



# Provider Review

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## The Foster Care-Friendly Office

A foster care–friendly office is a trauma-informed office. Pediatricians can welcome foster and kinship caregivers, Department of Child Safety (DCS) Specialist, and birth parents, when appropriate, to health visits and educate them about the effects of childhood trauma and adversity on a child’s emotional and developmental health. Focusing all caregivers on working together on behalf of the child is an important role for pediatricians. The medical home staff can provide information about managing health problems and emotional, behavioral, and developmental concerns; identify resources; and coordinate referrals. Pediatricians can be advocates for children in their care to ensure that each child’s health needs are met, screen for signs of abuse and neglect at every health encounter, remain alert to the quality of the caregiver–child relationship, and share any concerns with the child’s DCS Specialist. Reframing child behavior issues in the context of childhood trauma and toxic stress and focusing on positive parenting principles and the child’s strengths and talents can help to defuse caregiver distress and promote resilience. Recognizing and validating children’s complex and often conflicted feelings about the caregiving adults in their lives can be reassuring for them; almost all children in foster care love and worry about their birth parents, even if they feel safer in foster care, and they also love and care about their foster and kinship caregivers.

The medical home can create a foster care–friendly environment by obtaining a copy of the Notice to Provider (consent) that is given to foster parents and maintaining it as a part of the child’s health record, having contact information for the child’s DCS Specialist in the child’s chart, and sending a summary of the health visit that includes immunizations and other recommendations to the child’s DCS Specialist after each health care encounter. The child’s DCS Specialist can assist with determining who has the authority to consent for health care services on behalf of a child and familiarize pediatricians with specific consent guidelines, including those regarding the prescription of psychotropic medications, when applicable. Adolescents in foster care have the same rights to confidential services as other teenagers. Another way to create a foster care–friendly office is to familiarize staff with the effects of childhood trauma so that all staff members provide trauma-informed care and use trauma-informed language.

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## Recommendations for Practice Readiness

At the level of the individual pediatric practice, there are numerous opportunities to improve the quality of care that children in foster care receive. The AAP recommends that pediatricians:

- Advocate for children and adolescents in foster care to receive health care in a medical home.
- Become educated on the special health care needs of children and adolescents in foster care and assist other professionals in addressing these needs.
- Become educated on the unique micro culture of foster care, particularly the effects of previous trauma/toxic stress, especially abuse and neglect, and the effects of ongoing uncertainty, transitions, and losses on children, teenagers, and families.
- Develop office systems for communicating with the DCS Specialist, foster caregivers, and other professionals during or after each health encounter. Collaboration with the DCS Specialist or the health care manager for the child is fundamental to ensuring that health needs are addressed.
- Become educated on state privacy, consent, and confidentiality laws affecting children and adolescents in foster care, including specific consent issues related to the administration of psychotropic medication.
- Incorporate the results of a child's comprehensive evaluation into a health care summary that is shared with the child welfare professional. Make a special effort to educate children and adolescents about their own health needs and care.

Source: Pediatrics, October 2015, Volume 136/Issue 4, American Academy of Pediatrics Policy Statement

## Facts about Children and Youth with Special Health Care Needs (SHCN)

### Key facts about children and youth with special health care needs

- In 2016, about one in five children and adolescents (19 percent) had a special health care need, as reported by their parents.
- One in four non-Hispanic black children and youth (25 percent) have special health care needs, as reported by their parents, which is 5 to 15 percentage points more than any other major racial or ethnic group.
- The proportion of children and youth with special health care needs who have publicly funded health insurance has nearly doubled from 2001 to 2016, from 22 to 41 percent.

### Trends for children and youth with special health care needs

Since 2001, the proportion of children and youth reported to have special health care needs has been steadily rising. From 2001 to 2016, the percentage of children and youth with special health care needs has increased from 13 to 19 percent.

