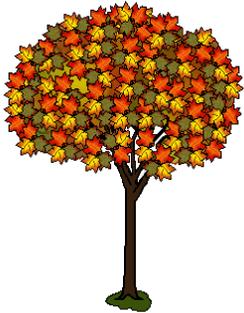


Benton-Franklin Child Health Notes



Promoting early identification and partnerships between families, primary health care providers & the community.

Universal Development Screening



*Screenings
for
development
will be a
covered
service
under*

**Washington
Apple
Health!**



The American Academy of Pediatrics recommends as part of their Bright Futures guidelines, that universal screening of children for developmental conditions and autism occur at the ages of 9, 18, and 24/30 months.

Requirements for the full range of screenings are already in place for children covered under private insurance, but this has not been the case for children receiving coverage under Washington Apple Health. Developmental screens and early detection of delays in primary care is a critical means of connecting children and families to resources and early intervention services. Connection and swift initiation into early intervention services significantly reduces the need for special-education or other corrective measures

after age three, resulting in substantial savings over time.

CPT code 96110 is to be used to report administration of a standardized developmental and autism screening instrument of a limited nature, scoring, documentation, interpretation and report. Clinical staff (ie...registered nurse/medical assistant) typically administers and scores the completed instrument while the physician incorporates the interpretation component into the accompanying evaluation and management (E/M) service. Examples of 96110 instruments include, but are not limited to, Ages and Stages Questionnaire-Third Edition (ASQ 3), the Modified Checklist for Autism in Toddlers (M-CHAT), and the Parents' Evaluation of Development Status.



As of January 1, 2016 WA Apple Health will provide coverage for universal screening for development and autism in children

<http://www.withinreachwa.org/tag/apple-health-for-kids/>

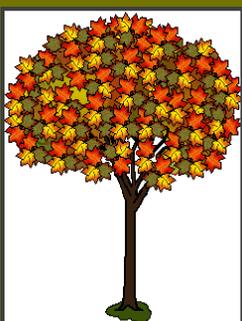




It is strongly recommended that the Pediatricians not the staff,



select the appropriate code(s) to report.



Reporting of administration of developmental screening may be in conjunction with preventive medical services or when screening is performed with other services such as acute illness or follow-up office visits.



When a limited standardized screening test is performed along with any preventive medicine service, both services should be reported and modifier 25 (significant, separately identifiable E/M service by the same physician on the same day of the procedure or other service) should be appended to the E/M code to show the E/M service was distinct and necessary at the same visit (Bright Future and Preventative Medicine Coding Fact Sheet.) If both a general developmental screen (ie... ASQ 3) and general autism screen (ie... M-CHAT) are performed during the same visit, reimbursement is approved for both.

For more information on Preventive Medicine Service Codes open link below.

<https://www.aap.org/en-us/professional-resources/practice-support/Coding-at-the-AAP/Pages/Bright-Futures-and-Preventive-Medicine-Coding-Fact-Sheet.aspx>



Bright Futures™

prevention and health promotion for infants, children, adolescents, and their families™

From the American Academy of Pediatrics

Note: This resource contains comprehensive listings of codes that may not be used by your practice on a regular basis. We recommend that you identify the codes most relevant to your practice and include those on your encounter form/billing sheet.

https://www.aap.org/en-us/Documents/coding_factsheet_brightfuturespreventivemedicine.pdf

Toxic Stress Impacts Brain Development!

Toxic Stress is a result of chronic activation of the sympathetic nervous system in response to ongoing adverse experiences and/or environments. In young children this chronic activation leads to devastating effects on the developing brain resulting in impairment of healthy development. As primary care providers who know what typical development is and how to assess for deviations, you are in a prime position to monitor toxic stress and promote resilience.

Listed below are some tips from the American Academy of Pediatrics (AAP) on how to integrate approaches to reduce toxic stress and promote resilience into practice.



