Maternal and Child Health Access

In this monthly mailing:

SAVE THE DATE

Monday April 21 11 AM Pacific Time and Monday May 5, 9 AM Pacific Time: Fracking and Maternal Health: Center for Environmental Health: Two webinars that are a "must" for mothers, parents, and families: Session 1: **Monday, April 21st at 2pm ET Natural Gas Development, Public Health and Protecting the**

Next MCH Access Monthly Meeting:

Thursday, April 17, 2014

10am - 12pm

LOCATION:

MCH Access
Patricia Phillips Community Room
1111 W. 6th St., 3rd Floor
Los Angeles, CA 90017
(6th St., and Bixel St.)

REVIEW OF:

Proposed state legislation affecting women and children
Proposed state food and hunger legislation - Guest Speaker from Hunger Action LA
Updates: Covered CA, Medi-Cal, Dental restoration
New Medi-Cal income charts

PARKING:

Free at MCH Access; enter on 5th St. to 2-story parking (between Lucas and Bixel) and walk across the alley to our building

RSVP now

Please contact our office with any questions regarding this email or visit our website for further information about our organization.

Summary of Feb. 20 meeting (no meeting in March)

Guest Speaker: Jenny Kattlove, Director, Strategic Health Initiatives, The Children's Partnership - AB 1174 and Virtual Dental Home

Most Vulnerable Populations. Featured Speaker: Carol Kwiatkowski, PhD, The Endocrine Disruption Exchange (TEDX).
Session 3:
Monday, May 5 at 12pm ET Susceptibility During Pregnancy: What You Need to Know Featured Speaker: Katie Huffling, RN, MS, CNM, Alliance of Nurses for Healthy Environments (ANHE). Limited number of spots available, so please register **HERE**.

Tuesday, April 29, 2014, 9:00am to 3:00pm, "Creating Neighborhoods That Heal: Promoting Use of Cancer Survivorship Best Practices in Diverse Communities," the first-ever cancer survivorship best practices forum in Los Angeles at The California Endowment, with breakfast and check-in beginning at 8:30am. Register **HERE** and select either the Forum (attending in-person) or Webinar (attending online). Seating is limited. **Please RSVP by April 22**.

Denim Day April 23, 2014 - Peace Over Violence: Sexual Assault Awareness Month
APRIL 23, 2014 - **GUESS?, Inc. Denim Day Press ConferenceDistressed: A Denim Day Comedy Show**
APRIL 26, 2014 - **March Against Child Sex TraffickingAPRIL 27, 201 - No Es Basura | This is Not Trash Art Show** Check out our interactive map for a full list & to see what Denim Day events are

Ms. Kattlove provided a power point presentation and handouts for AB 1174. A "virtual dental home" combines technological advances with innovations in workforce to reach underserved children and adults with the dental care they need and addresses the barriers that underserved populations face in accessing the traditional office-based dental care delivery system". In effect, a dental hygienist or dental assistant brings a portable dental chair, laptop computer, digital camera, and handheld X-ray machine-which, together, can all fit into the trunk of a car-to a site, such as a preschool, elementary school, or community center. The dental hygienist collects information about the child's oral health with the equipment as well as charting. He or she uploads the data-including photos and X-rays- to a secure server, creating a digital record. The supervising dentist, from his or her office, reviews the records and makes a diagnosis and develops a treatment plan. Much of the care can be provided at the community site. For more advanced treatment needs, an appointment or a referral to a dentist can be made on the spot.

In the current pilot project, over 2,000 patients have been seen in more than 45 sites. A rigorous evaluation has demonstrated patient safety with no negative or adverse outcomes.Patients expressed a high degree of satisfaction with the program, in large part because this program is designed in a way that makes accessing dental care easy and convenient for patients and their families. 86 percent of all patients indicated that they were "very satisfied." 95 percent of respondents would continue with the program if it was available.

