



# CMDP Provider Review

Summer 2019

Volume 9 Issue 2

## Difficult Conversations with Parents on Vaccinations

Many parents have questions about vaccines and answering their questions can help parents feel empowered in choosing to immunize their child according to the CDC's recommended immunization schedule. The materials below are aimed to assist health care professionals start or continue conversations with parents.

The articles are to assist with the sometimes-difficult conversations. The articles include communication approaches and strategies for effectively addressing questions you may hear from parents, as well as information for parents who choose not to vaccinate. There is also a video featuring a CDC pediatrician answering tough vaccine questions. It may be helpful for you as well as for parents in your practice.

Find resources for specific parent questions:

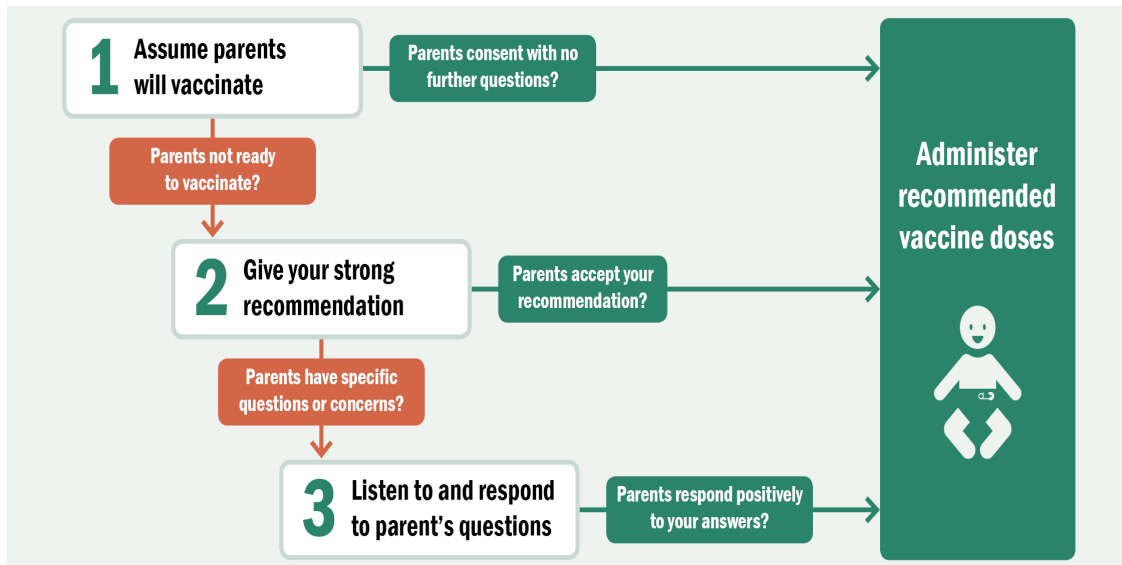
Talking with Parents about Vaccines for Infants

<https://www.cdc.gov/vaccines/hcp/conversations/talking-with-parents.html>

Preparing for Questions Parents May Ask about Vaccines

<https://www.cdc.gov/vaccines/hcp/conversations/preparing-for-parent-vaccine-questions.html>

### Assume Parents Will Vaccinate

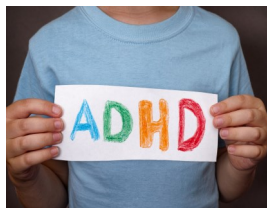


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# ADHD and Treatment Options

## By: Dr. Harold Magalnick, MD



Attention Deficit Hyperactivity Disorder (ADHD) is the most common neuro-behavioral diagnosis in children and young adults. It has been diagnosed in approximately 8% of children and youth. Due to the large numbers involved, it is impossible for our current behavioral health system to supply the manpower and resources to appropriately diagnose and treat this disorder. Therefore, it falls on the primary care provider (PCP) to do the appropriate diagnosis and management of patients with ADHD.

