

CPSP Staff News



The Maternal, Child, Adolescent/Office of Family Planning Branch welcomes new CPSP staff: Laurel Cima, Patty Blomberg and Lorraine Cardenas.

LAUREL CIMA, M.P.A.

Laurel is responsible for the Comprehensive Perinatal Services Program, Black Infant Health Program and Adolescent Family Life Program. Previously, Laurel was the section Chief of the HIV Prevention Policy and Program Development Section, within the HIV Education and Prevention Services branch, Office of AIDS where she provided guidance and leadership in the development of HIV prevention policy and implementation of community-driven, innovative and evidenced-based programs. Prior to her tenure with the Office of AIDS, she was employed by Planned Parenthood which provided her with extensive women's health experience that consequently has given her the opportunity to provide program and policy direction to various women, maternal, child and adolescent health projects. Laurel is a certified HIV Counseling and Testing Counselor as well as Trainer.

PATTY BLOMBERG, M.S.

Patty is the new CPSP Health Program Specialist I. Patty has been the WIC Farmers' Market Nutrition Program Coordinator for the past seven years. Patty has worked with the Public Health fields of Family Planning, Developmental Disabilities and HIV/AIDS for the past two dozen years. She brings the perspective of working for the County of San Joaquin as well as several Community based programs in Sacramento.

Patty will provide coordination over all CPSP activities. Her assignments include CPSP training and education directions, working closely with Perinatal Service Coordinators, and working to bring uniformity and updates to the content of the CPSP program materials.

Patty also serves as an Adjunct Psychology Professor for Sacramento City College. Patty is married with three children and a one year old grandson.

LORRAINE CARDENAS

Lorraine Cardenas is the new Staff Analyst that processes and reviews CPSP applications and assists with provider issues. Lorraine transferred from the Department of Mental Health, Children and Family Program Policy Unit where she assisted Unit staff in providing consultation and support to county mental health programs, county mental health advisory boards and community stakeholders on the implementation requirements of the Mental Health Services Act (MHSA) as it pertained to children and youth programs and the development and implementation of plan updates as required by law. Lorraine also worked for the California Department of Forestry. Lorraine enjoys time with her family and 23 month old god daughter, and loves art and the outdoors.



website resources

Department of Health Services,
Maternal Child Health Branch
www.mch.dhs.ca.gov

Medi-Cal Policy Division
www.medi-cal.ca.gov

Sacramento State,
College of
Continuing Education,
Conference & Training Services
www.cce.csus.edu

IMPORTANT NPI TIME FRAME CHANGES

The California Department of Health Services (CDHS) has been advised by its Medi-Cal Fiscal Intermediary (F.I.), EDS, that more time is needed to implement and test system changes to ensure correct and timely payment of claims submitted with a National Provider Identifier (NPI). For Medi-Cal, the implementation of NPI will take place on November 26, 2007. A dual-use period will begin on May 23, 2007 and end on November 25, 2007. During this dual-use period, the Medi-Cal provider number will be required for all billing, communication, and/or transactions with Medi-Cal. Beginning November 26, 2007, only the NPI will be required for all billing, communication and/or transactions with Medi-Cal unless you are considered an "atypical" provider as defined by the HIPAA final rule. Please note that some exceptions apply where only the Medi-Cal provider number can be received during the dual-use period. For updates go to web site

http://files.medi-cal.ca.gov/pubsdoco/mpi/mpi.asp?hURL=mpi_overview.htm



MARK YOUR CALENDARS

Perinatal Services Coordinators Regional Meetings

Redding: April 25 – 26, 2007

San Diego: May 1 – 2, 2007

Carmel: May 17 – 18, 2007

State-Wide Perinatal Services Coordinators Meeting

Sacramento: October 10 -11, 2007

CPSP Overviews/ Steps to Take Trainings

Fresno: September 24 – 26, 2007

Concord: October 22 – 24, 2007

San Diego: November 5 – 6, 2007

For more information or to register, visit: www.cce.csus.edu/conferences





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The Comprehensive Perinatal Services Program (CPSP)

coordination NEWSLETTER

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Avian Flu

Maria A.L. Jocson, MD, MPH, Maternal, Child and Adolescent Health/Office of Family Planning Branch

1. What is avian influenza?

Avian influenza, or “bird flu”, is a contagious disease of animals caused by viruses that normally infect only birds. Avian flu viruses have, on rare occasions, crossed the species barrier to infect humans.

Two main forms of disease occur in domestic poultry. The “low pathogenic” form commonly causes only mild symptoms and may easily go undetected. The highly pathogenic form, on the other hand, spreads very rapidly through poultry flocks. The disease that ensues may affect multiple internal organs, causing mortality that can approach 100%, often within 48 hours.



