

## Maternal and Child Health Access



### Monthly Virtual Meeting

Thursday, April 20, 2023 - 10:00 am to 12:00 pm

**ZOOM LINK SAYS 1 HOUR BUT IT'S A 2-HOUR MEETING**

#### Where?

This is a virtual meeting



**10:00 AM to 12:00 PM**

After you register, look for the Zoom link in your registration confirmation email

**Speaker/Topic:** Maria Griglio, Managing Attorney - speaking on the Family Advocacy and Support Center, a new program at the Children's Law Center.

Sylvia Castillo, Director, Government + Community Affairs, Essential Access Health

What's Happening with Mifepristone?  
What is the impact in California?

Speaker Invited - How do you get a doula now that they are covered by Medi-Cal?

Health Coverage Updates – Medi-Cal “Unwinding” – how to keep from becoming unwound! What’s still protected? What is changing?

**Notes from Monthly Meeting January 19, 2023 ([website](#))**

**Speaker: Lucy Quacinella, Multiforum Advocacy Solutions  
"Health Issues in the Governor's 2023-24 Budget"**

Ms. Quacinella spoke of the difference in the budget this year, with a projected \$22.5 billion budget deficit. We don't know if or how the economic outlook might improve, and that forecast will be even more difficult this year with taxes not due until October 15! Even so, most major gains of last year's (22-23) budget have been retained.

Remember that this is a proposed budget from the Governor and the process is in full steam ahead for legislative input and negotiation. The Governor's proposed budget summary is [here](#) with Health and Human Services budget starting page 57 and health-specific starting page 59. The Western Center on Law and Poverty's Budget Summary is [here](#)

Untouched are undocumented Medi-Cal eligibility (2024), children's continuous eligibility and Medi-Cal Share of Cost affordability for seniors and people with disabilities still 2025, the latter two contingent on budget. A waiver is sought for behavioral health "community based continuum" in phases for crisis, inpatient and residential services - \$6.1 billion over five years, if federally approved. CA is seeking federal approval also for Medi-Cal coverage of housing for certain high risk populations and also to claim millions in funding to support CBO and other groups' infrastructure to provide CalAIM.

Delays have been proposed for certain workforce investments and behavioral health bridge housing. One area that has drawn the ire of advocates is the proposal to sweep Covered California reserve fund to the General Fund: Money in the Cov CA reserve fund was promised for making Cov CA more affordable, to continue subsidies for out-of-pocket costs like co-payments and deductibles that consumers must pay for services once federal subsidies in in 2025.

See the presentation online on our [website](#).

### **EBT Theft – Debra Winski**

Theft of benefits off EBT cards is a huge issue, affecting cash aid and CalFresh benefits alike. Deb provided the state's forms in [English](#) and [Spanish](#). Many clients don't know the benefits have been stolen until they call the Customer Service line about "why their card doesn't work" and the worker tells the client that money or CalFresh has been stolen.

The form is to be filled out and "returned to your county worker". When Deb reported in January, police reports were required for cash aid, but no longer. And "claim numbers" were required for the forms, requiring a phone call first, but that has been dropped. See [flyer for clients in English](#) so far and we hope to have flyers in more languages soon.

DPSS has 10 business days to reimburse.

### **Updates to the Medi-Cal COVID-19 Public Health Emergency (PHE) and Continuous Coverage Unwinding Operational Plan**

#### **The unwinding is in full effect! Key points:**

- The state is developing key message flyers; many advocates are giving feedback.
- Several websites provide information, (<https://www.dhcs.ca.gov/Pages/Keep-Your-Medi-Cal.aspx> ; <https://www.dhcs.ca.gov/toolkits/Pages/Medi-Cal-Continuous->

[Coverage-Unwinding.aspx](#). However the main message seems to be to "update your address" with only the ability to contact the county, which is problematic especially in Los Angeles, or to create an online account, which not everyone can do.