Children and Youth with Special Health Care Needs, as a Percentage of All Children and Youth Ages 0 to 17, and by Gender: Select Years, 2001–2016



Source: Data for 2001–2010: Child Trends' original analyses of data using U.S. Department of Health and Human Services, National Center for Health Statistics, (2002–2011), National Survey of Children with Special Health Care Needs, 2001, 2005–2006, and 2009–2010 (Dataset). Retrieved from <https://www.cdc.gov/nchs/staats/cshcn.htm>. Data for 2016: Child Trends' original analyses of data using U.S. Department of Health and Human Services, Maternal and Child Health Bureau, (2017), 2016 National Survey of Children's Health (Dataset). Retrieved from <https://www.census.gov/programs-surveys/nchs.html>.

[childtrends.org](https://www.childtrends.org)

<https://www.childtrends.org/indicators/children-with-special-health-care-needs>

# CMDP Maternity Update



## SCREENING FOR PERINATAL DEPRESSION

The American College of Obstetricians and Gynecologists (ACOG) Committee Opinion published online on October 24, 2018, regarding screening for perinatal depression states:

*Perinatal depression, which includes major and minor depressive episodes that occur during pregnancy or in the first 12 months after delivery, is one of the most common medical complications during pregnancy and the postpartum period, affecting one in seven women.*

*It is recommended that all obstetrician–gynecologists and other obstetric care providers complete a full assessment of mood and emotional well-being (including screening for postpartum depression and anxiety with a validated instrument) during the comprehensive postpartum visit for each patient. If a patient is screened for depression and anxiety during pregnancy, additional screening should then occur during the comprehensive postpartum visit. There is evidence that screening alone can have clinical benefits, although*

*initiation of treatment or referral to mental health care providers offers maximum benefit.*

In order to improve care for our members, CMDP is asking all maternity care providers to conduct maternal depression screenings using a validated screening tool during these times:

- First trimester
- Second trimester
- Third Trimester
- Post-partum

CMDP cares for children and youth in foster care. As a result, the CMDP population can be at greater risk for depression. Maternal depression screenings help to ensure the safety of the mother and baby throughout the pregnancy.

CMDP is asking for depression screenings to be completed to help identify if there is a need for behavioral health services and aid in accessing the services in a timely manner. The CMDP Maternal Health Team can assist with care coordination as soon as a concern is identified.

CMDP will be auditing all providers to request copies of the Depression Screening tool and results for our pregnant members. Please fax member medical records throughout pregnancy and after visits to the CMDP Maternal Child Health Nurse, fax 602-351-8529.

If you need assistance with depression screening tools, please do not hesitate to contact CMDP Health Services at 602-351-2245 or email us at [CMDPNURSE@azdcs.gov](mailto:CMDPNURSE@azdcs.gov)

*American College of Obstetricians and Gynecologists (2018). Screening for Perinatal Depression. Retrieved October 24, 2018,*

## DEPRESSION AND POSTPARTUM DEPRESSION: RESOURCE OVERVIEW

The American College of Obstetricians and Gynecologists (ACOG) has identified additional resources on topics related to depression and postpartum depression that may be helpful for ob-gyns, other health care providers, and patients. You can view these resources at <https://www.acog.org/More-Info/PerinatalDepression>.

Validated maternal depression screening tools that consist of 10 or fewer items, takes less than five minutes to complete and are simple to score include:

- Edinburgh Postnatal Depression Scale (EPDS) (<http://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf>)
- Patient Health Questionnaire 9 (PHQ-9) (<http://www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf>)

More in-depth maternal depression screening tools include:

- Postpartum Depression Screening Scale (<http://www.postpartum.net/professionals/screening>)
- Beck Depression Inventory (<http://www.beckinstitute.org/beck-inventory-and-scales/>)

# Breastfeeding:

## Investment in Health, Not Just a Lifestyle Decision

Breastfeeding is the best source of nutrition for most infants. It can also reduce the risk for some short- and long-term health conditions for both infants and mothers. Most mothers want to breastfeed but stop early due to a lack of ongoing support. Certain factors make the difference in whether and how long infants are breastfed.

