



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

THE CMDP NEWS

The Comprehensive Medical and Dental Program (CMDP)
A Program of the Division of Children, Youth and Families
Bi-Annual Newsletter for Arizona's Foster Care Community

June 2013

CMDP (602) 351-2245, (800) 201-1795

1st Edition

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CMDP Mission Statement:

"The Comprehensive Medical and Dental Program (CMDP) promotes the well being of Arizona's children in foster care by ensuring, in partnership with the foster care community, the provision of appropriate and quality health care services."

CMDP Goals:

- Proactively respond to the unique health care needs of Arizona's children in foster care.
Ensure the provision of high quality, clinically appropriate and medically necessary health care, in the most cost effective manner.
Promote continuity of care and support caregivers, custodians and guardians through integration and coordination of services.

Medical Information

What is EPSDT and what does it cover?



Ask Dr. Sue...

EPSDT stands for Early Periodic Screening, Diagnosis and Treatment. It is a federally mandated Medicaid well-child program that is available for all

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A Program of the Division of Children, Youth and Families

**To Call CMDP, Phone-602-351-2245 or Toll Free 1-800-201-1795**

children and adolescents from birth until their 21<sup>st</sup> birthday. In our state, all Medicaid is administered through the Arizona Health Care Cost Containment System, called AHCCCS. The Comprehensive Medical & Dental Program (CMDP) is the AHCCCS health plan that is responsible for ensuring, in partnership with foster care providers, the provision of appropriate and quality health care services for the wellbeing of Arizona's children in foster care.

The EPSDT program provides all medically necessary healthcare for the infant, child, and adolescent in foster care. These services include: a complete health history and physical exam, growth, development and nutrition checks, immunizations, blood and urine tests, vision and hearing testing, behavioral health screening, dental care, and the follow-up and referral of any medically-necessary healthcare services, such as eyeglasses and hearing aids, when appropriate.

Children in foster care are at higher risk of developmental and behavioral health disorders and therefore it is important that all children and youth have an EPSDT that includes the behavioral health screen to determine the need for a referral to the appropriate Regional Behavioral Health Authority. In addition, a developmental screening test or assessment is equally as important. National studies show that children in foster care routinely receive the physical health assessment; however, only 43% receive the behavioral health and developmental screenings.

The EPSDT program is probably the most comprehensive well-child service package offered under any healthcare insurance. It is important to make sure that all children in foster care receive the appropriate well-care visits. The required EPSDT visits for CMDP follow those intervals set by the American Academy of Pediatrics.

There are **10 visits** required in the first **24 months** of life!

**Children under 2 years-of-age require EPSDTs (well care) at all these ages:**

❖ <b>Two (2) to Four (4) days,</b>
❖ <b>One (1) month,</b>
❖ <b>Two (2) months,</b>
❖ <b>Four (4) months,</b>
❖ <b>Six (6) months,</b>
❖ <b>Nine (9) months,</b>
❖ <b>Twelve (12) months,</b>
❖ <b>Fifteen (15) months,</b>
❖ <b>Eighteen (18) months, AND</b>
❖ <b>Twenty-Four (24) months-of-age!!</b>

**After the age of 2, children and youth require an annual EPSDT visit until their 21<sup>st</sup> birthday.**

**You can select a doctor that can perform an EPSDT service by visiting CMDP's website at: [www.azdes.gov/cmdp](http://www.azdes.gov/cmdp) or for assistance please contact Member Services at (602) 351-2245 or 1 (800) 201-1795. Press Option 1 for English or Option 2 for Spanish, then press Option 3-1.**

**Asthma**

Asthma is a condition of the respiratory system (lungs) that causes children to cough and be short of breath. Asthma is the leading illness that causes children to miss school. Asthma "attacks" are the third leading cause for children under 15 years old to be hospitalized. In fact, there are about 14 million asthma-related absences per year, which result in missed opportunities for children.