- What people need is assistance - The Community Health Outreach Initiative contractors are listed [HERE](#) and should help with renewals, and setting up Benefits Cal accounts for those who don't have them and want to be able to access their own data, upload documents, etc.
- Not all beneficiaries will get a renewal packet - some people will be "automatically" renewed because the state already has their income information. People should still get a letter explaining this.
- Packets for renewals are in yellow envelopes "while the supplies last"
- Recipients may think all renewals are happening immediately. Remind them of when they applied/were approved or when they got their last renewal packet, if they've been in Medi-Cal that long. The first renewals are for June, 2022. Medi-Cal recipients are being notified this month for June renewals, then in May for July renewals, and ongoing. If a June renewal is not sent in by July 1, the client's Medi-Cal can be terminated.
- A client whose Medi-Cal is terminated has 90 days in which they can fix/send in what's needed to their case - this is the "90-day cure"
- If a client's Medi-Cal is legitimately ended, remember that Accelerated Eligibility exists on CalHEERs so it may be a preferred application site
- **If a client is eligible for Covered California instead**, because income has increased AND client has Satisfactory Immigration Status, Medi-Cal should offer Covered California and send the case to Covered California. Undocumented people are not eligible for Covered California.
- **Pregnancy** provides 12 months of additional coverage after the end of the pregnancy regardless of how the pregnancy ends. During pregnancy and the 12 months afterward, people should not have to submit renewals. But the state has to know someone is pregnant. Reporting the baby's birth should accomplish that. Please let MCHA know if someone reported their baby born and didn't get a change in aid code, if needed, or an extension of coverage. Not everyone needs a change in aid code.
- Infants 0-1 should not undergo a renewal either - they are "deemed eligible" for a full year if born to a mom on Medi-Cal.
- There should be no asset consideration for people with disabilities and elderly during the renewal. The asset test is going to be eliminated in 2024 for these populations; this is an early consideration of that change.
- Young adults who 'aged' over age 26 during the pandemic, that is, they are now 26, 27, 28 + and are coming up for a renewal between now and Dec. 31, 2023 should not be cut off Medi-Cal. The state is supposed to keep them on because all adults 26-49 will be eligible for full-scope Medi-Cal on Jan. 1, 2024 anyway. Under 26 and over 50 year olds are already eligible for/on full-scope Medi-Cal.

### **CalWORKs Maximum Aid Payment and Resource Limit:**

CalWORKs Maximum Aid Payment and Resource Limit: [The maximum amount of aid](#) available to [CalWORKs](#) recipient families increased by 11 percent in October 2022, with an additional 10 percent increase from October 2022 to September 2024. This is the largest one-time increase in the history of the program and will provide significant relief to families facing rising costs due to inflation. With this

increase, the CalWORKs non-exempt grant for a family of three is \$1,130 in Region 1 (higher cost) counties and \$1,073 in Region 2 counties. Additionally, the [maximum resource limit](#) for CalWORKs recipients increased by 6.63 percent on January 1, 2023. The new resource limit will allow families to achieve greater economic security. The proposed 2023-24 Governor's Budget includes \$533.5 million in Fiscal Year 2022-23 and \$733.6 million in Fiscal Year 2023-24 for the cost associated with grants, employment services, and mailing cost of these maximum aid payment increases.

## Comprehensive Perinatal Services Program for 12 months Post-Pregnancy!

CPSP needs to be in the Legislators' state budget! Contact your state Senator and Assembly Member to support CPSP in the community and for the 12 months postpartum! Our lead Champion on this Budget Request is Assembly Member Schiavo (who is also carrying the policy bill, AB 608). She has been joined by Senator Hurtado in the Senate. The Assembly will not hold any hearing on Member budget requests. In the Senate, we were heard on March 16. Contact your State Senators and your State Assembly Members as soon as possible to express your support! Need help finding contact info for your representatives? <https://findyourrep.legislature.ca.gov/> Feel free to let us know if questions or difficulty!

## Black Maternal Health Week

As Black Maternal Health Week wraps up, a round table with Secretary Becerra and a range of leaders was held on Monday, HHS announced more than \$468 million in funding to improve maternal and infant health, NIH will be hosting a multi-day event entitled [Innovative Approaches to Improve Maternal Health](#) on May 8-9, and comments are currently being accepted regarding a [draft report](#) that lays out pathways for preventing maternal mortality. Details follow.