Benefits for Mothers	Benefits for Infants
Breastfeeding can help lower a mother’s risk of: <ul style="list-style-type: none"><li>• Heart disease</li><li>• Type 2 diabetes</li><li>• Ovarian cancer</li><li>• Breast cancer</li></ul>	Breastfeeding can help lower an infants risk of: <ul style="list-style-type: none"><li>• Asthma</li><li>• Obesity</li><li>• Type 2 diabetes</li><li>• Ear and respiratory infections</li><li>• Sudden Infant Death Syndrome</li><li>• Gastrointestinal Infections</li></ul>

*“Breastfeeding provides unmatched health benefits for babies and mothers. It is the clinical gold standard for infant feeding and nutrition, with breast milk uniquely tailored to meet the health needs of a growing baby. We must do more to create supportive and safe environments for mothers who choose to breastfeed.”*

Dr. Ruth Petersen, Director of CDC’s Division of Nutrition, Physical Activity, and Obesity

Source: Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion. <https://www.cdc.gov/breastfeeding/about-breastfeeding/why-it-matters.html> Last Reviewed January 24, 2018

### CMDP Provider Insight

**Did You Know CMDP covers the following items as long as you write a prescription for them?**

- Over the counter medications such as Acetaminophen, cough syrups and Ibuprofen. These items will help limit their exposure by keeping our children out of the emergency rooms.
- Because our kids’ health is our priority, we also cover condoms.

# Asthma in Children



Asthma is a serious disease causing wheezing, difficulty breathing, and coughing. Over a lifetime, it can cause permanent lung damage. About 16% of black children and 7% of white children have asthma. While we don't know what causes asthma, we do know how to prevent asthma attacks or at least make them less severe. Today, children with asthma and their caregivers report fewer attacks, missed school days, and hospital visits. More children with asthma are learning to control their asthma using an asthma action plan. Still, more than half of children with asthma had one or more attacks in 2016. Every year, 1 in 6 children with asthma visits the Emergency Department with about 1 in 20 children with asthma hospitalized for asthma.

## Doctors, nurses, and other healthcare providers should:

- Teach children and parents to manage asthma by using a personalized action plan shared with school staff and other caregivers. Such a plan helps children use medicine properly and avoid asthma triggers like tobacco smoke, pet dander, and air pollution. See options for plans here: [https://www.cdc.gov/asthma/tools\\_for\\_control.htm](https://www.cdc.gov/asthma/tools_for_control.htm)
- Work with community health workers, pharmacists, and others to ensure that children with asthma receive needed services.
- Work with children and parents to assess each child's asthma, prescribe appropriate medicines, and determine whether home health visits would help prevent attacks.

National Center for Environmental Health. <https://www.cdc.gov/vitalsigns/childhood-asthma/index.html> Last reviewed May 10, 2018.

# The Dental Home

What is a dental home? The American Academy of Pediatric Dentistry defines a dental home as "*a place for infants, children, adolescents, and persons with special health care needs to be seen for their dental care*", however the dental home is so much more. It begins a relationship between the patient, parents/guardians, and dentists. This relationship allows for everyone to interact and develop a better understanding of all issues impacting a child's oral health<sup>1</sup>. The idea is similar to the American Academy of Pediatrics' medical home, with well care checkups and prevention<sup>2</sup>.

A child's first visit to a dentist should take place at 1 year of age. This early visit allows a dentist to evaluate a child's risk for developing a cavity. They can then make suggestions for home care and preventive care to reduce a child's risk of decay. A child who has a dental home is more likely to receive proper oral health care<sup>3</sup>. Identifying a child who is at risk early for cavities, may help to eliminate a cavity or prevent the need for stainless steel crowns.

Dental decay remains the most common chronic disease in children in the United States. It is about five times as common as asthma and seven times as common as hay fever, yet preventable. Children will lose more than 51 million school hours each year to dental-related illness<sup>4</sup>. This not only has a direct impact on the child but also the parent who must take time out of their routine to bring the child to the dentist, possibly losing time from work.

By starting early and keeping up regular dental care we can hope to make dental visits a more pleasant and less stressful experience for both the child and parent.

1- American Academy of Pediatrics. Ensuring culturally effective pediatric care: Implications for education and health policy. *Pediatrics* 2004;114(6):1677-85.

2- American Academy of Pediatrics. The medical home. *Pediatrics* 2002;110(1Pt1):184-6.