2. What is the avian influenza (H5N1) virus that has been reported in Africa, Asia, Europe, and the Near East?

Avian influenza (H5N1) virus is an Influenza A virus subtype that is highly contagious in birds.

The first case of the spread of H5N1 virus to a human was reported in 1997. Cases of humans infected by the virus have been reported in Azerbaijan, China (including Hong Kong), Djibouti, Egypt, Indonesia, Iraq, Turkey, Thailand, Vietnam, and Cambodia. As of September 2006, there have been 251 cases and 148 deaths, as reported by the World Health Organization (WHO).

3. What are the implications of avian influenza to human health?

The widespread persistence of H5N1 in poultry populations poses two main risks for human health. Currently, H5N1 does not readily spread from birds to humans.

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It's Like a Sister Comes to See Me

Lori Buendia, RNC, IBCLC, Puentes Program Coordinator, Golden Valley Health Centers



The Merced County based Puentes Program began in 2000 as a project to reach out to rural families. It was designed to address issues of cultural and linguistic isolation, physical isolation and transportation barriers that often interfered with traditional early childhood healthcare. Working with Golden Valley Health Centers, staff visits families in their homes, providing case management, preventative education, referrals and family support. There are currently 643 children enrolled. Most of the families who receive visits are Spanish-speaking, have low-literacy rates and are low income.

Outreach

Puentes staff visits the hospital postpartum department, offering mothers participation in the program. Assistance is given scheduling appointments for the mother and baby along with their first Puentes visit, which is typically done before the baby is 5 days old. Most Puentes enrollees are newborns but older children may be referred by their medical provider for case management. Children are eligible to receive 16 visits during their first 5 years, covering topics of health, safety, development, nutrition and oral care at each visit.

Help with Transportation

Puentes has been able to increase rates of exclusive breastfeeding by its participants at twice the rate of non-participants and nearly three times as many continue to be breastfed at 6 months. Another key component is helping families transport their children to the medical provider for their physicals. Participants attend 85% of the recommended CHDP interval preventive exams in the first two years of life as compared to 67% of non-participants. 89% of Puentes participants have their immunizations up to date at 2 years compared to 78% of non-participants.

Puentes families really look forward to their home visits, with a comment made at a focus group "It's like a sister comes to see me." For mothers who are separated from their families, having a trusted educator help them navigate complicated health care issues and results in greater health rewards for the entire family.

Puentes provides Case management and home visits for moms and their newborns with emphasis in community collaboration.

1-866-PUENTES (783-6837)



Start Early

Outreach to pregnant women can begin with a new poster available for distribution regarding pregnant women and their dental care. It comes in English and Spanish. Check out the link.

<http://www.mchaccess.org/pdfs/legislation/Dental%20Poster%20Order%20Form.pdf>

IMPORTANT NPI TIME FRAME CHANGES

The California Department of Health Services (CDHS) has been advised by its

Medi-Cal Fiscal Intermediary (F.I.), EDS, that more time is needed to implement and test system changes to ensure correct and timely payment of claims submitted with a National Provider Identifier (NPI). Ensuring timely and accurate payment to Medi-Cal providers is of the utmost priority.

CDHS is extending the deadline for providers to register their NPI through the National Provider Identifier Collection (NPIC) online system from March 1, 2007 to May 23, 2007. The NPIC online system may be accessed through the Register, Update or Inquire About NPIs Web page. It is important that Medi-Cal providers register their NPI as soon as possible to ensure adequate time for its incorporation into the Medi-Cal payment system.

This is the web address for the NPIC online system. http://files.medi-cal.ca.gov/pubsdoco/npi/npi.asp?hURL=npi_reginfo.htm

Avian Flu

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Firstly, the risk of direct infection when the virus passes from poultry to humans results in very severe disease. Of the few avian influenza viruses that have crossed the species barrier to infect humans, H5N1 has caused the largest number of cases of severe disease and death in humans. Unlike seasonal influenza where infection causes only mild respiratory symptoms in most people, the disease caused by H5N1 follows an unusually aggressive clinical course, with rapid deterioration and high fatality. Primary viral pneumonia and multi-organ failure are common. Most cases have occurred in previously healthy children and young adults.

Secondly, of major concern is the risk that the virus will mutate into a form that becomes highly infectious for humans and easily transmissible from person to person. Such a change could mark the start of a global outbreak (a pandemic). This novel virus may cause severe illness and death because it is previously unknown, and humans or other mammals do not have any immunity to it.

4. Does seasonal influenza vaccine protect against avian influenza infection in people?

No. Seasonal influenza or flu vaccine does not provide protection against avian influenza. Currently, there is no commercially available vaccine to protect humans against the H5N1 virus; however, vaccine development efforts are taking place.