The American Academy of Pediatrics and Arizona Health Care Cost Containment System (AHCCCS) have developed guidelines and a tool kit to manage adult and children diagnosed with ADHD. These guidelines and tool kits are available free of charge at [https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/AppendixE\\_ChildADHD.pdf](https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/AppendixE_ChildADHD.pdf)

In order for a child to be given the diagnosis of ADHD, they require a thorough evaluation, which should include:

1. An interview with the parents or parental substitute.
2. Evaluation of the child in the office.
3. Direct observation of the child in their school setting.
4. Information from the school, especially in their academic and social capabilities.
5. Psycho-educational assessment to rule out any co-morbid diagnosis that may appear like or worsen their ADHD symptoms.
  - a. These could include depression, oppositional defiant behaviors, anxiety disorders, learning disabilities, and/or poor social situations in the home.
6. A medical evaluation to make sure that the child is not dealing with any medical situations that can also cause ADHD symptoms.
  - a. These could include hearing and/or vision problems, seizure disorder, and/or any other medical condition that could have an impact on the child's ability to learn.
7. Rating scales filled out by the immediate family, friends, and a separate form filled out by teachers.
  - a. A sample Vanderbilt Assessment form located in the tool kit and easily scored.

Once the diagnosis has been made, treatment options should be discussed. These options include:

1. School interventions including a further evaluation by the school's Student Study Team or school psychologist with the introduction of a 504 plan or an Individual Educational Plan (IEP) developed for the student.
2. Parent training in techniques of behavioral management.
3. Social skill training.
4. Individual psychotherapy or play therapy.
5. Medication management.
  - a. Up to  $\frac{3}{4}$  of the children diagnosed with ADHD are typically prescribed medications.
  - b. These medications are usually started at a low dose and titrated depending on the child's individual response.
  - c. Studies have shown that more than 70% of children and youth with ADHD respond to:
    - i. One of the stimulant medications at an optimal dose
    - ii. When a systemic trial is used.
  - d. Stimulants might produce positive but suboptimal effects a low dose, titration to a maximum dose that can control the symptoms without producing adverse effects is recommended instead of titrating strictly on a milligram per-kilogram basis.
  - e. Stimulant medications come in both long acting and short acting forms and very often a combination of both is needed to produce the best response in treating the ADHD symptoms.
    - i. These medications include mixed amphetamine salts and methylphenidates.
  - f. Non-stimulant medications are also available when stimulant medications might not be appropriate (fear of abuse in an adolescent patient or sale of the stimulant medication by patient or other family members).
  - g. Non-stimulants can also be used along with a stimulant to help produce more even response throughout the day and night.
    - i. These medications include Atomoxetine, Guanfacine, and Clonidine.

# Controlled Substance Prescription Monitoring Program (PMP) Utilization

The use of the Arizona Controlled Substances Prescription Monitoring Program (PMP) is the standard of care and best practice to ensure your patients are receiving appropriate and safe medications. It has proven to be one of the most promising state-level interventions to improve opioid prescribing, inform clinical practice, and protect patients at risk.

There are many benefits to checking the PMP including:

- **Patient Safety** – Patients may see more than one prescriber; sometimes they forget to tell each provider about other medications they are taking, and sometimes they are engaging in “doctor shopping.” The PMP is an ideal tool to keep your patients safe and minimize diversion of prescription medication.
- **Protection of DEA License**- The MyRx function allows practitioners to view a list of all patients that received controlled medications under the practitioner's DEA number. This can help identify misuse of DEA numbers.
- **Limit Prescriber Liability** – Checking patient medication history is a good practice for ensuring the standards of care and limiting any liability involved with dangerous drug combinations or high-dose prescribing, especially if a patient is seeing more than one prescriber.
- **Easier than Ever** - Prescribers can appoint an office designee to access their patients' medication history from the PMP, just like they do patient charts. This will cut down on prescriber time and still ensure patient safety and minimize liability concerns. In addition, technical support is available through the Arizona Board of Pharmacy to help you integrate the PMP into your electronic health record, or if you access the Health Current HIE Portal regularly, you can access the PMP via the Portal.

## Compliance with PMP Laws

It is important for all prescribers to understand and comply with Arizona's legal requirements for prescribers to utilize the Controlled Substances Prescription Monitoring Program (PMP). [Arizona Revised Statutes 36-2606](#) requires that before prescribing an opioid analgesic or benzodiazepine controlled substance listed in Schedule II, III or IV to a patient that prescribers shall obtain a utilization report from the PMP regarding the patient for the preceding twelve months at the beginning of each new course of treatment and at least quarterly while that prescription remains a part of the treatment. There are some exceptions, e.g. prescriptions for hospice patients, etc., so please refer to the statute for more information.