The best way to control asthma symptoms is preventative medicine. These medicines are called inhaled corticosteroids and long-acting beta-agonists. When used properly, these types of inhalers can help a child to breathe better and reduce episodes of coughing. (Your doctor can teach you how to use the inhaler) Children who are not on these medicines do not have good control of

their asthma. There are also inhalers to use when you're actually having an asthma attack, but they don't prevent the symptoms. It is very important to have the type of inhaler that helps to control/prevent those attacks. Children with poor asthma control are more likely to be in the emergency room and hospital

**It is very important that you take your children to their doctor's appointments regularly. Always have them take their medications as ordered.**

If you have any questions about asthma, please contact the CMDP Medical Services Unit.

### **Pertussis (Whooping Cough)**

#### **What You Need To Know**

Pertussis (Whooping Cough) is a very serious respiratory infection caused by the pertussis bacteria, which causes severe coughing that you can't stop. The disease is most dangerous for babies and young children. More than half of babies who get this disease need care in the hospital, and one out of five get pneumonia. Pertussis can also cause seizures and brain damage. According to the Centers for Disease Control (CDC) there were 41,000 cases of Pertussis reported in the United States in 2012. This included 18 deaths, the majority of which occurred in infants 3 months old and under.

Many babies and young children get Pertussis from adults and teenagers who don't know they have the disease. The adults and teens may have been vaccinated when they were younger but protection from the vaccine decreases over time. When this happens a person is at risk for getting and spreading this illness. Pregnant women with Pertussis can give

it to their newborn babies, who can get very sick and die.

The symptoms of whooping cough start out like a cold with a runny nose, sneezing, and mild cough. Infants may have apnea (a pause in breathing.) After 1-2 weeks, severe coughing fits can start. Coughing fits make it hard to breath, eat, or sleep. Babies and young children may turn blue while coughing due to lack of oxygen. This coughing can last 10 weeks and reoccur with the next respiratory illness. Older children and adults that have been immunized may still get the disease but it is usually a milder case.

The best way to prevent Pertussis is to get vaccinated. Vaccine recommendations are:

**Infants and Children:** The recommended vaccine for children is called DTaP. This is a safe and effective combination vaccine that protects children against three diseases; diphtheria, tetanus, and pertussis. For the pertussis vaccine to be most effective children need five shots. The first three shots are given at 2, 4, and 6 months. The fourth shot is given between 15 to 18 months and the fifth shot is given when the child enters school, between 4 and 6 years old.

**Preteens and Teens:** Vaccine protection for pertussis, tetanus, and diphtheria can decrease with time. A booster vaccine, called Tdap, should be given at 11 or 12 years of age. If a teen misses the preteen booster, they should get the shot when they next visit their primary care provider.

**Adults:** Adults 19 years or older that did not get Tdap as a preteen or teenager should get one dose of Tdap. It is especially important to get this booster at

least two weeks before coming in contact with an infant.

**Pregnant women:** Expectant mothers should get one dose of Tdap during **each** pregnancy at 27 through 36 weeks. This booster will make it less likely that the mother will get pertussis and transmit it to her baby. Also the maternal antibodies can transfer to the newborn helping provide some protection against pertussis until the baby receives the first DTaP shot at 2 months. Parents should also keep their baby away from anyone who has cold symptoms.

**For more information please visit:**  
<http://www.cdc.gov/features/pertussis>

### **The Importance of Pelvic Exams for Youth Who Are Sexually Active**

Many young girls that are sexually active are uncomfortable and embarrassed with the idea of pelvic examinations. Finding a good gynecologist will decrease some of the fear and anxiety with this exam. When you make the appointment, let them know how old you are and if this is the first time you have had this type of exam.

There are several reasons why it's so important for sexually active girls to make an appointment for a checkup with a gynecologist.

- ❖ During a pelvic exam, routine cultures for sexually transmitted infections (STI) can be done as well as checking for cervical cancer. We know that the earlier girls have sex, the more likely they are to contract sexually transmitted infections (STI) and human papilloma virus (HPV). HPV can put you at greater risk of cervical cancer in the future. The good news is

that now, with the HPV vaccine, girls and boys are protected.

- ❖ During the visit for a pelvic exam there are many topics that should be discussed with the doctor. Some of these topics include safe sex, protection from pregnancy and STIs, domestic violence, intimate partner violence and date rape.