Adopt an **ecobiodevelopmental** framework: Science has shown us that the environmental experiences (ecology) interact with the genetic predispositions (biology) to dramatically influence the development of the child and drives developmental outcomes across the lifespan (AAP.)

Read the **Policy Statement and Technical Report on Toxic Stress** to gain a better understanding of how the early environment influences, both positively and negatively, how the brain develops, is wired and how the genome is read.

Be familiar with the **Adverse Childhood Experiences (ACE) Studies** and understand how adversity in childhood affects behavior and health outcomes throughout the lifespan.

Educate parents on the importance of the role they play in their child's development.

Be knowledgeable about available resources within the community that can provide assistance to parents in need.

Assess the social-emotional status of the family at every visit by incorporating relationships as a vital sign. **Understand that “social-emotional surveillance is a critical fundamental, component of every visit” (AAP)** and know that the quality of the relationship between parent and child is critical to healthy development. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/EBCD/Pages/Key-Tips.aspx#sthash.mEZ30yk2.dpuf>



Encourage parents to “Protect, Relate, and Nurture” (PRN) all the time



Provide anticipatory guidance to assist parents in proactively building vital social-emotional and language skills to help mitigate toxic stress.

Early Brain and Child Development training modules from the AAP can be accessed at

<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/EBCD/Pages/educationModules.aspx>



AUTISM RESOURCES

TOP LOCAL AUTISM RESOURCES IN THE TRI-CITIES, BY MELISSA BROOKS, RN

<p>1. Parent to Parent</p>	<p>Who can help me? How do I get ahold of Parent to Parent?</p>	<p>Parent to Parent can guide you to the resources that you and your child need, offer support and a listening ear. We can match you with an experienced trained Helping Parent to be there when you have questions.</p> <p>Call (509) 783-1131, Ext 108 to reach Melissa Brooks, RN, or Maria Ramos, for Spanish speaking. (Or e-mail us at p2p@arcoftricity.com.) www.arcoftricity.com</p>
<p>2. FRC/ School</p>	<p>How old is your child?</p>	<p>If your child is under 3 and you have concerns about your child's development, talk to your child's doctor & call a Family Resource Coordinator at (509) 783-1131, ext. 128. Children over 3, call the local school district.</p>
<p>3. Better Together</p>	<p>Autism Group</p>	<p>A group for families with children with autism, or similar challenges. Join the closed Facebook group! Website offers FULL local resource directory, including where to go for a diagnosis and Step by Step guide to resources, www.BetterTogetherTC.com.</p>
<p>4. DDA</p>	<p>State service</p>	<p>Developmental Disabilities Administration is a department of DSHS to assist individuals who are eligible with a developmental disability. Call (509) 374-2111 to contact the local office.</p>
<p>5. SSI</p>	<p>Federal Service</p>	<p>Under 18, based on parent income, if a child is eligible, they may receive federal assistance. Over 18, it is solely based on the individual's income. Call 1-800-772-12131.</p>
<p>6. RTA Center</p>	<p>Classes and support</p>	<p>Responding to Autism Center offers classes and a support group. Go to www.respondingtoautism.net.</p> <p>(509) 396-9230 or e-mail, info@respondingtoautism.net</p>





Parent to Parent

What is Parent to Parent?

Parent to Parent is a program of The Arc of Tri-Cities that provides information and support to families with children, of any age, with developmental/intellectual disabilities. Melissa Brooks, RN is the Parent to Parent Coordinator. She helps families find the resources they need to help their children and offers support as a parent of children with disabilities, herself. She can guide them to applying for state and federal services, like DDA and SSI and much more. Maria Ramos is the Hispanic Outreach Parent to Parent Coordinator for our Spanish speaking families.

How do I refer families to Parent to Parent?

