February 23, 2016 Progress Notes

In this Edition:

AAP Statement on USPSTF Recommendation on Autism Screening

Update: Interim Guidelines for US Health Care Providers Caring for Infants & Children with Possible Zika Virus Infection

DHH Secretary Dr. Rebekah Gee to Appear on Louisiana Public Square, Discuss Medicaid Expansion

Medicaid/Bayou Health

Behavioral Health Recipient Provider Memo

MCO Provider Calls to Continue Through March

Bayou Health Informational Bulletins

Health Plan Advisories

SUDIA Recipe: Crème Brûlée

Upcoming Events:

4th Annual Community Engagement Luncheon | 3/24/16 | Baton Rouge, LA

Red River Potpourri | 8/19-21/16 | Shreveport, LA

AAP Statement on U.S. Preventive Services Task Force Final Recommendation Statement on Autism Screening

2/16/2016

by: Benard Dreyer, MD, FAAP, president, American Academy of Pediatrics

“The American Academy of Pediatrics (AAP) agrees with the call from the U.S. Preventive Services Task Force (USPSTF) for more research on the impact of screening and interventions for children who have autism spectrum disorder (ASD), especially those in early childhood. This critically important research must be funded so we can learn how to better identify children with ASD early in life, and how to design the most effective interventions and treatments.

“However, strong evidence already exists on the benefit of formal screening using standardized tools. This type of screening can identify children with significant developmental and behavioral challenges early, when they may benefit most from intervention, as well as those with other developmental

difficulties. For screening to be effective, by design it must be applied to all children – not only those who exhibit overt symptoms, or those an individual clinician judges would benefit.

"The AAP stands behind its **recommendation** that all children be screened for ASD at ages 18 and 24 months, along with regular developmental surveillance. This recommendation is encapsulated in the **Bright Futures Guidelines** for Health Supervision of Infants, Children, and Adolescents, which serves as the blueprint for well-child visits and coverage under the Affordable Care Act. Health insurance coverage of ASD screening should not be impacted by the USPSTF statement.

"Research shows that early intervention can considerably improve children's long-term development and social behaviors. The AAP remains committed to providing its 64,000 member pediatricians with the tools and training they need to appropriately identify children with autism spectrum disorder and refer them to the treatment and services they need."

Update: Interim Guidelines for US Health Care Providers Caring for Infants & Children with Possible Zika Virus Infection

02/22/2016 01:39:58 PM
Message Urgency: HIGH

This is a message from the Louisiana Department of Health and Hospitals Emergency Operations Center (DHH EOC). Please share and distribute with relevant stakeholders and partners through your own distribution channels. To remain current on newly released information about the Zika Virus, visit the Centers for Disease Control and Prevention (CDC) website at http://www.cdc.gov/zika/.

Summary
CDC has updated its interim guidelines for U.S. health care providers caring for infants born to mothers who traveled to or resided in areas with Zika virus transmission during pregnancy and expanded guidelines to include infants and children with possible acute Zika virus disease. This update contains a new recommendation for routine care for infants born to mothers who traveled to or resided in areas with Zika virus transmission during pregnancy but did not receive Zika virus testing, when the infant has a normal head circumference, normal prenatal and postnatal ultrasounds (if performed), and normal physical examination. Acute Zika virus disease should be suspected in an infant or child aged <18 years who 1) traveled to or resided in an affected area within the past 2 weeks and 2) has ≥2 of the following manifestations: fever, rash, conjunctivitis, or arthralgia. Because maternal-infant transmission of Zika virus during delivery is possible, acute Zika virus disease should also be suspected in an infant during the first 2 weeks of life 1) whose mother traveled to or resided in an affected area within 2 weeks of delivery and 2) who has ≥2 of the following manifestations: fever, rash, conjunctivitis, or arthralgia. Evidence suggests that Zika virus illness in children is usually mild (2). As an arboviral disease, Zika virus disease is nationally notifiable. Health care providers should report suspected cases of Zika virus disease to their local, state, or territorial health departments to arrange testing and so that action can be taken to reduce the risk for local Zika virus transmission. As new information becomes available, these guidelines will be updated: http://www.cdc.gov/zika/.