**This law has been in effect since October 16, 2017.** There is escalating attention by policymakers and regulators on the low utilization rates of the PMP as required by law. More than half of prescribers who prescribed an opioid analgesic or a benzodiazepine in the prior month did not check the PMP. If you have not done so already, we strongly urge you to integrate routine checking of the PMP into your clinical practice.

There are several resources available to help you use the PMP and understand your prescribing requirements under Arizona law:

Arizona Board of Pharmacy website [www.pharmacympm.pmp.gov](http://www.pharmacympm.pmp.gov) for informative videos on PMP registration and usage.

For information about Arizona's opioid prescribing laws, visit [www.AzRxEd.org](http://www.AzRxEd.org) to view a free continuing medical education (CME) program for healthcare professionals that provides the latest information about Arizona's opioid laws and regulations, prescribing guidelines, and treatment options for opioid use disorder.

## CMDP Provider Insight

Email Member Services at [CMDPMemberServices@AZDCS.gov](mailto:CMDPMemberServices@AZDCS.gov) to request the following:

- Member Eligibility
- Dental History
- General Questions

# EPSDT Developmental Screening

Early identification of developmental delays is critical to the well-being of children, especially children placed in foster care. Children in foster care are at higher risk for developmental, behavioral, or social delays, and may not have had early developmental and health screening and intervention services.

Health care providers who care for CMDP members are encouraged to implement developmental screening tools approved by the Arizona Health Care Cost Containment System (AHCCCS) for children birth through three years of age, during the 9, 18, and 24-month EPSDT visits.

AHCCCS approved developmental screening tools include:

- [Parents' Evaluation of Developmental Status \(PEDS\)](#) accessible at [pedstest.com](#) or [forepath.org](#).
- [Ages and Stages Questionnaire \(ASQ\)](#) accessible at [agesandstages.com/es.com](#).
- [Modified Checklist for Autism in Toddlers \(M-CHAT\)](#) may be used for members 16-30 months of age to screen for autism when medically indicated.

Use of AHCCCS approved developmental screening tools may be billed separately using CPT Code 96110, (developmental screening with interpretation and reporting) with the EP modifier. Due to the at-risk nature of CMDP's member population, CMDP reimburses for screenings completed on all age-appropriate children when validated screening tools approved by AHCCCS are used.

CMDP routinely reviews medical records and audits the use of validated screening tools to ensure compliance. Compliance is established only if the completed tool is included in the medical record and the health care provider completed the required training in the use of the tool, as specified by the [American Academy of Pediatrics \(AAP\)](#).

Training resources for AHCCCS approved developmental screening tools are located on the [Arizona Department of Health Services](#) website at .

<https://www.azdhs.gov/audiences/clinicians/index.php#training-developmental-screening-flouride-varnish>

For more information on developmental screening and billing practices, access the [CMDP Provider Manual](#) at [https://](https://dcs.az.gov/sites/default/files/DCS-PamphletsandFlyers/CMDP-1711-ProviderManual2018.pdf)

[dcs.az.gov/sites/default/files/DCS-PamphletsandFlyers/CMDP-1711-ProviderManual2018.pdf](https://dcs.az.gov/sites/default/files/DCS-PamphletsandFlyers/CMDP-1711-ProviderManual2018.pdf), or contact a CMDP Provider Service Representative at (602) 351-2245 or toll free at (800) 201-1795.

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“*Developmental Monitoring and Screening for Health Professionals*,” Centers for Disease Control and Prevention, <https://www.cdc.gov/ncbddd/childdevelopment/screening-hcp.html>, Last reviewed February 6, 2019, information accessed May 28, 2019.

“*Birth to 5: Watch Me Thrive, A Primary Care Provider's Guide for Developmental and Behavioral Screening*”, U.S. Department of Health and Human Services,

[https://www.acf.hhs.gov/sites/default/files/ecd/pcp\\_screening\\_guide\\_march2014.pdf](https://www.acf.hhs.gov/sites/default/files/ecd/pcp_screening_guide_march2014.pdf),

Last reviewed March 1, 2014, information accessed May 28, 2019.



# Benefits of Cultural Competence

All of us are programmed by our culture. This determines our behaviors and attitudes.