To select a gynecologist visit CMDP's website at: [www.azdes.gov](http://www.azdes.gov) or for assistance please contact CMDP Member Services at (602) 351-2245 or (800) 201-1795. Press Option 1 for English or Option 2 for Spanish, then press Option 3-1.

### **Text4baby – Free Service for Mom's and Mothers to Be**

Text4baby is a free cell phone text messaging service for pregnant women and new moms. Text messages are sent three times a week with information on how to have a healthy pregnancy and a healthy baby. The text messages are timed to the pregnant woman's due date or the baby's date of birth.

The free text messages provide tips on subjects including breastfeeding, car seat safety, developmental milestones, emotional wellbeing, exercise and fitness, immunizations, labor and delivery, nutrition, prenatal care, safe sleep, and stop smoking. The text messages also provide 1-800 numbers and other resources to learn more. Text4baby won't count against the total amount of messages allowed by your cell phone carrier.

Signing up for text4baby is easy and just takes a few minutes. Follow these easy steps, or you can sign up online.

- 1) Grab your cell phone and text the word "BABY" to the number 511411. If you'd like to get the messages in Spanish, text "BEBE" to 511411.
- 2) When prompted, enter your expected due date or baby's date of birth.
- 3) Put in your zip code (e.g., 85042).
- 4) You're done! Now you will get three messages a week until your baby turns one year old, timed to how far along you are in your pregnancy or how old your baby is. Sometimes we send special alerts, so on certain weeks you may get an extra message.
- 5) If at any time you want to cancel service, just text STOP to 511411 (or reply to one of your text4baby messages with the word STOP).

For more information or to sign up online visit:

<https://text4baby.org>

You may also contact CMDP at 602-351-2245 and ask to speak with the Maternity/Child Care Coordinator who is a nurse and she will help you.

### Dental Care



#### **Preventing Cavities in Children**

Tooth decay (cavities) can start early in children. It is not unusual to see cavities in young children, even those less than 2 years of age. This early tooth damage is often called baby bottle tooth decay or nursing bottle decay.

When an infant or toddler has cavities it is usually caused by too much sugar in the bottle or sippy cup. If the child uses the bottle/sippy cup many times during the day, the sugar will damage the teeth.

Tooth decay can occur in children of all ages. It is important to know that it can be prevented or stopped from getting worse.

#### **Things to remember:**

- ❖ First visit to the dentist should be by 12 months of age
- ❖ See the dentist before a problem occurs and start a dental home
- ❖ Parent/caregiver should check the teeth often for white spots (beginning decay) or dark spots (cavity)
- ❖ Parent/caregiver should brush young children's teeth and help them until 8 years of age or longer as needed for children with special health care needs
- ❖ Avoid high sugar drinks, foods and snacks
- ❖ Sugar sweets should be eaten at meal time, not throughout the day
- ❖ Choose healthy snacks that don't stick to teeth
- ❖ See the dentist every 6 months to check for cavities
- ❖ Ask dentist about using fluoride toothpaste and fluoride water to help teeth stay strong
- ❖ Use dental floss daily
- ❖ Strong healthy teeth and gums are important for general health

*Be cavity free and enjoy a lifetime of healthy smiles!*

Dr. Jerry Caniglia  
CMDP Dental Consultant

### Safety Tips

#### **Watch Your Kids Around Water – Home Safety**

When many of us hear the phrase “**Watch Your Kids Around Water**” we automatically think of a pool or bath tub. But Babies and Toddlers can also drown in a bucket or a toilet. A young child's

curiosity, along with crawling and pulling up while learning to walk, can lead to danger. A curious child might lean forward to play in the water, topple in head first, become unable to free themselves, and then drown. Nationally over 25 children drown in this manner every year leaving behind devastated families. For children who do survive a “near drowning” the consequences can be severe. They may suffer permanent neurological disability, the effects of which often result in long lasting physical and emotional trauma for both the child and family. There is no treatment or medicine that can “undo” injuries received in a drowning, so preventing these tragedies is critical. There are several steps that can be taken to help protect our precious children:

- ❖ Never leave any bucket of liquid (especially over five gallons) unattended when small children are around.
- ❖ When doing household chores move the bucket to a safe place before taking a break.
- ❖ Always empty a bucket when not in use.
- ❖ Keep the door to the bathroom closed
- ❖ Keep the toilet seat down.
- ❖ Install a toilet seat safety latch.
- ❖ Stay within arm’s reach any time a child is near an open bucket of liquid or a toilet.
- ❖ Take a CPR class.

