

# CHDP WINTER/SPRING 2022 NEWSLETTER



## HEALTHY WEIGHT GAIN FOR UNDERWEIGHT KIDS

While many children and teens in the U.S. may be overweight or obese, there are many who are underweight. Some children may have a naturally slight build and maintain it with a well-balanced diet and physical activity. However, true underweight may be a sign of dietary, health, behavioral or emotional problems. A child (2 years and older) is considered underweight if their Body Mass Index (BMI) percentile is less than 5%.

Upon ruling out any underlying medical concerns, the strategy to encourage healthy weight gain should be with food. Empty calories from foods high in fat and added sugars might add a few pounds, but they will not provide the nutrients a child needs to build strong bones and a healthy body. If a child is underweight, parents should be advised to:

- Ensure that most meals and snacks are nutrient-rich.
  - Excellent sources of protein for weight gain include eggs, peanut butter and other nut butters, beans, hummus and reduced-fat or full-fat milk (or other dairy alternatives), yogurt, and cheese.
  - Good sources of carbohydrates include whole-wheat bread, pasta, brown rice, potatoes, sweet potatoes, corn, and other hot cereals are excellent carbohydrate choices
  - Healthy fat sources include nuts, seeds, avocados, vegetable, and olive oil.
- Ensure that child is not filling up on beverages, including juices or milk so that the child is hungry at meal or snack time.
- Work to make mealtimes pleasant and not rushed.
  - Reduce distractions during meal and snack time.
  - Children can be involved in meal planning, shopping, and food preparation to encourage interest in food and eating.

### IN THIS QUARTERLY ISSUE:

**HEALTHY WEIGHT GAIN  
FOR UNDERWEIGHT KIDS**

**THE RELATIONSHIP BETWEEN  
DIABETES AND ORAL HEALTH**

**CHILD PASSENGER SAFETY**

**ANNOUNCEMENTS**

If a child is getting enough calories but still does not seem to be gaining weight appropriately, it is important to consider multiple factors and work closely with families to understand the causes of the problem. Nutritional treatment for pediatric undernutrition may be necessary to increase the energy density of foods and beverages until appropriate growth is achieved. Several professionals, including dietitians, nurses, physicians, mental health, and other health professionals may need to work as a team in assessing and treating the child.

#### RESOURCES AND REFERENCES:

1. Bright Futures: Nutrition and Pocket Guide. 2011.  
<https://brightfutures.aap.org/materials-and-tools/nutrition-and-pocket-guide/Pages/default.aspx>
2. CHDP Nutrition Resources. 2021.  
<https://www.sfdph.org/dph/comupg/oprograms/MCH/CHDPRes.asp>
3. USDA MyPlate. 2021. <https://www.myplate.gov/>



## RELATIONSHIP BETWEEN DIABETES AND ORAL HEALTH

Diabetes is a chronic disease that affects a person's overall well-being, including oral health. Oral manifestations of diabetes are candidiasis, dental caries, gingivitis, glossodynia, lichen planus, neurosensory dysesthesias, periodontitis, salivary dysfunction, taste dysfunction and xerostomia. A systemic link between periodontal diseases and diabetes are studied and well documented. People who have uncontrolled or poorly controlled diabetes are at a higher risk for periodontal disease. They suffer from gum disease more frequently and to a greater degree (i.e., losing more teeth) compared to persons with good glycemic control.

Studies show that periodontal disease is more prevalent in children and adolescents who have diabetes and experience it more severely, due to the inflammatory response in the periodontal tissues. This outcome is based on the inflammatory mechanism contributed by cytokines and other inflammatory mediators and the body's immune response. Diabetes has negative effects on periodontal tissue as early as six years of life and increases the risk of periodontal tissue destruction depending on the duration of the disease. People who have controlled diabetes do not have greater levels of periodontal disease than non-diabetics.

Conversely, many studies also support that uncontrolled periodontitis can have adverse effects on people with diabetes. Periodontitis is a complex, chronic inflammatory disease, and systemic inflammation enhances the diabetic state. According to Preshaw et al. (2012),

“Diabetic patients with severe periodontitis have depressed PMN (polymorphonuclear leucocyte) chemotaxis compared with diabetic individuals with mild periodontitis. People with diabetes and severe periodontitis have a three times higher risk of cardiorenal mortality compared with those without severe periodontitis.”.