Give them our information to contact us or fax a referral to:

Melissa Brooks, RN and Maria Ramos, Parent to Parent Coordinators The Arc of Tri-Cities

1455 SE Fowler St.,
Richland, WA 99352
(509) 783-1131, Ext. 108

P2P@arcoftricity.com

Fax (509) 735-7706
www.ArcofTriCities.com

List created by Melissa Brooks, RN, Parent to Parent Coordinator, The Arc of Tri-Cities.

Parent to Parent has a partnership with Kennewick, Richland & Pasco School Districts. It is brought to you to provide information and support for all ages with intellectual/developmental disabilities. Contact Melissa with any questions.

This list is intended for informational purposes only. E-mail or call Melissa to request the Parent to Parent Monthly E-Newsletter with trainings/events.



Find us on Facebook: Parent to Parent

Is your Clinic Youth-Friendly?

Adolescents are often reluctant to seek out health care services. Many of the barriers adolescents have to seeking services are unique to their age and circumstances. Youth-friendly Clinics offer services that are easily obtained by, and meet the needs of adolescents.



These Clinics offer care in ways that youth find welcoming, comfortable, and responsive.

According to the **Healthy Teen Network**, the World Health Organization has developed 5 key dimensions of Youth-friendly health care services. In order to serve adolescents effectively, clinics must be:



- **Accessible** — Adolescents are able to obtain the services easily.
- **Acceptable** — Adolescents are willing to obtain the health services that are available.
- **Equitable** — All adolescents, not just selected groups, are able to obtain the health services that are available.
- **Appropriate** — The right health services (i.e. the ones they need) are provided to them.
- **Effective** — The right health services are provided in the right way, and make a positive contribution to their health.

A Teen-Friendly Reproductive Health Visit

Two teen-friendly reproductive health visits: one for a sexually active female, and one for a male not yet having sex.

Learn more at www.cdc.gov/TeenPregnancy/TeenFriendlyHealthVisit.html

National Center for Chronic Disease Prevention and Health Promotion
Division of Reproductive Health

Confidentiality is very important to adolescents seeking health care services. Although minors have the right to keep certain services confidential, many adolescents and healthcare staff are not aware of the extent of confidentiality laws. For more information on confidentiality, check out Advocates for Youth's **Best Practices for Youth-Friendly Clinical Services**.

According to the 2013 Healthy Youth Survey, 47% of high school students are sexually active, yet many of them have never been screened for STD's or had a conversation about sexual health with a healthcare provider. Click here for CDC's model for a **Teen-Friendly Reproductive Health Visit**.



Tongue and Lip Tie in Breastfeeding Infants



Many new mothers experience difficulty with breastfeeding. Common complaints include pain, low milk supply, and low weight gain in the baby. Often these problems are associated with a tongue or lip tie. This midline defect has become more common and more recognized in recent years.



A tight tongue or lip tie can prevent the baby from correctly latching to the breast and/or effectively transferring milk. These problems can cause pain and lead to poor growth and low milk supply. Many times, only an anterior tongue tie is diagnosed and released; however, virtually all anterior tongue ties are associated with a posterior tie as well.

The posterior tie is more difficult to see but causes more problems than an anterior tie because babies must be able to move the middle and back of the tongue up in order to create the negative pressure which draws milk.

Tongue ties are under-diagnosed by many healthcare professionals, or dismissed as unimportant; however, the release of a tie can make a dramatic difference in the baby and the mother. There is a demonstrated increase in the duration of breastfeeding with accurate diagnoses and treatment of a tongue tie which in turn decreases medical costs for the baby.



A modern approach to tongue tie, lip tie, and breastfeeding medicine

Dr. Ghaheri, an ENT in Portland, OR specializes in tongue tie release and breastfeeding. His technique for release is quick, does not impact glandular tissue under the tongue, and results in a complete release of both anterior and posterior ties. His website includes information on diagnosing and treating these ties as well as why it should be done. <http://www.drghaheri.com/>.

