



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

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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

**A Message from the CMDP Medical Director
 Dr. Susan Stephens**

Flu season 2013 is around the corner and most people who fail to get a flu shot and get the flu will have mild illness and won't need medical care or antiviral drugs. They will recover in less than two weeks. However, children under five years, and especially younger than two years, are more likely

to have flu complications that result in hospitalization and occasionally resulting in death. Pneumonia, bronchitis, sinus infections and ear infections are examples of flu-related complications.

The flu also can make chronic health problems worse. For example, children with asthma may experience asthma attacks while they have the flu. All children should get a flu shot, but it is even more critical for those who are considered high risk.

The list below includes examples of the groups of children more likely to get flu-related complications if they get sick from influenza.

- ✓ Neurological- such as cerebral palsy, epilepsy, stroke, intellectual disability (mental retardation), moderate to severe developmental delay, muscular dystrophy
- ✓ Chronic lung disease –such as cystic fibrosis
- ✓ Heart disease -such as a congenital heart problem
- ✓ Blood disorders -such as sickle cell disease
- ✓ Endocrine disorders -such as diabetes mellitus
- ✓ Kidney disorders
- ✓ Liver disorders
- ✓ Metabolic disorders
- ✓ Weakened immune system due to disease or medication -such as children with HIV or AIDS, or cancer
- ✓ Children who are morbidly obese – such as Body Mass Index of 40 or greater
- ✓ Children with a recent hospitalization for an infectious disease
- ✓ Pregnant

If you are responsible for a child that has a chronic health problem on this list please make a special effort to ensure they get their flu shot. Flu shots became available in September. Contact the child's PCP (Medical Home Provider) to schedule a flu shot appointment. You could be saving a life.

Don't overmedicate your child during cold, allergy season

It's that time of year when colds and seasonal allergies overlap, and so do the medicines to treat them. Taking two over-the-counter medicines at once can be dangerous if they both have the same active ingredient.

Sniffling, coughing, itchy eyes and sneezing could mean your child is coming down with a cold. Or is it allergies? Or both? Finding the right medicine can be tricky because many medications used to treat cold and allergy symptoms use the same active ingredients. Giving a child more than one medicine with the same ingredient could lead to an overdose. In addition, some cold medicines combine antihistamines and fever reducers. Giving these medications plus another medicine to reduce fever also could cause an overdose.

You can find a medication's ingredients on the product label. Active ingredients make the medicine work. Inactive ingredients include flavors and dyes.

Here are some active ingredients of cold and allergy medicines sold over the counter. The brand names are in parentheses.

- ✓ Antihistamine/decongestant: diphenhydramine (Benadryl), chlorpheniramine (Chlor-Trimeton), pseudoephedrine (Sudafed), clemastine (Tavist), fexofenadine (Allegra), loratadine (Claritin, Alavert) and cetirizine (Zyrtec). Too much antihistamine can cause a child to become very sleepy or hyperactive. In rare cases, an overdose could cause breathing problems.

- ✓ Fever reducers/pain medicine: ibuprofen (Advil, Motrin) and acetaminophen (Tylenol).

Too much ibuprofen can cause stomach upset or diarrhea. Taking too much acetaminophen over time can cause liver damage.

- ✓ When choosing medicine, it also is important to consider your child's age. Cough and cold medicines do not work for children younger

than 6 years of age, and some even can be dangerous, according to the American Academy of Pediatrics (AAP).

- ✓ The AAP encourages parents to keep a list of the over-the-counter medicines their child is taking and sharing it when they see their pediatrician. It also is a good idea to keep a list of prescription medications. Parents should talk with their pediatrician about medication choices, especially if their child is under 6 years of age.

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Do You Know Your Child's BMI ?

Body Mass Index (BMI) is a measure used to identify a person who is overweight or obese. During your child's routine Early Periodic Screening, Diagnostic and Treatment (EPSDT) visit the doctor will determine their BMI to see if they are at a healthy weight.

For children and adolescents aged 2-19 years:

- ✓ Overweight is defined as a BMI at the 85th percentile and below the 95th percentile for children of the same sex and age.
- ✓ Obesity is defined as a BMI at or above the 95th percentile for children of the same age and sex.

Consequences of childhood obesity

Childhood obesity can have a harmful effect on the body in a variety of ways. Obese children are more likely to have:

- ✓ High blood pressure and high cholesterol.
- ✓ Increased risk of type 2 diabetes.
- ✓ Breathing problems, such as sleep apnea, and asthma.
- ✓ Joint problems and muscle discomfort.
- ✓ Fatty liver disease and gallstones.
- ✓ Obese children and adolescents have a greater risk of social and psychological problems, such as discrimination and poor self-esteem, which can continue into adulthood.

My child has a high BMI – now what?