Addressing periodontitis, a preventable chronic inflammatory condition, will contribute to better glycemic control for patients with diabetes.

The American Diabetes Association reports the following statistics on diabetes in the general population and youth.

## OVERALL NUMBERS

- **Prevalence:** In 2019, 37.3 million Americans, or 11.3% of the population, had diabetes.
  - Nearly 1.9 million Americans have type 1 diabetes, including about 244,000 children and adolescents
- **Diagnosed and undiagnosed:** Of the 37.3 million adults with diabetes, 28.7 million were diagnosed, and 8.5 million were undiagnosed.
- **Prevalence in seniors:** The percentage of Americans aged 65 and older remains high, at 29.2%, or 15.9 million seniors (diagnosed and undiagnosed).
- **New cases:** 1.4 million Americans are diagnosed with diabetes every year.
- **Prediabetes:** In 2019, 96 million Americans age 18 and older had prediabetes.

## DIABETES IN YOUTH

- About 283,000 Americans under age 20 are estimated to have diagnosed diabetes, approximately 35% of that population.
- In 2014–2015, the annual incidence of diagnosed diabetes in youth was estimated at 18,200 with type 1 diabetes, 5,800 with type 2 diabetes

Diabetes and periodontitis have a two-way relationship in which they adversely affect each other. Therefore, multidisciplinary action is essential for patients with diabetes. Diabetes is prevalent in children and adolescents, and it is important that patients with diabetes receive care from both medical and dental providers to attain optimal care. CHDP medical providers can collaborate with dental providers to monitor and treat these chronic diseases so diabetic children can improve overall wellbeing and live a healthier life. These providers can be diligent in connecting diabetic children to dental homes and ensure the patients can have healthy gingiva and better glycemic control. Dental providers, similarly, can monitor the child's dental health and refer to the medical providers to help maintain the child's diabetes management.

## REFERENCES:

1. American Diabetes Association (2021). Statistic About Diabetes. <https://www.diabetes.org/resources/statistics/statistics-about-diabetes>
2. Preshaw, P.M, Alba, A.L., Herrera, D., Jepsen, S., Konstantinidis, A., Makrilakis, K., and Taylor, R. (2011, November). Periodontitis and diabetes: a two-way relationship. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3228943/>
3. Lamster, I., Lalla, E., Borgnakke, W., Taylor, G. (2008, October). The relationship Between Oral Health and Diabetes Mellitus. [https://jada.ada.org/article/S0002-8177\(14\)63883-6/fulltext](https://jada.ada.org/article/S0002-8177(14)63883-6/fulltext)
4. Ship, J. (2003, October). Diabetes and oral health. [https://jada.ada.org/article/S0002-8177\(14\)65193-X/fulltext](https://jada.ada.org/article/S0002-8177(14)65193-X/fulltext)

# CHILD PASSENGER SAFETY AND CAR SEATS RESOURCES

According to the National Highway Traffic Safety Administration, car crashes are the leading cause of death for children. Recently a provider reached out to and requested up-to-date information and resources for parents on child passenger safety and car seats. Here are some helpful resources for providers and parents alike:

## Car Seat Calculator:

United States Department of Transportation

Search

REPORT A SAFETY PROBLEM

**NHTSA**

Ratings Recalls Risky Driving Road Safety Equipment Technology & Innovation MORE INFO

Protect Your Loved Ones  
Find The Right Seat

What is your child's date of birth?

Month (mm) Day (dd) Year (yyyy)

Invalid date.

How tall is your child?

Feet Inches

How much does your child weigh?