**Culturally competent health care:** Health care services should respect the culture of members. Medically-necessary covered services are culturally competent when they fit the member. They should be based on the member's needs.

**Benefits of cultural competency:** Most people think their own values and customs are best. They may expect other cultures to share those views. Some benefits of having culturally competent health care services are listed below.

Social Benefits	Health Benefits	Business Benefits
<ul style="list-style-type: none"><li>• Increases mutual respect and understanding between patient and organization</li><li>• Increases trust</li><li>• Promotes inclusion of all community members</li><li>• Increases community participation and involvement in health issues</li><li>• Assists patients and families in their care</li><li>• Promotes patient and family responsibilities for health</li></ul>	<ul style="list-style-type: none"><li>• Improves patient data collection</li><li>• Increases preventive care by patients</li><li>• Reduces care disparities in the patient population</li><li>• Increases cost savings from a reduction in medical errors, number of treatments and legal costs</li><li>• Reduces the number of missed medical visits</li></ul>	<ul style="list-style-type: none"><li>• Incorporates different perspectives, ideas and strategies into the decision-making process</li><li>• Decreases barriers that slow progress</li><li>• Moves toward meeting legal and regulatory guidelines</li><li>• Improves efficiency of care services</li><li>• Increases the market share of the organization</li></ul>

Source: American Hospital Association, 2013.

The CMDP Member Services Unit can assist with obtaining child-specific, culturally competent health care services such as:

- Specific language, gender, ethnic, geo-graphical, or specialized health care provider to meet the individual needs of a member
- Health care services responsive to a member's cultural or religious beliefs
- Translation services for health care appointments when a language-specific provider is unavailable
- Interpretation services orally or for the hearing impaired
- Written health care information in a native language
- Health care information in an alternative format for the visually impaired.

CMDP wants members to get health care services that are best for them. Please contact Member Services for questions and information at **602-351-2245 or 800-201-1795**.

*Health Research & Educational Trust. (2013, June). Becoming a culturally competent health care organization. Chicago, IL: Illinois. Health Research & Educational Trust accessed at <http://www.hpoe.org/resources/ahahret-guides/1395>.*

## Language Line

Today more than ever the use of many different languages, including sign language for hearing impairment, are prevalent. This may cause a cultural isolation barrier between a patient and their healthcare professional. Communication is crucial for the patient-doctor relationship.

CMDP offers Language Line Services to help members and caregivers communicate with healthcare providers. Interpretation is available to CMDP members in over 140 languages either by phone or written translation.

If you believe a CMDP member or caregiver may be in need of translation services, direct them to CMDP Member Services at 602-351-2245 or 1-800-201-1795. Members and/or caregivers should contact CMDP at least one week prior to any scheduled appointments to ensure appropriate translation services. However, CMDP will make every effort possible to arrange services regardless of the notification timeframe.

## Medicaid Fraud and Abuse: How to Report It

Anyone suspecting Medicaid fraud, waste, or abuse should report it. Health care fraud, waste, and abuse can involve patients, physicians, pharmacists, beneficiaries, and medical equipment companies.

You do not have to leave your name when reporting suspected Medicaid fraud. You can leave the information on the CMDP Corporate Compliance Hotline voice mail box at 602-771-3555.

The following information is helpful when reporting alleged fraud:

- Name of the CMDP member on their CMDP card;
- Name of the physician, hospital, or other health care provider;
- Date of service;
- Estimated amount of money involved;
- Description of the suspected fraudulent acts.

## Billing Members is Prohibited

Under most circumstances, CMDP out-of-home caregivers and members are not responsible for medical or dental costs incurred for the provision of medically necessary services. In accordance with Arizona Administrative Code, R9-22-702, AHCCCS registered providers are prohibited from:

- Requesting or collecting payment from CMDP members;
- Referring CMDP members to a collection agency, and/or
- Reporting members to a credit reporting agency.

Civil penalties may be assessed to any provider who fails to comply with these regulations.

Providers who may have questions regarding exceptions to this rule are encouraged to contact the CMDP Provider Services unit at 602-351-2245 or email at [CMDPProviderServices@azdcs.gov](mailto:CMDPProviderServices@azdcs.gov) for clarification.