Individuals should get vaccinated for seasonal flu. The flu is a serious disease that causes 36,000 deaths (mostly among those aged 65 years or older) and more than 200,000 hospitalizations in the United States in an average year.

To prevent spread of illness when one has the flu, wash your hands often, cover your mouth and nose with a tissue when coughing and sneezing, throw tissues away in a trash can, avoid touching your eyes, nose, or

mouth, and stay home when you are sick if possible.

Pregnant women and newborns are at high risk for developing very serious problems such as lung infections from the flu.

The Advisory Committee on Immunization Practices recommends that certain priority groups should get vaccinated each year. These include:

1. People at high risk for complications from influenza
 - Children aged 6-59 months
 - Pregnant women
 - People 50 years of age and older
 - People of any age with certain chronic medical conditions
 - People who live in nursing homes and other long term care facilities

2. People who live with or care for those at high risk for complications from influenza

- Household contacts of persons enumerated in #1 (see above)
- Household contacts and out-of-home caregivers of children less than six months of age (these children are too young to be vaccinated)
- Healthcare workers

5. Can I get avian flu from eating or preparing poultry or eggs?

You cannot get avian influenza from properly handled and cooked poultry and eggs. Currently, there is no scientific evidence that people have been infected with avian flu by eating safely handled and properly cooked poultry or eggs.

Most cases of avian flu infection in humans have resulted from direct or close contact with infected poultry or surfaces contaminated with secretions and excretions from infected birds. Even if poultry and eggs are contaminated with the virus, proper cooking will kill it.

To stay safe, the recommendations are the same for protecting against any infection from poultry:

- Wash your hands with soap and warm water for at least 20 seconds before and after handling raw poultry and eggs.
- Clean cutting boards and other utensils with soap and hot water to keep raw poultry from contaminating other foods.
- Use a food thermometer to make sure you cook poultry to a temperature of at least 165 degrees Fahrenheit.
- Cook eggs until whites and yolks are firm.

The United States government carefully controls domestic and imported food products.

6. What can individuals do to protect themselves?

Get vaccinated for seasonal flu.

7. Can my baby still receive my breast milk when I have the flu?

It is important for your baby to continue receiving your breast milk since the health benefits of breastfeeding are well established. The flu virus is not passed through breast milk. Wash your hands and wear a mask over your nose and mouth when breastfeeding your baby. Always wash your hands before and after breastfeeding.

References:

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- Centers for Disease Control and Prevention. Avian Influenza (Bird Flu). Available at: <http://www.cdc.gov/flu/avian>. Accessed September 22, 2006.
- Centers for Disease Control and Prevention. What You Should Know About the Flu. Available at: <http://www.cdc.gov/flu>. Accessed September 22, 2006.
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- University of North Carolina Women's Hospital Patient Education Steering Committee. Influenza In and Around Pregnancy (Flu). Revised 11/03/04



New Law Requires Kindergarten Oral Health Check-up

Beginning January 1, 2007, landmark legislation requiring oral health assessments for children entering public school for the first time (at kindergarten or first grade) becomes effective in California. The ultimate goal of this program is to establish a regular source of dental care for every child. The program will identify children who need further examination and dental treatment, and will identify barriers to receiving care.

On an individual basis, dental examinations provided to children who have some form of dental coverage, including Denti-Cal, Healthy Families or commercial insurance, will be paid for by those benefit plans – as all include dental examinations as a benefit. In some cases, dental examinations may be paid for directly by the parent. If a dental check-up cannot be obtained, parents may get an excuse from this requirement by filling out the form provided by the child's school.

For further information on the state-required kindergarten oral health assessment, look at the California Dental Association's website at <http://www.cda.org>

The CPSP Question File

Q: In providing the initial assessments in nutrition, health education and psychosocial, can the assessments be client generated?

A: Yes. The CPSP provider has the option of having the client fill out an assessment form. However, only face-to-face contact is reimbursable under CPSP. In this example, the time spent by the CPSP client filling out the form cannot be billed. Time spent by a practitioner discussing the assessment with the client and adding additional information may be billed.

Q: Does the CPSP client have to be present at the time the process of nutritional assessment is completed, especially for trimester assessments?

A: Yes, if the CPSP provider wants to be reimbursed by Medi-Cal for the nutritional assessments.

Q: Can providers use the CPSP logo?

A: Yes. Providers are encouraged to use the logo to identify CPSP charts and/or documents.

Q: What advice can you give CPSP providers for documentation of CPSP in the client's medical record?

A: The medical record should include a brief description of the service(s) provided; a signature of the CPSP practitioner providing the service, including their position title (e.g., CPHW); the date the service was provided; the length of time (in minutes) service was provided face-to-face with the CPSP client; the CPSP client's refusal of any assessment, intervention, treatment, or referral offered or advised.