Pounds Ounces

Chat

The following link will lead you to the NHTSA's website where family members can access the user-friendly Car Seat calculator to determine whether it's time to change the orientation or type of car seat:

[https://www.nhtsa.gov/campaign/right-seat?\\_ga=2.209054417.278402263.1633452629-865322991.1633452629](https://www.nhtsa.gov/campaign/right-seat?_ga=2.209054417.278402263.1633452629-865322991.1633452629)

## Winter Car Seat Safety Tips from AAP

For the full article about Winter Car Safety tips please follow this link:

<https://www.healthychildren.org/English/safety-prevention/on-the-go/Pages/Winter-Car-Seat-Safety-Tips.aspx>

# ANNOUNCEMENTS

## **DHCS CHDP PROGRAM UPDATES**

DHCS shared the Governor's Budget Summary below in a recent CHDP enews blast - January 20, 2022

Information Sharing:  
Release of Governor's Budget Summary

The intention of this email is share newly available information regarding the 2022-23 Governor's Budget.

The full budget summary can be found here:  
<https://www.ebudget.ca.gov/FullBudgetSummary.pdf>

Of note, the Governor's Budget Highlights include the following:

Discontinue Child Health and Disability Program (CHDP) and Expand Children's Presumptive Eligibility (PE). The Department is proposing to sunset CHDP by July 1, 2023 via trailer bill language. The Department's proposal preserves presumptive eligibility enrollment activities currently offered through the CHDP Gateway, as well as activities performed by CHDP counties under the Childhood Lead Poisoning Prevention Program (CLPP). Further, this proposal continues the Health Care Program for Children in Foster Care (HCPCFC). As part of this proposal, the Department will launch the Children's Presumptive Eligibility Program to replace the CHDP Gateway. The Children's Presumptive Eligibility Program will increase the number of children presumptive eligibility providers to include all Medi-Cal providers. The majority of children and youth under the age of 21 will be enrolled into an MCP, through which they will receive all medically necessary services. This aligns with the Department's goal under CalAIM to reduce administrative complexities. The proposal will also enhance coordination of care and increase standardization of care across Medi-Cal by consolidating care responsibilities for children/youth under the Medi-Cal managed care plans.

Governor's Budget Highlights can be accessed via:  
[https://www.dhcs.ca.gov/Documents/Budget\\_Highlights/DHCS-FY-2022-23-GB-Highlights.pdf](https://www.dhcs.ca.gov/Documents/Budget_Highlights/DHCS-FY-2022-23-GB-Highlights.pdf)  
Stakeholders may reach out to DHCS for more information by emailing: [chdpprogram@dhcs.ca.gov](mailto:chdpprogram@dhcs.ca.gov)

## **CHDP PROVIDER INFORMATION NOTICES**

<https://www.dhcs.ca.gov/services/chdp/Pages/CHDPPLPIN.aspx>

# ANNOUNCEMENTS

## **PIN # 22-01: Class I Recall - Magellan LeadCare® Blood Lead Test Kits Due to Significant Risk of Falsely Low Results (January 18, 2022)**



State of California—Health and Human Services Agency  
Department of Health Care Services



**DATE:** January 18, 2022

**CHDP Provider Notice:** 22-01

**TO:** All Child Health and Disability Prevention Program Directors, Deputy Directors, Child Health and Disability Prevention Program Providers, and Medi-Cal Managed Care Plans

**SUBJECT:** Class I Recall - Magellan LeadCare® Blood Lead Test Kits Due to Significant Risk of Falsely Low Results

The purpose of this CHDP Provider Information Notice is to inform CHDP providers and Medi-Cal managed health care plans about recommendations and resources for providers and patient families regarding the Magellan LeadCare® recall.

The California Department of Public Health, Childhood Lead Poisoning Prevention Branch, has developed the following resources:

1. A [Magellan LeadCare web page](#) with links to fact sheets and communications.
2. A [fact sheet for healthcare providers](#).
3. Two fact sheets (in English and Spanish) for healthcare providers to share with the families of affected patients.
  - a. [Why Retesting is Necessary](#)
  - b. [Additional Information for Interested Families](#)

We hope that this updated information will assist you in providing quality care in your practice. If you have questions, please contact your [local CHDP Program](#).