Recommendations
Congenital infections result from intrauterine transmission from mother to fetus during pregnancy. Testing of infants with possible congenital Zika virus infection who were born to mothers who traveled to or resided in areas affected by Zika virus during pregnancy should be guided by 1) whether the infant had microcephaly or intracranial calcifications detected prenatally or at birth and 2) the mother's Zika virus testing results. The results of previous prenatal ultrasounds and maternal Zika virus testing should be reviewed, and a thorough newborn physical examination, with assessment of head (occipitofrontal) circumference, length, and weight, should be performed.

Guidelines for Evaluation and Management of Infants and Children Aged <18 Years with Possible Acute Zika Virus Disease

Acute Zika virus disease should be suspected in an infant or child aged <18 years who 1) traveled to or resided in an affected area within the past 2 weeks and 2) has two or more of the following manifestations: fever, rash, conjunctivitis, or arthralgia. Acute Zika virus disease should also be suspected in an infant in the first 2 weeks of life 1) whose mother traveled to or resided in an affected area within 2 weeks of delivery and 2) who has two or more of the following manifestations: fever, rash, conjunctivitis, or arthralgia. Arthralgia can be difficult to detect in infants and young children and can manifest as irritability, walking with a limp (for ambulatory children), difficulty moving or refusing to move an extremity, pain on palpation, or pain with active or passive movement of the affected joint. Infants and older children can acquire Zika virus through mosquito-borne transmission. Infants can also be infected perinatally if the mother became infected with Zika virus during travel to or residence in an area with Zika virus transmission within 2 weeks of delivery. Infants whose mothers reported illness consistent with Zika virus disease near the time of delivery should be monitored for signs and symptoms of Zika virus disease. If an infant shows signs and symptoms of acute Zika virus disease within the first 2 weeks of life, both the mother and infant should be tested for Zika virus infection. Persons might be exposed to Zika virus infection through sexual contact with a person who has traveled to or resided in an area affected by Zika virus.

Evaluation of infants and children for acute (symptom onset within the past 7 days) Zika virus infection should include testing of serum and, if obtained for other reasons, cerebrospinal fluid (CSF) specimens for evidence of Zika virus RNA using RT-PCR. If Zika virus RNA is not detected and symptoms have been present for ≥4 days, serum may be tested for Zika virus immunoglobulin M (IgM) and neutralizing antibodies, and dengue virus IgM and neutralizing antibodies. Laboratory evidence of Zika virus infection in an infant or child would include, in any clinical specimen, detectable Zika virus in culture, Zika virus RNA or antigen, or a clinical specimen positive for Zika virus IgM with confirmatory neutralizing antibody titers ≥4-fold higher than dengue virus neutralizing antibody titers. If Zika virus antibody titers are <4-fold higher than dengue virus neutralizing antibody titers, test results for Zika virus are considered inconclusive. More information on laboratory testing can be found at http://www.cdc.gov/zika/state-labs/index.html. Health care providers should notify their local, state or territorial health department of suspected Zika cases to arrange testing and so that action can be taken to decrease the risk for local transmission in areas with Aedes species mosquitoes.

Illness associated with Zika virus is usually mild in children, and treatment of Zika virus infection involves supportive care. Nonsteroidal anti-inflammatory drugs (NSAIDs) should be avoided until dengue virus is ruled out as the cause of illness, because of the potential for hemorrhagic complications of dengue fever, and should be avoided in all children aged <6 months. Aspirin should not be used in children with acute viral illnesses because of its association with Reye's syndrome. The decision to obtain additional laboratory tests, diagnostic studies, and infectious disease consultation should be based on clinical judgment as guided by findings from a complete history and physical examination. Information on long-term outcomes among infants and children with acute Zika virus disease is limited; until more evidence is available to inform recommendations, routine pediatric care is advised for these infants and children.

Guidelines for Breastfeeding for Mothers with Zika Virus Infection

Zika virus RNA has been identified in breast milk, but attempts to culture the virus have been unsuccessful. No cases of Zika virus infection associated with breastfeeding have been reported. CDC encourages mothers with Zika virus infection and living in areas with ongoing Zika virus transmission to breastfeed their infants. Current evidence suggests that the benefits of breastfeeding outweigh the theoretical risks of Zika virus transmission through breast milk.