Be sure the doctor explains your child's BMI to you. Keep track of their BMI from each visit as this will give you a more complete health picture. If your child is overweight or obese ask the doctor:

- ✓ To check their cholesterol and other important lab work
- ✓ To consider a referral to a nutritionist
- ✓ To give you exercise options
- ✓ To consider a referral to Behavioral Health
- ✓ In severe cases, ask the doctor if a referral to, The Childhood Obesity, Cardiovascular Disease, and Diabetes Treatment for Arizona Kids – Care Clinic at Phoenix Children's Hospital is appropriate.

It is going to take hard work on everyone's part to reverse the current child obesity trends. Here are a couple of websites that can be helpful resources:

- ✓ <http://www.azdhs.gov/phs/bnp/nupao/>
- ✓ <http://www.eatwellbewell.org/>

Preventative Care

Family Planning

It is very important that all foster caregivers and case managers work together in order to educate our youth, young women AND young men, on pregnancy prevention, safe sex methods if having sex, and abstinence. Please talk with your foster children about abstaining from sexual practices until they are adults and able to handle the responsibility of caring for children on their own.

Foster parents, relative placements, and group home settings are the "front- lines" when it comes to caring for our teens. They are the eyes and ears about what is occurring in the lives of Arizona's teens in foster care. Please work together with your case manager regarding concerns about sexual activity and pregnancy prevention education. Sometimes, a talk with a teenager regarding these

concerns and ways to be proactive before pregnancy occurs can really help. It may seem that the teen is not listening or does not want to talk about it, but it is very important to be proactive rather than reactive when it comes to pregnancy prevention.

Remember, even if the youth doesn't act like they care about what you are saying to them, they may really need that information at some point and they will appreciate you for taking the time to show that you care about them!

Reminder-CMDP Does Cover:

- ✓ Contraception-implantable, injectable, and oral!
- ✓ Spermicides-including foams, jellies and suppositories
- ✓ The cost of non-prescription supplies if they are ordered or written on a prescription
- ✓ Supplies or devices prescribed by a physician, including condoms
- ✓ Testing for all sexually transmitted diseases

HIV Testing for Pregnant Teens

All pregnant teens should be tested for HIV as early as possible during each pregnancy.

Your health care provider will do a blood test to check for HIV. It can take a few days to get the result of the HIV test. Testing of adolescents, ages 13 and older may be done when ordered by a healthcare provider. Youth, 13 and over may self-consent to HIV testing, however, adult consent is required for youth 12 and under by a legal guardian. Pregnant teens must be offered HIV testing at their prenatal visits with their OB/GYN doctor.

Talk to your doctor about getting tested for HIV. A mother who knows early that she is HIV infected has more time to make important decisions. She and her healthcare provider will have more time to decide on effective ways to protect her health and prevent mother-to-child transmission of HIV. She can also take steps to prevent passing HIV to her partner. Counseling is available for all members that test HIV positive.

Managing School Anxiety

School is in full swing and many children from preschool through high school experience school related stress and anxiety. Stress can come from many things such as caregiver separation, fear of failure, and being nervous around other kids.

Children and adolescents can have anxiety that causes behavioral and physical problems. Some of these problems can be nightmares, anger, withdrawal, poor grades, eating disorders, and drug/alcohol use, as well as headaches and stomachaches.

Some ways to deal with this school related anxiety for younger children includes reading books and visiting the school before the school year begins and allowing the child to carry a personal item with them to feel secure (a photo, bracelet, or special small toy). For older children, communicate openly and decide a clear daily plan to get to and from school. It is also important for all children to have a regular routine, encourage healthy eating habits, and teach anxiety relieving tricks (such as deep breathing and counting to ten).

If you notice that the child continues to display anxious behaviors, they may need to be seen by a behavioral health specialist to address their needs. You can contact CMDP's Behavioral Health Unit if you need help getting behavioral health services at CMDPBHC@azdes.gov. You can also visit Worry Wise Kids and other website resources for information on how the child's school can meet their needs to help them feel safe and to cope with their anxiety while at school.

- ✓ **Worry Wise Kids** – Link of what schools can do to accommodate anxious kiddos:
<http://www.worrywisekids.org/node/52>
- ✓ **Web MD:** <http://www.webmd.com/anxiety-panic/features/school-stress-anxiety-children>
- ✓ **Medscape:**
<http://emedicine.medscape.com/article/91673-7-overview>

Dental Care

Why Take Your Baby to the Dentist?

The first set of teeth which are often called “baby teeth” are important and should be cared for. The teeth begin to appear in a child’s mouth at 6 months of age. The baby teeth not only help your baby chew and later speak, but they help save room for the permanent teeth.



Tooth decay can occur in the baby teeth so it is important to start dental care at an early age. Most children do not see a dentist before 4 or 5 years of age. Unfortunately, tooth decay can start in teeth at these early years, especially if they have not been taken care of.

Tooth decay in young children can result in pain, prevent the child from eating and chewing properly and affect normal sleeping habits. Untreated tooth decay can rapidly damage the teeth which may result in tooth abscess and infection.