Sincerely,

**ORIGINAL SIGNED BY RICHARD NELSON**

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Attachments:

1. Important Recall of Several Magellan LeadCare Test Kits and CDC Recommendations for Healthcare Providers
2. Magellan LeadCare Recall: Why You Need to Have Your Child Retested for Lead (English and Spanish)
3. Additional Information About Risk of Falsely Low Results from Certain Magellan LeadCare Tests



## Attachments

### Important Recall of Several Magellan LeadCare® Test Kits and CDC Recommendations for Healthcare Providers

On August 31, 2021, Magellan Diagnostics, Inc. began customer notification of an expansion of its May 2021 recall of its LeadCare® Blood Lead Test Kits due to a significant risk of falsely low results, which may lead to health risks especially in special populations such as young children and pregnant and lactating individuals. The recall now includes the majority of all test kits distributed since October 27, 2020. The US Food and Drug Administration (FDA) has identified this as a Class I recall, the most serious type of recall. Obtaining falsely low results may lead to patient harm.

[FDA Magellan recall](#), updated September 28, 2021 ([tinyurl.com/FDA-M21-928](https://tinyurl.com/FDA-M21-928))

**Customers should discontinue use of all LeadCare® Test Kits lots identified as part of the recall and quarantine remaining inventory.**

#### Recalled Test Kit Lot Codes:

- LeadCare II: 2013M, 2014M, 2015M, 2016M, 2017M, 2101M, 2103M, 2105M, *Expansion:* 2012M Sublots: -08, -09, -10, -11, -12, -13, and -14, 2018M, 2102M, 2106M, 2107M, 2109M, 2110M, 2111M, 2112M, 2113M, 2114M, 2115M and 7114M
- LeadCare Plus and LeadCare Ultra: 2011MU, *Expansion:* 2104MU, 2108MU

#### US Centers for Disease Control (CDC) Recommendations

- [Retesting](#) ([tinyurl.com/CDC-HAN-457](https://tinyurl.com/CDC-HAN-457))
  - Retest children who were:
    - Tested with the recalled LeadCare® test kits whose results were less than the current [CDC blood lead reference value \(BLRV\)](#), ([tinyurl.com/CDC-BLRV-21](https://tinyurl.com/CDC-BLRV-21))
    - Previously tested with a LeadCare® test kit if the lot number of the initial test kit is unknown and the test was done after October 27, 2020.
  - Retesting should be done with a venous or capillary blood sample analyzed with high complexity testing:
    - Inductively coupled plasma mass spectrometry (ICP-MS)
    - Graphite furnace atomic absorption spectroscopy (GFAAS).
  - Capillary screening results above the BLRV should be confirmed with a venous blood draw.
  - Priority for retesting should be given to:
    - Children where there is clinical concern that symptoms or developmental problems may be related to lead exposure.
    - Populations at higher risk of elevated blood lead levels, such as children tested due to Medi-Cal-required screening or due to other state or local requirements.
    - Individuals who are pregnant or breastfeeding.
    - Children who are immigrants, refugees, or recently adopted from outside of the United States.
  - Discuss the recall and retesting recommendations with the parents or guardians of children who meet the retesting criteria.
- [Test Kit Shortages for Blood Lead Screening](#) ([tinyurl.com/CDC-M21-KITS](https://tinyurl.com/CDC-M21-KITS))
  - If LeadCare® test kits are unavailable, CDC strongly recommends clinicians continue to schedule and perform required blood lead tests for patients.
  - Blood lead tests can be done with either a venous or capillary blood sample, submitted to a laboratory for analysis with higher complexity methods. Contact your lab for acceptable minimum sample size and recommended blood collection supplies.
  - Follow [best practices](#) ([tinyurl.com/CDC-LAB-821](https://tinyurl.com/CDC-LAB-821)) when [collecting a capillary blood sample](#) ([tinyurl.com/CDC-FSP-621](https://tinyurl.com/CDC-FSP-621)) for lead testing.
  - Contact [California Laboratory Field Services](#) ([tinyurl.com/DPH-LFS-CLIA](https://tinyurl.com/DPH-LFS-CLIA)) for a list of higher complexity laboratories.