AB 1174 is needed because two of the procedures that the dental hygienists and assistants are performing are currently authorized under a Health Workforce Pilot Projects (HWPP) program. California also does not pay dentists for providing care via store-and-forward telehealth.

AB 1174 has gotten out of its house of origen, Assembly, and is in the Senate Business, Professions and Economic Development Committee, no hearing date yet. For more information, contact Jenny Kattlove at The Children's Partnership jkattlove@childrenspartnership.org

MCHA's "Educate and Advocate: Oral Health for Pregnant Women"

Lynn Kersey announced the first-ever conference on oral health co-sponsored by MCHA and the Community Clinic Association of Los Angeles County at The California Endowment on Monday Feb. 24. There was still room for last-minute attendance. A number of important and informative presentations and break-out sessions were planned, and the head of Denti-Cal for the state would be in attendance.

Note: see MCHA's opening video from the conference **HERE**. We will have a "highlights" reel and the major presentations from the conference on our website soon.

Pregnant Women to be Included in Partial Restoration of Adult Dental Benefit - please circulate this document

It is MCHA's great pleasure to report DHCS' announcement on April 7 that women enrolled in pregnancy-only Medi-Cal will have the adult dental benefits that are being partially restored to the Medi-Cal program starting May 1 (Denti-Cal Bulletin Vol 29, #14). These include coverage for fillings, full sets of dentures (partials are NOT covered); and root canals, to be added to the benefits already provided to pregnant women of exams, cleanings and gum treatment. It is key to

happening in your community!

RESOURCES

The Council on Community Pediatrics (COCP) highlights the newly released **2014 County Health Rankings** as a tool to identify local community health needs and associated social factors like child poverty rates and housing problems.

The Lucile Packard Foundation for Children's Health released a new report, **Developing Structure and Process Standards for Systems of Care Serving Children and Youth with Special Health Care Needs**, developed by the Association of Maternal & Child Health Programs (AMCHP), which describes in detail the capacities and capabilities necessary for a high-quality, coordinated system of care designed to meet the needs of children and youth with special health care needs.

EMPLOYMENT

Please click on job title to view full description and the application process. And provide a cover letter and resume with your application that specifically outlines your employment history experience and educational background for which you're applying. Please note: the job descriptions for the employment positions listed below will be posted on our website soon.

- **Project Coordinator - Pregnancy Policy**
- Administrative Assistant - Pregnancy Policy

note that gum treatment is an EXISTING benefit for pregnant women, as it is one of the important benefits not being restored to most adults.

Research shows that dental disease is linked to premature births and, therefore, low birthweight births, which, combined, are the second leading cause of infant death in the United States. Preterm deliveries also put the mother's health at risk. Dental services during pregnancy are both necessary and safe, according to the American College of Obstetricians-Gynecologists and the American Dental Association.

It's been a long struggle.

Adult Medi-Cal recipients had full dental coverage for over 40 years, before the state eliminated non-emergency adult dental benefits in 2009. However, women with pregnancy-only Medi-Cal had no dental coverage at all until the state started adding some very basic preventive dental benefits for them in 2001, when DHCS finally agreed to provide at least dental cleanings and some other basic preventive services to women in pregnancy-only Medi-Cal.

These limited dental benefits were preserved for pregnant women after Medi-Cal dropped non-emergency dental benefits for adults in 2009. MCHA worked to have DHCS adopt the broadest possible list of preventive dental benefits for pregnant women. We also pressed for inclusion of all medically necessary dental care under the federal rule that "pregnancy-related" care means not only "routine" prenatal care and labor and delivery services, but also services for "other conditions [than pregnancy] that might complicate the pregnancy."[1] In an important building-block victory for consumers, this rule was adopted by Medi-Cal-but, unfortunately, wrapped in so much red tape that it has been nearly impossible to implement.