Prevention of Zika Virus Infection in Infants and Children

Prevention of mosquito bites is the primary means of preventing Zika virus infection in persons of all ages traveling to or residing in areas with local Zika virus transmission. Mosquito bite prevention includes using air conditioning or window and door screens when indoors, wearing long-sleeved shirts and long pants, using permethrin-treated clothing and gear, and using insect repellents. When used as directed on the

product label, most Environmental Protection Agency–registered insect repellents can be used to protect children aged ≥2 months against mosquito bites. Oil of lemon eucalyptus should not be used in children aged <3 years (http://wwwnc.cdc.gov/travel/yellowbook/2016/the-pre-travel-consultation/protection-against-mosquitoes-ticks-other-arthropods). Mosquito netting can be used to cover infants in carriers, strollers, or cribs to protect them from mosquito bites. Information on the safe use of insect repellents in children is available at http://www.epa.gov/insect-repellents/using-insect-repellents-safely-and-effectively. Persons with Zika virus infection should take steps to prevent mosquito bites for at least the first week of illness to decrease the risk for human-to-mosquito-to-human transmission. Health care providers should educate parents and caregivers about mosquito bite prevention in infants and children if they are traveling to or residing in areas affected by Zika virus; mosquitoes also carry other viruses in addition to Zika. More information about prevention of Zika virus infection can be found at http://www.cdc.gov/zika/prevention/index.html.

Immediately notify the Louisiana Office of Public Health at 504-568-8313 or after hours at 800-256-2748 to discuss a possible exposure, report a suspected case and arrange for laboratory testing.

DHH Secretary Dr. Rebekah Gee to Appear on Louisiana Public Square, Discuss Medicaid Expansion

Pictured from left to right: Michael R Bertaut, Healthcare Economist, Blue Cross and Blue Shield of Louisiana; Dr. Rebekah Gee, Secretary of La. Dept. of Health & Hospitals; Stephen F. Wright, Senior V.P., CHRISTUS Health Louisiana; Gary Wiltz, Chief Executive Officer of Teche Action Clinic and Marvin McGraw, Louisiana Public Square guest moderator.

Department of Health and Hospitals Secretary Dr. Rebekah Gee will appear on Louisiana Public Square tonight (Tuesday, February 23) at 7 p.m. on LPB HD and WLAE in New Orleans. She and her fellow panelists will discuss how expanding Medicaid will affect the lives of those who will now have access to health care, what expansion will mean for the cost of health care and insurance for everyone else in the state, how hospitals will be affected and more.

The other panelist will be:
• Michael R Bertaut, Healthcare Economist, Blue Cross and Blue Shield of Louisiana;
• Gary Wiltz, Chief Executive Officer of Teche Action Clinic; and
• Stephen F. Wright, Senior V.P., CHRISTUS Health Louisiana.

LPB CEO Beth Courtney and journalist and Marketing Director Marvin McGraw will moderate the discussion. Visit www.lpb.org/publicsquare for more information.

Medicaid/ Bayou Health

Behavioral Health Recipient Provider Memo

FFS Provider Notice Posted - **Behavioral Health Recipient Provider Memo**

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MCO Provider Calls to Continue Through March

To continue to offer support to providers during the integration of mental health and substance use services into Bayou Health, the Department of Health and Hospitals (DHH) will continue to co-host the calls with the Managed Care Organizations (MCO) through the month of March 2016. The calls will take place Monday through Friday with a different MCO each day. The calls will allow DHH to continue to keep providers up to date with announcements and will allow providers to make comments or ask the MCOs questions. If you email your questions or comments to **bayouhealth@la.gov** before the call, Medicaid will forward your email to the appropriate MCO. This will allow the MCOs time to prepare a response. All provider types are welcome to participate on the calls. The call schedule will be as follows:

• Monday - Aetna
• Tuesday - Amerigroup
• Wednesday - AmeriHealth Caritas
• Thursday - Louisiana Healthcare Connections
• Friday - United Healthcare

All calls will take place from noon until 1 p.m. There will be no call on Good Friday March 25, 2016.

The call-in information is as follows:
• Call-in #: 1-888-636-3807
• Access Code: 1133472

DHH offers providers numerous avenues for reporting and resolving issues related to Bayou Health. **Please refer to Information Bulletin 12-27** posted on **www.makingmedicaidbetter.com**. This bulletin also includes contact information for each of the MCOs.