## 2017 FDA Warning about Magellan LeadCare® Analyzers Producing Falsely Low Results with Venous Blood Samples

**Some children have not received appropriate venous retesting related to this 2017 FDA warning. These children should be retested with a venous sample analyzed using a high complexity device.**

On May 17 2017, FDA issued a [safety communication warning](https://www.fda.gov/oc/2017/05/17/fda-issues-safety-communication-warning-magellan-leadcare-analyzers) ([tinyurl.com/FDA-M17-517](https://tinyurl.com/FDA-M17-517)) about the use of Magellan Diagnostics, Inc.'s LeadCare® analyzers (LeadCare, LeadCare II, LeadCare Ultra and LeadCare Plus) with venous blood samples because they might result in falsely low test results. FDA advised that Magellan's LeadCare® analyzers should no longer be used with venous blood samples.

- This safety alert applied to venous blood lead tests conducted using Magellan's LeadCare® analyzers whether the patient was a child or an adult.
- The safety alert did not apply to capillary blood lead test results from samples collected by fingerstick or heelstick and analyzed using Magellan's LeadCare® analyzers.
- Further [FDA safety issue report](https://www.fda.gov/oc/2018/09/27/fda-issues-safety-communication-report), September 27, 2018. ([tinyurl.com/FDA-M17-918](https://tinyurl.com/FDA-M17-918))

### **CDC HAN notification** ([tinyurl.com/CDC-HAN-403](https://www.cdc.gov/han/20170517-leadcare)) **recommended:**

- Healthcare providers retest:
  - Children who were younger than 6 years (72 months) of age at the time of the alert (May 17, 2017) AND
  - Had a venous blood lead test result of less than 10 mcg/dL analyzed using a Magellan LeadCare® analyzer at an onsite (e.g., healthcare facility) or at an offsite laboratory.
  - Pregnant or lactating individuals who had a venous blood lead test performed using a Magellan LeadCare® analyzer.
- Providers should send venous samples to laboratories using ICP-MS or GFAAS (also known as electrothermal atomic absorption spectrometry [ETAAS]) instruments.

If you have questions, contact Magellan's LeadCare® Product Support Team at 1-800-275-0102 or email: [LeadCareSupport@magellandx.com](mailto:LeadCareSupport@magellandx.com).

### **Additional Information and Resources**

[Childhood Lead Poisoning Prevention Branch Magellan LeadCare® Recall Information](https://www.cdc.gov/leadprevention/branch/magellan-leadcare-recall-information) ([tinyurl.com/CLPPB-MAG](https://tinyurl.com/CLPPB-MAG))

[Information for Health Care Providers](https://www.cdc.gov/leadprevention/branch/magellan-leadcare-recall-information) on the CLPPB web site ([tinyurl.com/CLPPB-Prev](https://tinyurl.com/CLPPB-Prev))

December 2021

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## Magellan LeadCare® Recall: Why You Need to Have Your Child Retested for Lead



Lead is a metal that can be found in many places inside and outside your home. Lead can hurt your child. Lead poisoning can make it hard for children to learn, pay attention and behave. But most children who have lead poisoning do not look or act sick.

Your child had a Magellan LeadCare® test to see if there was lead in their blood. The test may have given a falsely low result. Falsely low blood lead level results may lead to your child not receiving the care they need. [More information about problems with some Magellan tests](https://tinyurl.com/MAG-INFO) (tinyurl.com/MAG-INFO).

It is very important to know how much lead is in your child's body. This is why we are asking that you have your child tested for lead again. This should be a venous blood test. For more information, ask your doctor.

We want be sure that your child is safe and healthy.

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## Retiro del mercado de Magellan LeadCare®:

Por qué necesita que su hijo vuelva a realizar la prueba de detección de plomo



El plomo es un metal que se puede encontrar en muchos lugares dentro y fuera de su hogar. El plomo puede dañar a su hijo. El envenenamiento por plomo puede dificultar el aprendizaje, la atención y el comportamiento de los niños. Pero la mayoría de los niños que tienen intoxicación por plomo no parecen ni actúan como si estuvieran enfermos.

A su hijo le hicieron una prueba Magellan LeadCare® para ver si había plomo en la sangre. La prueba puede haber dado un resultado falsamente bajo. Los resultados de niveles de plomo en sangre falsamente bajos pueden hacer que su hijo no reciba la atención que necesita. [Más información sobre problemas con algunas pruebas de Magellan](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Lead/Pages/LeadCare.aspx) ([tinyurl.com/MAG-INFO](https://tinyurl.com/MAG-INFO)).

