



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PREVENTION AND COMMUNITY HEALTH
Olympia, Washington 98504

CSHCN Communication Network Meeting Minutes Regional Representatives Portion

CSHCN Communication Network Purpose:

Provide for exchange of information among those programs and entities that serve children with special health care needs and their families, and facilitate an opportunity to learn more about statewide policies, programs and issues critical to this unique population.

Facilitator: Ellen Silverman
Recorder: Christy Polking

Date: July 14, 2016
Time: 8:30 am – 10:00 am

Present: Maria Nardella, Joan Zerzan, Christy Polking, Meredith Pyle, Ellen Silverman, Chris Zipperer (DOH); Melissa Charbonneau, Kate Besch, Julie Zambas, Carol McCormick (Regional Reps), Janelle Sorrell (Continuity of Care Nurse at United Healthcare), and Sherry Bennatts (Coordinated Care)

TOPIC

Birth Defects Surveillance System (BDSS) – Maria Nardella

Maria explained the notifiable conditions WAC as it pertains to BDSS. DOH is exploring if there is a role in outreach and facilitating access to care for families of identified babies with notifiable birth conditions via LHJ CSHCN Coordinators – **what do Coordinators think of a system that would notify them through CHIF of these identified infants, for outreach?**

- No one clearly remembered the birth defects toolkit from the past.
- Julie thinks this would be wonderful, help to reduce the number of kids we are missing – at the least, Coordinators could send families info packets – does not think it would put families off at all.
- Melissa likes it, compared it to SIDS calls to families, families still have the option to say no, not interested, but it would be helpful. With SIDS calls, families understand the reasoning behind the call and are not upset, even if they don't want further information.
- Carol feels it would help a great deal. Local hospital communication system is not great so they miss a lot of infants, i.e. babies with spina bifida. Would make us more relevant earlier.
- Kate – SeaKing is resource rich, Seattle Children's does a great job of getting families connected (but not a birth hospital, but do a lot of the birth defects-related surgeries so connect to families early). Agree with other comments about the usefulness of this idea, also, can Kate post birth defects resources to her website. Thinks it would be great.
- Everyone agrees that parents would find this helpful and would be welcoming – discussed how overwhelmed families are in the hospital at birth, so to have a follow-up for resources is important once they're home.

How can DOH help you be prepared for this if we do it?

- Birth Defects toolkit (Julie thinks she may still have some of the old ones) – people remember condition-specific fact sheet type things. CRITICAL ELEMENTS OF CARE that listed the different types of care providers needed as well as other important aspects of care. Put fact sheets in a format where they are customizable by county.

- We (DOH) could reach out to other states to see what they use.

Janelle: Always happy to know there are people to help disseminate resources. But MCOs get this info (i.e. through claims data) so far afterwards that they are not sure they'd be the best first point of contact. Not heard of getting health plans involved at discharge because the newborns are often on different (secondary) insurance at birth. Julie cautions against confusion and multiple calls to parents by different entities (i.e. health plan AND CSHCN Coordinators).

Respite Services Follow-Up – Maria Nardella

Good participation on the 2 roll-out webinars. Christy is providing a summary of questions and answers (Q&A) from the webinars and will send out electronically to all Coordinators. Christy reviewed a couple of the questions included, and mentioned useful links that are embedded. Christy reviewed determining eligibility (N11, N31 – see bottom of page 2 of summary of Q&A from the webinars for more info.) Maria reiterated that the respite piece is a pilot for several months. We have seen increase in requests for diagnostic and treatment (DxTx) funds since the webinars, which we are encouraged by. For camp requests, we can only pay weekly (related to a question we recently received.) We won't know until Coordinators submit health services authorization forms for respite at DOH whether or not an attempt has been successful.

Nursing Consultant Updates – Ellen Silverman

Lots of recent questions about DxTx and respite pilot; still working on School-Based Vision Screening rule – includes new screening guidance for near vision, it's a State Board of Health Rule, presenting to them in October and hope to have the rule passed by early 2017 with implementation in Fall 2017 school year. Implementation will be led by OSPI.

Continue to work on implementing existing data sharing agreements with HCA and DSHS, focusing now on PRISM and CSHCN flags – this gives plans a new tool to identify and recognize CSHCN and offer enhanced services.

Kate Besch and Ellen have been working with the DOH Refugee Health Program – stay tuned for more.

CHIF Update – Christy Polking

Not much new to share on the redesign – still in preparation phase. Greatly appreciate everyone's patience.

ProviderOne (P1) capture has been great, important to do this so we can improve our match rate with HCA which is how we are able to flag Apple Health kids as CSHCN. Collecting the P1 numbers on all Medicaid children is a required data element. One county is typing in the private insurance carrier in the P1 number field (SSN field in Wamenu) if the child does not have a P1 number and this has been helpful. Christy is always available to help you with the P1 collection.

Secure File Transfer (SFT) site change – in August, the password will be 10 characters, no more random password generating through Wamenu as the program was created for 8 characters. Be creative and make your own passwords, document those in a secure place and remember where you put it.

Childhood Lead Screening Background, Updates and Discussion -- Elisabeth Long, Childhood Lead Poisoning Surveillance Epidemiologist, DOH

More clinical guidance is now available on blood lead testing for children (used to be “use your clinical judgement”). Passed out “Lead Screening Recommendations for Children in WA State” handout which shows the clinical guidance – Elisabeth reviewed this with the group, see that for more information.

All children on Medicaid, regardless of risk factors, should be tested at 12 and 24 months of age, that is the expectation. This is a federal mandate.

HCA submitted a waiver request to CMS to test only at-risk children on Medicaid, approval is doubtful. Head Start program tests children at age 4, but earlier testing is needed as well.

Schools have been testing drinking water for lead – no elevated blood levels have been found from higher lead levels in school drinking water but it is upsetting nonetheless.

Governor's Directive has 7 points to report back on related to testing for toxins in the environment, increased screening, more kids that will need **public health action follow-up**, and he wants to know what it would take to have **complete case management** for identified children (interview with family, looking at other kids in household, home visit to search for exposure sources, etc) – could be very extensive. Also wants to know about **feasibility of remediating lead in those homes**. Also wants to know what it would take to fund this. If this goes through, it will obviously impact local health in terms of workload and resources. Clinical Disease nurses and investigators are the local staff who are primarily doing this type of work now. Questions about the Governor's Directive and what it means – it would be approved by OFM at some point, but a big approval chain before that.

Demo'd the Washington Tracking Network Information By Location (link: <https://fortress.wa.gov/doh/wtn/WTNIBL/>) Or Google "WTN IBL" – click on "Lead Exposure Risk". Use the various tools to find relative lead exposure risk (based on housing and income- more weight on age of housing than income) of geographic areas. Mapping tool has different layers, such as county boundaries, school district boundaries, zip code, and you can show location of schools and licensed child care centers. This tool also has other data in addition to lead risk, such as social vulnerability, etc.

Attachments:

1. Respite Services Webinar Questions/Answers
2. Lead Screening Recommendations for Children in Washington State
3. Medicaid Managed Care Contacts for CSHCN