### Roundtable

Yesterday, HHS Secretary Xavier Becerra hosted a roundtable discussion with the HHS' Center for Faith-Based and Neighborhood Partnerships focused on disparities in Black maternal and infant health. The recording is available [here](#). Joining Secretary Becerra were Representatives Robin Kelly (D-IL) and Lauren Underwood (D-IL), Dr. Therma Bryant, President of the American Psychological Association and founders and CEOs of maternal and infant health non-profit organizations. Presenters discussed innovative models and best practices for addressing disparities in Black maternal and infant health, including doula services and other workforce development, community-based interventions, and mental health support. Speakers emphasized the need to build trust and relationships, diversify the workforce, address social determinants of health, and improve access to maternal mental health care. The event opened and concluded with remarks from Secretary Becerra, who emphasized the need for accountability as HHS tries to stretch Medicaid dollars for community programs and organizations. Becerra also called for a shift in maternal health to wellness and prevention, creating safe spaces for mothers and treating food as medicine. Key highlights from the discussion include the following:

**Workforce and Diversity** – Multiple panelists underscored the need to bring access to doula care to the forefront. Aza Nehdari, CEO of [Mamatoto Village](#), an organization that provides career pathways in maternal health and perinatal support services to Black women, highlighted the importance of workforce development within the community plus training for birth workers and lactation consultants. The organization's perinatal home visiting program provides mothers with a culturally appropriate care team to improve Black maternal health outcomes. Rep. Kelly, Co-Chair of the bipartisan Maternity Care Caucus, would also like to increase the diversity of maternal health providers including doulas and midwives, and is looking forward to passing future legislation that supports Black mothers.

o **Mental Health** – Dr. Bryant, President of the American Psychological Association, emphasized that in the current system Black mothers are at increased risk of depression, anxiety, substance dependence and postpartum depression and psychosis. Dr. Bryant stressed the need to study and address risk factors outside the individual level, and to further explore pre-existing untreated mental health conditions.

o **Congressional Action** – Asked about the status of the [Black Maternal Health Momnibus Act of 2021](#), Rep. Underwood said it now includes 12 bills to address issues of maternal mortality disparities across country, diversify the workforce, address SDOH, and expand access to maternal mental health. Rep. Underwood is trying to move companion legislation in the Senate and noted that the end-of-year package included \$34 million dollars for research through NIH's IMPROVE initiative. Grants are now available and she urged eligible candidates to apply. Rep. Underwood will continue to explore how other legislative vehicles can be used to authorize additional funding for community-based interventions and research to improve maternal health outcomes. Of note, at least 100 members of Congress supported the [resolutions](#) regarding Black Maternal Health Week in the House and Senate.

### **Comment Opportunity**

o NIH is also [requesting](#) public comment on a draft report titled "[Maternal Mortality Is Preventable: An NIH Pathways to Prevention Panel Report Transforming the Prevention Paradigm](#)." The report proposes a "Maternal Mortality Moonshot" with the goal of reducing preventable maternal mortality by 50% or more and eliminating racial/ethnic disparities within the next ten years. **Comments can be submitted until April 21, 2023.**

## **Two Articles: COVID and Pregnancy**

Infants born in 2020 through mid-2021 to women with COVID-19 weighed less at birth, but grew at a faster rate than a comparable group born to women who did not have COVID-19, according to a study funded by the National Institutes of Health. Previous studies have found that preterm infants and other infants who are small or underweight at birth and who undergo catch-up growth in the first year are at higher risk for later life obesity, heart disease, high blood pressure and diabetes, compared to infants born at normal weight. The authors called for additional studies of infants whose mothers had COVID-19 during pregnancy to learn if they have increased health risks later in life.