Es muy importante saber cuánto plomo hay en el cuerpo de su hijo. **Es por eso que le pedimos que vuelva a realizar la prueba de plomo a su hijo.** Debe ser un análisis de sangre venosa. Para obtener más información, consulte con su médico.

Queremos estar seguros de que su hijo esté sano y salvo.

diciembre 2021

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## Additional Information About Risk of Falsely Low Results from Certain Magellan LeadCare® Tests

*There were problems with certain Magellan LeadCare® tests in 2021 and 2017, described below. Talk to your doctor if you have questions.*

### Recall of Magellan LeadCare® Test Kits - May 2021, Expanded September 2021 Class I recall of LeadCare II, LeadCare Plus, and LeadCare Ultra Blood Lead Test Kits

Magellan Diagnostics, Inc. recalled certain blood lead test kits due to a risk of falsely low results. Obtaining falsely low results may lead to health risks, especially in young children and individuals who are pregnant or breastfeeding. The US Food and Drug Administration (FDA) has identified this as a Class I recall, the most serious type of recall.

[FDA Magellan recall](https://www.fda.gov/oc/press/2021/s051921) ([tinyurl.com/FDA-M21-928](https://tinyurl.com/FDA-M21-928))

#### Retesting Recommendations

The US Centers for Disease Control and Prevention (CDC) [recommends](https://www.cdc.gov/han/2021/s051921) ([tinyurl.com/CDC-HAN-457](https://tinyurl.com/CDC-HAN-457)) retesting children and individuals who are pregnant or breastfeeding:

- Who were tested with the recalled LeadCare® test kits, and whose results were less than 3.5 micrograms per deciliter (mcg/dL)
- Who were tested with a LeadCare® test kit if the lot number of the initial test kit is unknown and the test was done after October 27, 2020.

### 2017 FDA Warning about Magellan LeadCare® Analyzers - May 2017 Safety warning for LeadCare II, LeadCare Plus, and LeadCare Ultra

On May 17 2017, FDA issued a [safety communication](https://www.fda.gov/oc/press/2017/s051717) ([tinyurl.com/FDA-M17-517](https://tinyurl.com/FDA-M17-517)) about the use of Magellan Diagnostics, Inc.'s LeadCare® analyzers with venous blood samples because they might result in falsely low test results. FDA advised that Magellan's LeadCare® analyzers should no longer be used with venous blood samples.

- This applied to venous blood lead tests conducted using Magellan's LeadCare® analyzers.
- This did not apply to capillary blood lead test results from samples collected by fingerstick or heelstick, and analyzed using Magellan's LeadCare® analyzers.
- [FDA safety issue report](https://www.fda.gov/oc/press/2018/s092718), September 27, 2018 ([tinyurl.com/FDA-M17-918](https://tinyurl.com/FDA-M17-918))

#### [CDC Retesting Recommendations](https://www.cdc.gov/han/2017/s051717) ([tinyurl.com/CDC-HAN-403](https://tinyurl.com/CDC-HAN-403))

- Children who were younger than 6 years (72 months) of age at the time of the alert (May 17, 2017) AND
- Had a venous blood lead test result of less than 10 mcg/dL analyzed using a Magellan LeadCare® analyzer.
- Pregnant or breastfeeding individuals who had a venous blood lead test performed using a Magellan LeadCare® analyzer.

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1



## Información Adicional Acerca Riesgo de Resultados Falsamente Bajos de Ciertas Pruebas Magellan LeadCare®

*Hubo problemas con ciertas pruebas de Magellan LeadCare® en 2021 y 2017, que se describen a continuación. Hable con su médico si tiene preguntas.*

### Retiro de prueba Magellan LeadCare® - mayo 2021, Expandido septiembre 2021 Retiro Clase I de LeadCare II, LeadCare Plus, y LeadCare Ultra prueba de sangre

Magellan Diagnostics, Inc. retiró ciertos kits de análisis de sangre debido al riesgo de resultados falsamente bajos. Obtener resultados falsamente bajos puede conllevar riesgos para la salud, especialmente en niños pequeños y personas que están embarazadas o amamantando. La Administración de Drogas y Alimentos de los EE. UU. (FDA) ha identificado esto como un retiro de clase I, el tipo de retiro más grave.

