticut. (2020, April 20). Weight Bias & Weight Stigma. UConn Rudd Center for Food Policy and Health. <https://uconnruddcenter.org/research/weight-bias-stigma/>
6. WIC - Minnesota Dept. of Health. (2023, October 26). WIC Weight Inclusive Approach. WIC. <https://www.web.health.state.mn.us/people/wic/localagency/wtinclusive.html>

Silver Diamine Fluoride (SDF)

Dental caries is preventable and yet one of the most prevalent chronic diseases in the United States. A small untreated decay can lead to an abscess and more complicated treatments. The filling procedure can remove dental decay and restore the tooth; however, it requires a certain level of patient's cooperation during the procedure. Therefore, alternative treatment such as Silver Diamine Fluoride (SDF) for the beginning of dental decays will help reduce the patient's anxiety as well as cost. SDF is a blue-tinted liquid that arrests dental decay in primary teeth and has some effect on permanent teeth. Therefore, SDF can be an additional tool to use for dental decay treatment, especially for children.

Silver Diamine Fluoride is a topical clear or tinted blue liquid. 38% SDF consists of 25% silver, 8% ammonia, 5% fluoride (44,800 ppm), and 62% water. SDF has a combination of antibacterial effects of silver and the re-mineralizing effects of fluoride.

Benefits of using SDF

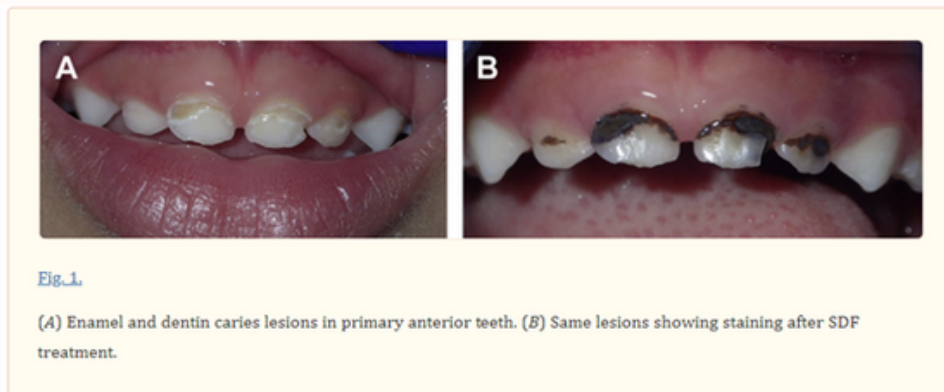
- Arrest the dental caries.
- Non-surgical caries restoration
- 38% SDF can arrest dental caries and stop further progression of the disease.
- Significantly more effective for caries prevention in primary teeth and first molars.
- Helps prevent emergency visits in children with Early Childhood Caries (ECC).

Contraindication for SDF

- Allergy to Silver
- Gingiva Stomatitis
- Teeth with evidence of pulpitis or pulpal necrosis
- Teeth with deep caries lesions
- During the first six months of breastfeeding
- Recommend pregnancy test before using SDF for women of childbearing age due to uncertainty.

Side effects:

- Metallic taste
- Black permanent stains on the applied area where decay occurs



References :

American Dental Association (2023). Silver Diamine Fluoride

<https://www.ada.org/en/resources/research/science-and-research-institute/oral-health-topics/silver-diamine-fluoride>

Crystal, Y., and Niederman, R. (Jan. 2019). Evidence-Based Dentistry update on Silver Diamine Fluoride.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6500430/>

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<https://www.sfdph.org/dph/comupg/oprograms/MCH/CHDP.asp>

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