For news specifically pertaining to the integration, you can click on the "Behavioral Health" tab on **www.makingmedicaidbetter.com**. To automatically receive updates and releases from the Department regarding the integration, **subscribe** to the "Integrated Health Care" newsletter.

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Bayou Health Informational Bulletins for Providers

Informational Bulletins cover a variety of topics related to Bayou Health, and all are available **here**.

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Health Plan Advisories

Health Plan Advisories are available at **http://new.dhh.louisiana.gov/index.cfm/page/1734**

SUDIA Recipe: Crème Brûlée

Spice-up your traditional crème brûlée with a few festive ingredients such as cinnamon and pumpkin pie spice.

Rate and Reviews | Read Reviews
Ease: Moderate
Yield: 4-6 servings
Preparation time: 20 minutes
Cook Time: 30 minutes
Source: Jaimie Proctor

Ingredients:

3 egg yolks
1 teaspoon pure vanilla extract
1 cup reduced-fat, lactose-free milk
2 tablespoons organic cane sugar
2 tsp brown sugar
Fresh mint sprigs if desired
Fresh raspberries or sugar-coated cranberries (optional)

Directions:

Whisk together egg yolks and vanilla in a small mixing bowl until well combined. Add milk and cane sugar to saucepan and heat over medium heat until hot, but not boiling. Whisking, add 2-3 tablespoons of mixture to egg mixture. Pour all of the egg and cream mixture into saucepan, whisking until combined. Skim off foam if needed.

Pour into ramekins. Top each ramekin of custard with a dash of nutmeg.

Place ramekins in metal cake pan and pour hot water into pan so that it comes 1/2 way up the sides of the ramekins. Bake 20-25 minutes or until custard just slightly jiggles when moved. (It should no longer be liquid in the middle and also should not be set firm. The jiggle will be similar to gelatin.)

Remove from oven and allow to sit in water bath for 10-15 minutes. Refrigerate until ready to serve.

Just before serving, sprinkle tops of custard with brown sugar. Caramelize with a culinary torch or oven broiler. For broiler: Place chilled custard ramekins in metal pan. Pack ice around them. Place pan in cold oven. Turn on broiler and broil with oven door cracked 3-5 minutes or until golden-brown. Be careful not to splash the creme brulee with water when you remove them from the oven! Garnish tops with mint and berries, if desired. Serve immediately.

For more information and recipes visit www.southeastdairy.org

Upcoming Events

4th Annual Community Engagement Luncheon
Sponsored by Blue Cross and Blue Shield of Louisiana Foundation and the E.J. and Marjory B. Ourso Family Foundation

When:
Thursday March 24, 2016 from 11:30 AM to 1:00 PM CDT

Where:
Renaissance Hotel
7000 Bluebonnet Blvd.
Baton Rouge, LA 70810

Join Prevent Child Abuse Louisiana Thursday, Mar. 24 as we kick off Child Abuse Prevention Month with our annual Community Engagement Luncheon!

We welcome Laura Porter, Co-Founder of ACE Interface, LLC as our keynote speaker. Laura will present, "After ACEs: Building Resilience and Community Awareness." Now that we know about Adverse Childhood Experiences (ACEs), Laura will talk to us about how to build resiliency in those with high **ACE scores** and how to increase community awareness about ACEs and the need for child abuse prevention.

Newly appointed DCFS Secretary Marketa Walters will join us, as we hope you will, too! The event is free, but you must register by Friday, Mar. 18.

Register Now!

I can't make it

Questions? Contact Angela Vanveckhoven, our Communications Director, at (225) 925-9520 or **angela@pcal.org.**

Thank you for your support of our prevention activities. April is Child Abuse Prevention Month! Find out **what we have going** on and please be sure to thank our **CAP Month Sponsors!**

Red River Potpourri

August 19-21, 2016
Shreveport Convention Center
Shreveport, LA

Registration details will be forthcoming
www.womansfoundation.com
Call us for more information 337.988.1816

Red River Potpourri is presented by The Louisiana Chapter of the American Academy of Pediatrics

For all the latest updates, go to: www.laaap.org/2016potpourri