[Retiro del mercado de Magellan por la FDA](https://www.fda.gov/oc/announcements/retirement-magellan-leadcare) ([tinyurl.com/FDA-M21-928](https://tinyurl.com/FDA-M21-928))

#### Recomendaciones para repetir la prueba

Los Centros para el Control y la Prevención de Enfermedades (CDC) de EE. UU. [recomienda](https://www.cdc.gov/han/457) ([tinyurl.com/CDC-HAN-457](https://tinyurl.com/CDC-HAN-457)) reevaluar a niños e individuos que están embarazadas o amamantando:

- Quiénes fueron evaluados con la prueba retirada LeadCare®, y cuyos resultados fueron inferiores a 3,5 microgramos por decilitro (mcg/dL)
- Quiénes fueron evaluados con la prueba LeadCare® si se desconoce el número de lote del kit de prueba inicial y la prueba se realizó después del 27 de octubre de 2020.

### 2017 FDA Advertencia sobre Analizadores LeadCare® de Magellan - mayo 2017 Advertencia de seguridad para LeadCare II, LeadCare Plus, y LeadCare Ultra

El 17 de mayo de 2017, la FDA emitió una [comunicación de seguridad](https://www.fda.gov/oc/announcements/lead-care-ii-lead-care-plus-lead-care-ultra) ([tinyurl.com/FDA-M17-517](https://tinyurl.com/FDA-M17-517)) sobre el uso de analizadores LeadCare® de Magellan con muestras de sangre venosa porque pueden dar resultados de prueba infaliblemente bajos. La FDA recomendó que los analizadores LeadCare® de Magellan ya no se utilicen con muestras de sangre venosa.

- Esto se aplica a las pruebas de plomo en sangre venosa realizadas con los analizadores LeadCare® de Magellan.
- Esto no se aplica a los resultados de la prueba de plomo en sangre capilar de muestras recolectadas por punción digital o talón y analizados con los analizadores LeadCare® de Magellan.

#### Recomendaciones de los CDC para reevaluación ([tinyurl.com/CDC-HAN-403](https://www.cdc.gov/han/403))

- Niños que tenían menos de 6 años (72 meses) de edad en el momento de la alerta (17 de mayo de 2017) Y
- Se analizó un resultado de prueba de plomo en sangre venosa de menos de 10 mcg/dL con un analizador Magellan LeadCare®.
- Personas embarazadas o en período de lactancia a quienes se les realizó una prueba de plomo en sangre venosa con un analizador Magellan LeadCare®.

diciembre 2021

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2



## **MEDI-CAL LEARNING PORTAL AND PROVIDER MEDI-CAL TRAINING**

For more information: <https://files.medi-cal.ca.gov/pubsdoco/education.aspx>

## **MEDI-CAL NEWSFLASH**

### **Reminder: Pharmacy Claims Submitted to Medi-Cal Rx – released January 13, 2022**

With the implementation of Medi-Cal Rx on January 1, 2022, Medi-Cal pharmacy providers and billers must submit their pharmacy claims which would have been previously submitted to Fee-For-Service Medi-Cal (electronic and hardcopy) to Medi-Cal Rx, regardless of the dates of service on the claim. Pharmacy claims submitted for services rendered as Fee-For-Service (FFS) Medi-Cal are processed by Medi-Cal Rx, regardless of date of service.

Claims submitted for pharmacy services previously submitted to Managed Care Plans (MCP) are processed by Medi-Cal Rx for dates of service beginning January 1, 2022. Claims with a date of service prior to January 1, 2022 should continue to be sent to the appropriate MCP.

Please see the table below regarding all pharmacy claim transactions including appeals, reversals, inquiry and prior authorization transactions)

FFS Medi-Cal (i.e., CA-MMIS)	
DATE OF SERVICE	SEND TRANSACTION TO:
Prior to 1/1/2022	Medi-Cal Rx
1/1/2022 and after	Medi-Cal Rx

  

Managed Care Plan	
DATE OF SERVICE	SEND TRANSACTION TO:
Prior to 1/1/2022	Managed Care Plan
1/1/2022 and after	Medi-Cal Rx

Pharmacy claims submitted to FFS Medi-Cal CALPOS or Batch CMC claims are being rejected. Pharmacy claims submitted on paper are forwarded to Medi-Cal Rx until January 31, 2022. On February 1, 2022, pharmacy paper claims submitted to FFS Medi-Cal will be rejected and returned to providers.