Currently, only 2 providers in our area have been trained in this technique of complete revision of tongue and lip ties. As a result, many moms are traveling out of the area to have the procedure done or quit breastfeeding before meeting their goal.



Poison Prevention

Poisonings can happen any time of the year, but the holidays bring an increase in calls to poison control centers across the country. If you are traveling, be sure your host's cleaning products, alcohol, liquid nicotine, and medications are not accessible to children.

Ask your guests to be sure their medications cannot be found by curious kids. Post the number for Poison Help in your home and put it in the contacts in your cell phone.



The number works all over the US and will contact your nearest Poison Control Center.

1-800-222-1222

Helpful Links:

For a list of potentially poisonous items in your home:

http://www.wapc.org/wp-content/uploads/Edu_PoisonSafetyChecklist.pdf

Toxic & Nontoxic Plants:

http://www.wapc.org/wp-content/uploads/Edu_Plants.pdf

Holiday Décor:

http://www.wapc.org/wp-content/uploads/Edu_Fact_Holiday-Decor-Hazards.pdf

Washington Poison Center:

<http://www.wapc.org/>



Many products look alike, especially to a child who can't read. Keep all cleaning products stored out of the sight and reach of children or in a secured cabinet.

Laundry pods are especially attractive to children. They are designed to dissolve quickly and the detergent is highly concentrated, making them especially toxic to kids.

Did you know?

- Liquid Nicotine is highly poisonous and as little as a teaspoon can kill a child.
- Over 30% of calls to Poison Control are for adults.
- If you are on your way to the Emergency Department at a hospital, call Poison Control; they will alert the staff so the proper treatment can be expedited.
- Poison Control can answer questions about animal poisonings too.
- Do not induce vomiting or use Syrup of Ipecac unless instructed to do so by a Poison Expert.



WIC NEWS



AAP Position on Food Insecurity

According to the [American Academy of Pediatrics](#), "Sixteen million US children (21%) live in households without consistent access to adequate food," and children who experience food insecurity "are likely to be sick more often, recover from illness more slowly, and be hospitalized more frequently."

Social and emotional health are also impacted, as well as academic performance from preschool through adolescence.

The AAP recommends that pediatricians screen for food insecurity and provide referrals for families at risk for food insecurity to connect with local community resource such as WIC, SNAP, school nutrition programs and summer feeding programs.

WIC Formulary change

The State contract for soy formula has changed to Nestlé Gerber Good Start Soy. Infants receiving standard and soy formulas do not require a WIC prescription form.

When a client needs a therapeutic formula or medical food, WIC requires a completed WIC form. The new WIC prescription forms are available on the State WIC website



www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/ProfessionalResources/WIC/Prescriptions

<http://>

Dear Safe to Sleep® Community: Although SIDS Awareness Month is over, we know that the need for community education is never-ending, so we are here to support you throughout the year.

- ◆ **Grandparents in town:** The holidays are about bringing families together. Many families will be spending time with grandparents and other trusted caregivers during the holidays, be sure to check out and share our Safe Sleep for Your Grandbaby brochure, designed especially for this audience. Also, let your constituents know that our FAQs About SIDS and Safe Infant Sleep webpage is also a helpful resource for families facing the difficult conversation with elders who care for infants about why the safe infant sleep recommendations have changed and why the recommendations should be followed for all of a baby's sleep times.
- ◆ **Gift giving:** When it comes to the baby's crib, the most important gift is the baby! Remind parents and other trusted caregivers that crib bumpers, blankets, and pillows should be kept out of the baby's sleep area and that the safest number of toys in a baby's crib is ZERO.
- ◆ **Winter Months:** As the temperature drops, some parents feel that it's time to bundle up their babies when putting them to sleep. Use the winter months as an opportunity to remind parents that during cold weather, ONE additional layer of sleep clothing is all a baby needs at sleep time, and that all babies are at an increased risk of SIDS when they get too hot during sleep.