3- US Dept of Health and Human Services. Healthy People 2020: Oral health of children and adolescents. Available at: "<http://www.healthypeople.gov/2020/topics-objectives /topic/oral-health/objectives>". Accessed September 1, 2015.

4- Satcher, David. "Oral health in America." *A Report of the Surgeon General. Office of Public Health and Science. United States Department of Health and Human Services* (2000).

# 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.

Resource:

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 to 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 please feel free to direct them to CMDP Member Services at 602-351-2245 or 1-800-201-1795. Members and/or caregivers should notify 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

## CMDP Provider Insight

**Utilize the Member Services Mailbox to request the following:**

- Member Eligibility
- Dental History
- General Questions

**[CMDPMemberServices@AZDCS.gov](mailto:CMDPMemberServices@AZDCS.gov)**

# 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 for clarification.

## News Release March 08, 2019

### Public Health Agencies Announce Confirmed Measles Case in Pima County



#### ARIZONA DEPARTMENT OF HEALTH SERVICES

PHOENIX — The Arizona Department of Health Services (ADHS) and the Pima County Public Health Department announced today that a 12-month-old infant from Pima County has been diagnosed with measles. The confirmed case is in a person with Asia-related travel. The Pima County Public Health Department and ADHS are currently investigating to learn if there was any community exposure to the disease.

“We are working with our healthcare and public health partners to make sure we quickly identify any possible exposures to the community that may have occurred,” said Marcy Flanagan, Director of the Pima County Health Department. “As more and more cities and counties across the United States experience cases of vaccine-preventable diseases like measles, we are working hard to prevent that from happening in Pima County.”

Measles spreads through the air when an infected person coughs or sneezes. Measles symptoms appear seven to 12 days after exposure but may take up to 21 days to appear. It begins with a fever (101 F or higher), red, watery eyes, cough and runny nose and is followed by a rash that is red, raised, and blotchy. The rash begins on the face at the hairline and moves down the body and may last five to six days.

“We know that infectious diseases are just a plane ride away,” Dr. Cara Christ, director of the Arizona Department of Health Services. “Measles is a serious and highly contagious disease that can spread quickly. We recommend that everyone is vaccinated against measles to help keep our communities safe.”

Measles can be prevented with the MMR vaccine. The vaccine protects against three diseases: measles, mumps and rubella. The CDC recommends children get two doses of MMR vaccine, starting with the first dose at 12 through 15 months of age and the second dose at 4 through 6 years of age. Teens and adults should also be up to date on their MMR vaccination. The MMR vaccine is very safe and effective.

You are immune to measles if you have received two doses of the MMR vaccines or were born before 1957 and have received one MMR vaccine. Health care providers are required to report suspect cases of measles to their local health department.

What to do if you think you have measles:

- If you have a healthcare provider, contact him/her by phone and let them know that you may have been exposed to measles. They will let you know when to visit their office so as not to expose others in the waiting area.
- If you do not have a health care provider, you may need to be seen at your local hospital emergency room/urgent care center. Please call before going to let them know you may have measles.

For information about measles, visit the Arizona Department of Health Services’ website at [azhealth.gov/measles](http://azhealth.gov/measles).



# Provider Services 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>
- Every Child by 2 Immunizations (ECBT): 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.  
[www.ecbt.org](http://www.ecbt.org)
- Arizona State Immunization Information System (ASIIS) and 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.  
[www.whylimmunize.org](http://www.whylimmunize.org)
- 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)
- 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.  
Online: <https://extranet.azdes.gov/azeip/AzeipREF/Forms/Categories.aspx>
  - Contact the local AzEIP office: <https://extranet.azdes.gov/AzEIP/FamilyInfo/FamilyInformation/FamilyInfo.aspx>

## Comprehensive Medical and Dental Program

### “Serving Arizona's Children in Foster Care”

(602) 351-2245

800 201-1795

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

#### **Fax Numbers**

Claims.....(602) 265-2297

Provider Services.....(602) 264-3801

Behavioral Services.....(602) 351-8529

Medical Services .....(602) 351-8529

Member Services.....(602) 264-3801

#### **Email Address**

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.