Medi-Cal Rx is now the prime claims processing system for all pharmacy claims. For claim submission instructions and billing guidelines, providers and billers should refer to the Medi-Cal Rx website (<https://medi-calrx.dhcs.ca.gov/home/>).

## **Safety Net Clinic Billing Instructions for CalAIM Dental Initiatives – released January 6, 2022**

Effective for dates of service on or after January 1, 2022, the Department of Health Care Services (DHCS) will implement the California Advancing and Innovating Medi-Cal (CalAIM) dental initiatives statewide. CalAIM dental initiatives include pay-for-performance payments for preventive services and continuity of care/establishing a dental home, and two new program benefits: caries-risk assessment bundle for children ages zero to six and application of caries arresting medicament silver diamine fluoride.

For the pay-for-performance payments, Indian Health Services – Memorandum of Agreement (IHS-MOA), Federally Qualified Health Centers (FQHCs), and Rural Health Clinics (RHCs), also referred to as Safety Net Clinics (SNCs), must submit detailed claims data to the Dental Fiscal Intermediary (FI). Additional information about CalAIM and detailed SNC billing instructions can be referenced in the November 2021 Medi-Cal and Dental provider bulletin (<https://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/gm202111.aspx>) and posted on the DHCS CalAIM Dental web page (<https://www.dhcs.ca.gov/services/Pages/DHCS-CalAIM-Dental.aspx>). For the new benefits, services will be reimbursable at the clinic's established per visit rate.

## **Minor Consent Program: Mental Health Outpatient Care Eligibility – released December 21, 2021**

The Minor Consent program provides that a minor may, without parental consent, receive services related to sexual assault, pregnancy and pregnancy-related services, family planning, sexually transmitted diseases, drug and alcohol abuse, and outpatient mental health treatment and counseling.

Minor consent services are confidential, and parents are not to be contacted regarding their child's receipt of the requested services, with the following exception:

- State law requires that the parents or guardians of a minor receiving outpatient mental health treatment or counseling, or services for drug or alcohol-related problems be contacted and encouraged to participate in the treatment.
- However, the parents or guardian may not be contacted if the health care professional treating the minor believes it would not be advantageous to the minor to have parents or guardian involved.

Minor consent eligibility is for a period of one month, except for covered outpatient mental health treatment and counseling services as recommended by a mental health professional.

***The following describes changes effective immediately for the Minor Consent program and eligibility to outpatient mental health treatment and counseling services.***

Minors requesting outpatient mental health treatment and counseling services must submit to the county welfare department a letter from a mental health professional which states that the minor needs mental health treatment or counseling and the estimated length of time treatment will be needed. In addition, the statement must specify that the minor meets **both** of the following:

Minor is mature enough to participate intelligently in the mental health treatment or counseling, **and is one of the following:**

- a. In danger of causing serious physical or mental harm to self or others without mental health treatment or counseling; OR
- b. An alleged victim of incest or child abuse

For purposes of the Medi-Cal Minor Consent program, a mental health professional is a licensed marriage, family, and child counselor; licensed clinical social worker; licensed educational psychologist; credentialed school psychologist; clinical psychologist; licensed psychologist; or psychiatrist.

Minor Consent applicants approved for the category of services that includes outpatient mental health treatment and counseling services will not need to reapply for Minor Consent services for the length of time indicated on the letter from the mental health professional, up to six months. If it is determined that the minor is in need of additional outpatient mental health treatment or counseling services beyond the length of time indicated on the original letter, a new letter from a mental health professional will be required.

**Note:** The ways in which a minor may apply or recertify for the Minor Consent program have been expanded to include both in person and by phone. For more information on Telephonic applications for the Minor Consent program please refer to [MEDIL 21-09](https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Documents/121-09.pdf) (<https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Documents/121-09.pdf>).

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