CMDP members should start dental services at an early age. The American Dental Association recommends that you bring your baby to the dentist by one year of age. This early visit to the dental office is known as a “well baby checkup” and establishes the dental home.

At the first visit, the dentist will check for tooth decay and other things that may affect the teeth as well as show you how to properly clean your baby’s teeth.

Regular dental checkups every six months following the first visit allow the dentist to look for decay and begin any necessary treatment as soon as possible. Usually at these checkups, a dental cleaning and fluoride treatment are completed as well as ways to care for the child’s teeth and gums.

Remember, starting early care for your baby’s mouth is the key to a healthy smile for life.

Dr. Jerry Caniglia
CMDP Dental Consultant

Cultural Competency

Help Create Culturally-Sensitive Care for Your Loved One

A person’s ethnic and cultural heritage plays an important role in shaping attitudes, beliefs, and behaviors about many aspects of life, including health care. When you’re looking for culturally-sensitive health care and caregiving services, it’s important to find healthcare providers who recognize, understand, respect, and respond to your ethnic and cultural beliefs. Your healthcare providers’ cultural sensitivity should extend to the manner in which they communicate and build relationships with you and your loved one.

To find the best possible healthcare and caregiving providers with staff and services that address your cultural beliefs, you should ask questions of potential providers. Through a question-and-answer session you can learn first-hand about a healthcare provider’s communication skills, and their desire and ability to create a trusting relationship with your loved one. You can also get insight into whether or not their diagnostic and treatment plan will be culturally sensitive. This interaction can help you decide if this healthcare provider or service is the right one for you or your loved one.

Help Ensure Open, Culturally-Competent Communication Skills

Here are some tips to help you get a feel for the people who will be helping provide care to your loved one:

- ✓ Ask if they speak your loved one’s language or if a staff member is available as an interpreter/translator. Tell them what language is spoken most often among family and friends
- ✓ Try to judge if staff members are good listeners—paying attention to the patient’s



concerns and providing answers to questions. Even the behavior of the people answering the phone can give you clues.

- ✓ See if care options can be provided to fit with your loved one's cultural beliefs.
- ✓ Talk about how your loved one communicates his/her feelings and concerns—physically, verbally, and emotionally.
- ✓ Talk about which family member(s) should be included in discussions about the patient's condition/disease and subsequent treatment.

Help Establish a Better Patient/Provider Relationship

- ✓ Ask the healthcare provider who will or can be present with your loved one in the examining room (particularly when cultural beliefs guide how the human body is touched).
- ✓ Ask how this healthcare provider and staff feel about having second opinions provided for your loved one's condition or disease.
- ✓ Discuss whether your loved one and family view a physician as an authority figure. Some people may be afraid to be honest about their symptoms, health conditions and/or treatment options if they think the doctor will "judge" them or share such info with the family.

- ✓ Discuss what steps are needed to make your loved one emotionally and physically comfortable in the presence of a physician or caregiving team.

Approach to Diagnosis, Treatment and Care

- ✓ Talk about your loved one's cultural beliefs regarding the condition or disease.
- ✓ Let your loved one describe symptoms in his/her own terms; if they cannot, or are unwilling, let the health care provider know this.
- ✓ Try to get your loved one to talk about what the disease or condition means to him/her—because sometimes, people believe they "deserve" the illness or are being punished.
- ✓ Talk about whether your loved one believes eating or not eating certain foods will improve his/her condition.
- ✓ Talk about how your loved one will respond if they are given a prescribed therapy plan. Will they accept it, and will they follow it? Will they be truthful when asked if it's being followed?
- ✓ Talk about how your loved one feels and reacts in social situations which can affect treatment options, such as group counseling vs. one-on-one sessions.
- ✓ Creating culturally-sensitive care is more than finding healthcare providers, staff, and resources who speak your language. Recognizing and responding to cultural beliefs are important and, when they're understood and respected, can influence your loved one's behavior and result in more positive outcomes.

Members turning 18 years of age

Foster Parents and Care Givers~

Is the child in your care fast approaching the age of 18? If so, he/she must meet with the case manager to complete the AHCCCS enrollment paperwork. You can help the transition by scheduling a home visit with the case manager during the child's birthday month and ensuring the child is present for the meeting. This visit ideally should occur prior to his/her 18th birthday. You can also assist by encouraging the child to prepare for the meeting by identifying a new health plan. The following link will provide information on these health plan options.

<http://www.azahcccs.gov/applicants/healthplans/healthplans.aspx>

CMDP MATERIALS

- ✓ All CMDP member materials are available in alternative formats and languages, including member handbooks. These materials are "at no cost" to you.
- ✓ Translation and interpreting services are also available for members and foster caregivers.
- ✓ These services are available "at no cost" to you.
- ✓ Request materials 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 includes past editions of CMDP newsletters for members and health care providers.

The Provider Directory, which lists 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 Provider Directory mailed to you.

The 2013 Member Handbook is 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.

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 CMDP ID 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.

The CMDP Web Site:

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