The Legislature partially restored Medi-Cal's adult dental benefits in 2013, for implementation May 1, 2014. In late February of this year, we learned that the partial restoration would not apply to women in pregnancy-only Medi-Cal; instead, the women would only receive the basic preventive dental benefits previously adopted. MCHA pressed hard for including the women in the partial adult restoration, not only under the long-standing, broad federal definition of "pregnancy-related care", but also under recent federal guidance which we helped to get issued on implementing the Affordable Care Act in Medi-Cal. **Finally, on April 7, the public announcement came that ALL pregnant women would be included in the partial restoration of Medi-Cal's adult dental benefits.**

Our work, of course, is not over. We must monitor the May 1 implementation of the partial restoration AND work with all of you for full restoration of and better access to Medi-Cal's adult dental benefits, including for pregnant women.

1. 42 C.F.R. § 440.210 (a) (2)

Issues for Pregnancy Coverage in 2014 - Medi-Cal, Covered California and AIM- please circulate this document

April 1, 2014

Health coverage can be confusing, and during pregnancy it is important that all necessary medical and other services be provided without delay. We hope this information helps clarify some of the current confusion and questions that exist; please let us know if you are experiencing problems with access to care for your pregnant patients or clients.

- **Information Technology Support Technician**
- **Parent Coach, Level II - Welcome Baby Program**

MCHA is an Equal Opportunity Employer; women and people of color are strongly encouraged to apply.

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- Pregnant women with income up to 213% of poverty can enroll into **Medi-Cal for their pregnancy coverage, including pregnancy dental benefits, at no cost**. This coverage must include not only prenatal care and labor and delivery services, but **also services for conditions other than pregnancy that might complicate the pregnancy**.
- Many pregnant women who are eligible for Medi-Cal also qualify for Covered California with subsidies, called Advanced Premium Tax Credits, or APTCs, and Cost-Sharing Reductions, or CSRs. But even with subsidies, Covered California can be expensive for low-income women.
- **Pregnant women eligible for Medi-Cal may think they have to enroll in Covered California** :
    - The Covered California application process has been navigating Medi-Cal-eligible pregnant applicants toward Covered California plans and instructing them to pay premiums before their health insurance will start. This is confusing. We are trying to get the on-line "Eligibility Results" messages clarified.
    - Women may have been told that pregnancy-related Medi-Cal isn't enough to comply with the law that everyone must have comprehensive health insurance, but in 2014, pregnancy-related Medi-Cal counts (see below).
- **Pregnant women who are eligible for Medi-Cal do not have to enroll in Covered California**. Eligible women can enroll in either Covered California or Medi-Cal or both. But a woman may decide that enrolling only in Medi-Cal for pregnancy coverage is best for her because:
    - The clinic or OB a woman wants may accept Medi-Cal but not Covered California.
    - She may not be able to afford Covered California premiums.
    - If a Medi-Cal-eligible pregnant woman enrolls in Covered California, she will not be

able to use free Medi-Cal for maternity services, unless her Medi-Cal provider is also in her Covered California plan's network.

- While Covered California does not have copayments or similar charges for prenatal care women must pay copayments for hospital labor and delivery services and many other services. These can be substantial and vary from plan to plan.
- According to the IRS, **there is no tax penalty in 2014 for the time a woman is enrolled in Medi-Cal for her pregnancy, postpartum or family planning services**. See p. 3 of **Transition Relief for Individuals with Certain Government-Sponsored Limited-Benefit Health Coverage**. We don't know yet what the rule will be for 2015.
- A woman who is no longer eligible for Medi-Cal after her 60-day post-partum period can enroll in Covered California at that time. This is so even if the "open enrollment" period is over, because losing Medi-Cal eligibility at any time qualifies for "special enrollment".
- **Other Medi-Cal programs, such as Presumptive Eligibility (PE), Minor Consent, and the Parental Income Disregard Program for Pregnant Teens, still exist to 213% of poverty** and can be very helpful. In addition, Medi-Cal for children, called the Targeted Low Income Children's Program (TLICP), goes up to 266% of poverty for kids under 19; it covers pregnancy.
- **PE for Pregnant Women can be renewed as long as necessary**, so long as the full application has been submitted before the PE ends. See the

MCHA fact sheet and state billing document **HERE**, and on our MCHA website. NO physical proof is needed that a woman applied - see the **"News Flash"** under Medi-Cal.ca.gov. PE for pregnant women does not cover hospitalization, so pregnant women with PE should apply for Medi-Cal before the baby is born, or they will have to get retroactive Medi-Cal to cover labor and delivery services.