Read the full Science Update [HERE](#)

Boys born to mothers who got COVID-19 while pregnant appear nearly twice as likely as other boys to be diagnosed with subtle delays in brain development. That's the conclusion of a [study](#) of more than 18,000 children born at eight hospitals in Eastern

Massachusetts. Nearly 900 of the children were born to mothers who had COVID during their pregnancy. In the study, boys, but not girls, were more likely to be diagnosed with a range of developmental disorders in the first 18 months of life. These included delays in speech and language, psychological development and motor function, as well as intellectual disabilities. In older children, these differences are often associated with autism spectrum disorder, says [Dr. Roy Perlis](#), a co-author of the study and a psychiatrist at Massachusetts General Hospital. [Read more:](#)

## CalFresh Hot Foods Waiver

Twenty-three (23) counties were approved for a hot foods waiver. This means that people can use their CalFresh to buy prepared foods (hot soups, rotisserie chicken, hot slices of pizza, etc.) at grocery stores and markets that accept CalFresh.

The 23 counties are: **Alpine, Calaveras, Fresno, Inyo, Kern, Kings, Los Angeles, Madera, Mariposa, Merced, Mono, Monterey, San Benito, San Bernardino, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Stanislaus, Tulare, Tuolumne and Ventura.**

Note – this is NOT a permission to use CalFresh for restaurant foods – The hot food waiver is different from the Restaurant Meals Program. The hot food waiver allows customers to use their CalFresh to buy prepared and hot foods at grocery stores and markets, foods that are typically not allowed. **The hot food waiver doesn't expand eligibility for the Restaurant Meals Program, which is only for people who are age 60+, have a disability, or without cooking facilities.**

## Disaster Guide for Immigrant Californians

The California Department of Social Services released an updated Guide to Disaster Assistance Services for Immigrant Californians in [English](#) and [Spanish](#) providing information about the various types of federal, state, and local disaster assistance available in California. Although some resources are restricted to individuals or households with eligible immigration status, there are many services available to all Californians impacted by disasters.

## Resources

**"Using Trauma Informed Language When Caring for Patients Who Have Experienced Pregnancy or Infant Loss"** - Excellent resource for pregnancy loss, but instructive for many other situations as well. Download the PDF [here](#).

---

### Coalition for Economic Survival Tenants' Rights Clinic Every Saturday at 10 AM PT

Via Zoom

- Individual, one-on-one counseling
- Registration required no later than 5 PM on Friday
- Serving renters in the entire Southern California area
- Accommodations for Spanish and Russian speakers provided

Request a registration link via email at [helpinglarenters@gmail.com](mailto:helpinglarenters@gmail.com)

## SAVE THE DATE

**Weds April 26th at 10 AM PT. Doula Access** – Sponsored by National Health Law Program.

Doula care has been a covered benefit in Medi-Cal since January 2023 but what is a doula, what does the benefit cover, and what do advocates need to know to ensure their clients are receiving this benefit?

This webinar will provide an overview of the benefit and the current state of coverage, the scope of doula work, and what advocates should be aware of as Medi-Cal beneficiaries use this benefit.

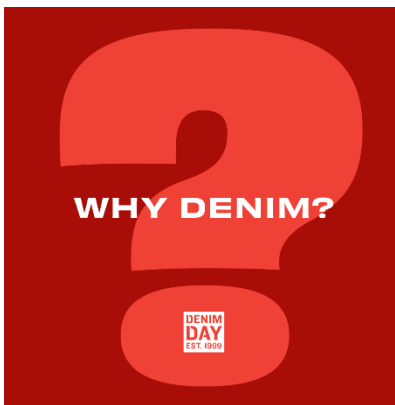
This webinar will be recorded. The recording and slides will be sent to all registrants approximately 48 hours after the conclusion of the webinar. The slides will also be sent to all registrants 24 hours prior to the webinar.

[Register Here](#)

---

**Denim Day is next week — make sure to place your orders now and gear up today!**

Denim Day is fast approaching and coming up next Wednesday, April 26th. Our store is stocked with awesome new items and some of our favorites from years past. Now is the time to pick your gear and place your order. And don't forget about our updated and fully online action kit, loaded with resources and tools to help you Denim Day in your community. [VISIT THE SHOP TODAY](#)



### Maternal and Child Health Access

350 S. Bixel St., Suite 150  
Los Angeles, CA 90017  
213 749 4261 phone  
213 745 1040 fax

[www.mchaccess.org](http://www.mchaccess.org)  
[info@mchaccess.org](mailto:info@mchaccess.org)