## Provider Resources

CMDP uses the following community and agency resources to provide the best care and connections for our members:

- Arizona Health Care Cost Containment System (AHCCCS): Arizona's Medicaid agency that offers health care programs to serve Arizona residents.  
[www.azahcccs.gov](http://www.azahcccs.gov)
- Arizona Health Care Cost Containment System (AHCCCS) provider registration. The *Provider Registration* process is required to those who provide medical care services (including primary care doctors, transportation, etc) to AHCCCS beneficiaries.  
<https://www.azahcccs.gov/PlansProviders/NewProviders/packet.html>
- Vaccines for Children (VFC): A federally-funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay.  
<http://www.cdc.gov/vaccines/programs/vfc/index.html>
- Vaccinate Your Family (VYF): A program designed to raise awareness of the critical need for timely immunizations and to foster a systematic way to immunize all of America's children by age two.  
<https://www.vaccinateyourfamily.org/about-us/>
- Arizona State Immunization Information System (ASIIS) is an immunization registry designed to capture immunization data on individuals within the state. Providers are mandated under Arizona Revised Statute (ARS) §36-135 to report all immunizations administered to children 18 years of age and younger to the state's health department.  
<https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/asiis/index.php>
- The Arizona Partnership for Immunization (TAPI): A non-profit statewide coalition whose efforts are to partner with both the public and private sectors to immunize Arizona's children.  
<https://www.whyyimmunize.org/providers1/>
- American Academy of Pediatrics: An organization of pediatricians committed to the optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.  
[www.aap.org](http://www.aap.org)
- Health care providers who care for CMDP members are encouraged to implement developmental screening tools approved by the Arizona Health Care Cost Containment System (AHCCCS) for children birth through three years of age, during the 9, 18, and 24-month EPSDT visits.

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  - [Ages and Stages Questionnaire \(ASQ\)](#) accessible at [agesandstages.com/es.com](http://agesandstages.com/es.com).
  - [Modified Checklist for Autism in Toddlers \(M-CHAT\)](#) may be used for members 16-30 months of age to screen for autism when medically indicated.
- For CMDP members only, the PEDS tool may be used to screen all infants and children (up to the age of 8), because all CMDP members are considered at-risk and/or identified as having developmental delays. These children may be screened at each EPSDT visit. The PEDS Tool may be obtained from [www.pedstest.com](http://www.pedstest.com) or [www.forepath.org](http://www.forepath.org). Providers can utilize an on-line PEDS Tool training session provided by the Arizona Chapter of the American Academy of Pediatrics (AzAAP) at <https://azpedialearning.org/test1.asp>
  - The Arizona Early Intervention Program (AzEIP) provides support to families of children birth to three years of age, with disabilities or special developmental needs, and helps them to build on their children's strengths, enhancing and promoting growth, development and learning.  
<https://des.az.gov/services/disabilities/developmental-infant>

**Comprehensive Medical and Dental Program**  
**“Serving Arizona's Children in Out-of-Home Care”**

(602) 351-2245

800 201-1795

<https://dcs.az.gov/cmdp>

**Fax Numbers**

**Email Address**

Claims.....(602) 265-2297  
 Provider Services.....(602) 264-3801  
 Behavioral Services.....(602) 351-8529  
 Medical Services .....(602) 351-8529  
 Member Services.....(602) 264-3801

Claims.....[CMDPclaimsquestions@azdcs.gov](mailto:CMDPclaimsquestions@azdcs.gov)  
 Provider Services.....[CMDPProviderServices@azdcs.gov](mailto:CMDPProviderServices@azdcs.gov)  
 Behavioral Services.....[CMDPBHC@azdcs.gov](mailto:CMDPBHC@azdcs.gov)  
 Member Services.....[CMDPMemberServices@azdcs.gov](mailto:CMDPMemberServices@azdcs.gov)  
 CRS.....[CMDPCRSNurse@azdcs.gov](mailto:CMDPCRSNurse@azdcs.gov)  
 Health Services..... [CMDPNurse@azdcs.gov](mailto:CMDPNurse@azdcs.gov)



**ARIZONA**  
**DEPARTMENT**  
*of* **CHILD SAFETY**  
 Comprehensive Medical  
 and Dental Program

Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-364-3976; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina 602-351-2245 o al 1-800-201-1795.