- **The Access for Infants and Mothers (AIM) program** covers women with income over 213%, up to 322% of poverty. There are no citizenship or immigration status requirements. Women may also qualify if they have private insurance that charges a "maternity-only" copayment, deductible, or coinsurance of $500 or more. Covered California plans won't count for AIM eligibility unless the cost-sharing exceeding $500 is limited to maternity services. The AIM application can be accessed **HERE** (AIM website: aim.ca.gov/Downloads/)and eventually through the Exchange computer.
- AIM premiums are much lower than Covered California's, and AIM has no copayments, deductibles, or coinsurance; in addition, the infant is automatically eligible for Medi-Cal at birth and, during the second year, with family income up to 322%. But if the woman enrolls in AIM instead of Covered California, it won't count for her for the individual mandate. We are waiting for clarification that women enrolling in federally-funded comprehensive insurance programs during pregnancy, like AIM, are exempt from tax penalties, but no decision has been made yet.

For more information, please contact lynnk@mchaccess.org or lucyqmas@gmail.com

For assistance with an issue of application, eligibility, or access, contact Maternal and Child Health Access at (213) 749-4261 **www.mchaccess.org**

Medi-Cal Managed Care: What performance statistics are posted online? What would you like to see?

"Dashboards", or summary statistics of key performance indicators, are used commonly by businesses and increasingly in the public sector. Now the California Department of Health Care Services (DHCS) has implemented a dashboard to monitor the performance of the Medi-Cal managed care program and participating health plans. A report from the California HealthCare Foundation (CHCF) gives the first look at the key indicators used.
CHCF held a Sacramento briefing Dec. 17, 2013, to cover highlights from the report, including measures of care quality, consumer experience, and health plan finances.
Among the topics discussed:

- What are the areas in which Medi-Cal managed care is performing well?
- What are the areas in which improvements are needed?
- How does performance vary among participating health plans?
- How is DHCS using a performance dashboard to monitor Medi-Cal managed care?
- How can the dashboard improve legislative oversight?
- What are the strengths of performance dashboards as monitoring tools and what are their limitations?
- What steps should be taken to improve the dashboard?

Read more **HERE**:

National Infant Immunization Week (NIIW) is April 26 - May 3, 2014,

and National Toddler Immunization Month (TIM) during all of May. These annual observances highlight the importance of routine immunizations for children younger than 2. LACDPH invites you to celebrate the achievements of immunization programs and their partners in promoting healthy communities.

The celebration of Vaccination Week in the Americas (VWA) will take place from April 26 - May 2014 with the regional slogan: "Vaccination: Your best shot." This slogan was chosen to encourage people to protect themselves and the Region against the importation of polio, measles, and other vaccine-preventable diseases, in the context of the upcoming 2014 World Cup in Brazil. Please see attached banner (file name: webBannerVWA2014alt.jpg).

Please share the NIIW/TIM campaigns goals and messages. To aid in this promotional effort, the LACDPH Immunization Program is sharing the following educational resources:

1. The 2014 NIIW/TIM Campaign Kit - learn more about this campaign and download resources at **HERE**
2. CDC website NIIW promotional materials **HERE**
3. CDC Immunization schedules for health care professionals and easy-to-read schedules for everyone **HERE**

Thank you for helping raise awareness about National Infant Immunization Week and Toddler Immunization Month and for supporting ways to improve immunization rates throughout the year!

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