**For additional information please visit the Drowning prevention Coalition of Arizona at [www.drowningpreventionfoundation.org](http://www.drowningpreventionfoundation.org)**

## **Preventative Care**

### **CMDP Covers Medications to Help Teens Stop Smoking!**

As most of us know, tobacco is a major health hazard to infants, children, teens, and families. Scientists say there are over 4,000 compounds in cigarette smoke. A sizeable number of them are toxic - they are bad for us and damage our cells. Some of them cause cancer.

Nicotine is highly addictive, smokers find it very hard to quit because they are hooked on the nicotine. Nicotine is an extremely fast-acting drug. It reaches the brain within 15 seconds of being inhaled. If cigarettes and other tobacco products had no nicotine, the number of people who smoke every day would drop drastically. Without nicotine, the tobacco industry would collapse.

Tobacco use by children and teens is seen with other risky behaviors, such as rebelling, early sexual activity, school problems, and use of other medicines and street drugs. . Many teens and pre-teens try cigarettes, cigars, and chewing or smokeless tobacco.

CMDP covers medications that can help addicted teens stop smoking! Please have the teen’s PCP submit a prior authorization form to CMDP for coverage of this type of medicine.

### **5 steps to Sun-Safety for Kids**

The Skin Cancer Foundation estimates that 80% of lifetime sun exposure occurs during childhood -- and that just one blistering sunburn can double the risk of getting melanoma later in life. Protect your children by following these tips from the American Academy of Dermatology and the American Academy of Pediatrics:

- ❖ Limit outdoor playtime between 10 a.m. and 4 p.m. Avoid unnecessary exposure when the sun's rays are at their strongest. Even on

cloudy or cooler days, ultraviolet (UV) rays remain strong. Shady spots can be just as tricky because of reflected light. If your child is playing outdoors during these hours, make sure to apply sufficient sunscreen.

- ❖ Apply sunscreen properly. Generously apply sunscreen 30 minutes before your child goes out in the sun. Choose a sunscreen with SPF (Sun Protection Factor) 15 or higher. Scented and colorful sunscreens appeal to some kids and make it easier to see which areas have been covered well. Don't forget nose, ears, hands, feet, shoulders, and behind the neck; lips can also burn, so apply a lip balm with SPF protection. Reapply sunscreen every 2 to 3 hours, or after sweating or swimming.
- ❖ Cover up. Wearing protective clothing and hats is one of the most important ways of warding off UV damage. When wet, light-colored clothing transmits just as much sunlight as bare skin. Keep your kids covered with dark colors, long sleeves, and pants whenever possible. And don't forget sunglasses with UV protection to guard against burned corneas, and hats to prevent sunburned scalps and faces. Protective clothing, hats with brims, and sunglasses are just as important for babies. At the beach, bring along a large umbrella.
- ❖ Keep watch on medications. Some medications increase the skin's sensitivity to the sun, so make sure to ask your doctor whether your child may be at risk. Prescription antibiotics and acne medications are the most common medications that can cause problems, but when in doubt, ask.

- ❖ Set a good example for your kids. If your child sees you following sun-safety rules, he'll take them for granted and follow suit. Skin protection is important for every member of the family, so team up with your children to stay protected when venturing out in the sun.

### **Cultural Competency**



### **The 2012 Cultural Competency Plan and Language Survey Results**

CMDP **completed** the following goals of the 2012 Cultural Competency Plan:

- ❖ Continue to make member vital materials available in Spanish translation and/or alternative formats or another language, as requested.
- ❖ Provide cultural competency information in each edition of the *CMDP News* newsletter (Foster Care Community).
- ❖ List the languages spoken by health care providers in the Provider Directory. The directory is available for all members via the CMDP website and is mailed upon request. CMDP's web site: [www.azdes.gov/cmdp](http://www.azdes.gov/cmdp).

Notice of translation services and the availability of the Provider Directory are given to members and foster caregivers in the *CMDP NEWS* newsletter. This

information is also in the CMDP Member Handbook.

### **Language Survey Results:**

**(#1) CMDP Must Survey-** Five percent (5%) of randomly selected members with Spanish listed as their primary language:

**Results:** For CMDP's population 40 members were selected. While this represents 100% of CMDP's Spanish-speaking population, it is less than 1% of our total enrollment. Twenty-five (25) members were selected from the metro Phoenix area and fifteen (15) members from the remainder of the state.

CMDP made telephonic contact with 17 member/foster care placements for the purpose of the survey. All 17 members/foster care placements responded **YES** to the following questions:

- ❖ Was the health care provided respectful of the member's culture?
- ❖ Based on the cultural needs of the member, were the services acceptable?
- ❖ In respect of the culture and language spoken by the member, was the health care and treatment understood?

(75% of CMDP's Member Services staff are fluent in Spanish.

**(#2) CMDP Must Survey-** 100% of CMDP members that are listed as non-English and non-Spanish speaking, to assist and ensure the provision of culturally competent health care services:

**Results:** CMDP had 2 members in this category. Telephonic contact was made with the two member/foster care placements. The survey

questions were the same as those for survey #1. The responses were **YES** for all three survey questions. They also stated the children in these placements understood English very well and used this language in their daily interactions. The languages listed for the 2 members were:

**1-Vietnamese**  
**1-Arabic**

**(#3) CMDP Must Survey-** 100% of all members who file a complaint with CMDP stating their cultural needs were not met by health care providers:

**Results:** CMDP had **NO** member/foster care placements file a complaint that their cultural needs were not met by health care providers.

**(#4) CMDP Must Survey-** 100% of all members who call CMDP requesting providers of similar cultural backgrounds or for providers who can deliver services in a manner that is respectful and considerate of the cultural needs of the member.

**Results:** received calls from two (2) member/foster care placements requesting services from Spanish language speaking providers. After receiving referrals from CMDP, both placements were mailed surveys with the following questions:

- ❖ Did you schedule an appointment right away or did you have to wait a long time?
- ❖ Did they have Spanish-speaking staff to help you communicate with the doctor?
- ❖ Were you satisfied with the services received?

Both placements reported they were very satisfied with the care and accommodations delivered by the selected health care providers. There were no complaints with making appointments. Both placements were also informed they should contact

CMDP if they ever have an issue or let us know if they require a different provider.

CMDP received **NO** complaints from member/foster care placements in regards to receiving culturally competent health care from CMDP health care providers. This included complaints that would have been reported to CMDP through various avenues, such as quality management meetings and tracking of calls to Member or to Medical Services, which would have been reviewed and addressed.

#### **Reminder to Caregivers and CMDP Members:**

Always submit the **CMDP ID Card** when receiving services. We get late claims from providers stating they did not know whom to bill for payment. Then, the providers bill members, caregivers or the former health plans of members. It is very important that you show the ID card and ask providers to bill CMDP for all covered services. The ID card is not required in order to receive emergency services.

CMDP does not want foster caregivers to pay out of pocket for covered services unless it is an emergency and the provider will not accept the CMDPID card at that time.

Caregivers should contact CMDP Member Services, if possible, before ever paying out of pocket. Health care providers should always be instructed to bill CMDP for payment.

#### **CMDP MATERIALS**

- All CMDP member materials are available in alternative formats and languages, including member handbooks. These materials are free of charge.
- Translation and interpreting services are also available for members and foster caregivers.

- These services are free of charge Make your request by contacting CMDP Member Services at 602-351-2245; toll-free at 1-800-201-1795

#### **WEBSITE INFORMATION**

Please visit the CMDP Web site. The site has a lot of health care information. The site has past editions of CMDP newsletters for members and health care providers.

The **Provider Directory**, which list health care providers, is on the CMDP Web site. Look for it on the CMDP home page menu, under "Search for Providers". Contact CMDP Member Services if you want a copy mailed to you.

The newly revised **2013 Member Handbook** is now available on the CMDP Website. If you want a copy mailed to you, contact CMDP Member Services at 602 351-2245, toll free at 1-800-201-1795.

#### **The CMDP Web Site:**

<http://www.azdes.gov/cmdp>

