



Maternal and Child Health Access

Support the work of
MCH Access

by giving the gift of
health care, food
support and policy work
that makes lasting
change!



In this monthly mailing:

[SUMMARY OF JANUARY 15
MEETING](#)

[GUEST SPEAKER: AURORA
GARCIA, LA ORGANIZER AND
COORDINATOR AND JEFF
BREWER, COMMUNICATIONS
AND POLICY SPECIALIST:
THE CALIFORNIA
PARTNERSHIP, "OVERVIEW
CA STATE BUDGET](#)

[WHAT'S HAPPENING WITH
PREGNANCY COVERAGE IN
CALIFORNIA?](#)

[RECENT STATE BUDGET
AUDIT ON MEDI-CAL DENTAL
PROGRAM](#)

[COVERED CA SENT
ERRONEOUS TAX FORMS TO](#)

Next MCH Access Monthly Meeting:

Thursday, Feb. 19, 2015

10am - 12pm

**LOCATION:
MCH Access**

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

SPEAKER/TOPIC:

**Guest Speaker: Kennetha Gaines, RN, MSN, MA, PHN,
CNL, CLEC**

**Director, Maternal Child Health
Martin Luther King, Jr. Community Hospital**

Updates

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**



**Please contact our office with any questions
regarding this email or visit our [website](#) for further
information about our organization.**

[ABOUT 100,000 HOUSEHOLDS](#)

[NEW HEALTH LAWS INTRODUCED](#)

[LA COUNTY WEIGHS MERGER ON HEALTH AGENCIES](#)

[FROM THE CALIFORNIA ADVOCACY NETWORK FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS](#)

[#HOWICARE](#)

[NEW FROM THE WESTERN CENTER ON LAW AND POVERTY](#)

[CONTACT US](#)

SAVE THE DATE

Friday, February 27, 2014, 9:00 a.m. - 4:00 p.m. South Coast AQMD is hosting an environmental justice conference - "Environmental Justice for All: A Conversation with the Community" at The Center at Cathedral Plaza, 555 West Temple Street, Los Angeles, CA 90012-2707. Free, but [pre-registration](#) required

Register by Feb. 27! Apr 30-May 1, 2015 Advancing Equity in Education & Health Care, School Health Conference - The California School-Based Health Alliance invites you to join hundreds of health care providers, educators, and children's health supporters April 30-May 1 for Advancing Equity in Education & Health Care. The conference will feature workshops on increasing health equity for children, exhibits, networking,

Materials Distributed January 2015 meeting

Materials Distributed at January 15, 2015 meeting may be found [HERE](#)

Guest Speaker: Aurora Garcia, LA Organizer and Coordinator and Jeff Brewer, Communications and Policy Specialist: The California Partnership, "Overview CA State Budget"

Ms. Garcia and Mr. Brewer gave an overview of what is known about the state budget so far. It is early in the process; it was just released on January 10th. See the California Partnership's budget analysis on their website:

www.california-partnership.org

- The budget shows a slight increase from 2014-15 of 1.4%
- Health and Human Services shows an increase of 4.7%
- "Budget stabilization" is a key issue, with voter approval of Prop 2 in November amending the state constitution to revise the rules for the state's "Rainy Day Fund". This proposition requires an annual set-aside amount for "Rainy Day" and for debt reduction.
- Some of that debt is for counties for services they provided prior to 2004-5, but for which they were never paid.
- On April 1, 2015 Grants will increase 5% as determined by last year's budget. This budget proposes no additional increases in CalWORKS grants.
- Maximum monthly grant for a family of three is only \$704. This is less than half of the federal poverty level.
- This budget fails to repeal the Maximum Family Grant, a discriminatory provision that denies assistance to new children in families that received benefits 10 months before the child's birth. The MFG repeal is once again legislation proposed by Sen. Holly Mitchell, [SB 23](#)
- Child care - 11,000 child care slots were added last year, but since 2008 cuts to the program have eliminated more than 110,000 child care and preschool slots. This budget provides a Cost of Living Adjustment to maintain services and "slots" at 2014-15 levels, so that earning slightly higher income doesn't cause someone to lose their child care.
- Medi-Cal enrollment is expected to rise to 12.2 million in 2015-16, about 30% of the state's population. California currently ranks 49th in per-child Medicaid spending. This budget maintains a 10% payment cut to Medi-Cal providers that began in 2014.
- Undocumented immigrants who benefit from President Obama's recent actions on immigration will be eligible for state-funded Medi-Cal. However, funding has not been allocated for any expansion in coverage.

From MCHA

- Calwatchdog.com and MCHA: Gov. Jerry Brown's **budget proposal** is just that: a proposal. It's a starting point. What's key are the details he and his allies include in the "trailer bills" to the budget they advance for fiscal year 2015-16, which begins on July 1. **According to Brown's Department of Finance**, "Trailer Bill Language is the implementing language of the California State Budget Bill. On this webpage, you can

and a keynote address by California Assemblymember Shirley Weber. Together we will learn, generate ideas, and share resources to advance our collective mission to give all children an opportunity to succeed. Take advantage of our Early Bird discount and register by February 27. Members get an additional discount and can register here. Not yet a member? You can join us [here](#).

March 15-16, 2014: March of Dimes Fifteenth Annual Conference for Health Professionals - "Stepping Up to Excellence: Making Your Practice Evidence-Based". Hotel Irvine, Irvine CA. Registration [here](#)

**Tuesday, March 17th, 2015
8:00 am - 2:00**

pm: Reproductive Health and the Environment:
Best Practices for Los Angeles County California Endowment, Downtown Los Angeles Continuing Education: 3 hours for RNs and 2.5 hours for CHES. Register [here](#):

RESOURCES

Featured January, 2015 from the National Maternal and Child Oral Health Resource Center ([OHRC](#)),

* Order OHRC publications now. With supplemental funding from the Maternal and Child Health Bureau, OHRC is able to send free printed publications through June 30, 2015.

find the Regular Session and Special Session Trailer Bill Language for this year's Governor's Budget."There are eight Health Services Budget Trailer Bills so far. Sometimes the media cover the details in the trailer bills, and sometimes they don't. It has become easier to pass these bills with less scrutiny since 2010, when state voters passed **Proposition 25**, which reduced from two-thirds to a majority the threshold for passing a budget in each house of the Legislature (except for tax increases).

Here are a few that MCHA is watching:

- **Annual Health Plan Open Enrollment:** Unlike in commercial insurance, Medi-Cal managed care members can change their plan almost without restriction. MCHA finds that this helps members return to providers when find they've been placed in managed care, which they may not know for some time, or are marketed into a plan or when they find a component of their care is not included in the plan they chose. More than half of the primary-care doctors listed in directories given to low-income patients in three counties in Northern, Central and Southern California were not accepting new patients or could not be reached by telephone, according to a recent California Health Report investigation. However, some groups believe that members change plans frivolously and disrupt their own continuity of care and care management efforts. The state thinks it can save \$1.6 million this way. [MCHA opposes the restrictions that would result with an annual enrollment period.](#)
- **CHDP Referral to a Dentist at One Year of Age** (see last pages of the link): Existing law requires CHDP screenings to include referrals to a dentist participating in the Medi-Cal program for all children three years of age and older who are Medi-Cal eligible; this bill would lower the age to one year of age and
- **Limited Benefits and Special Population Programs:** This bill change eligibility requirements in some of the following programs to require enrollment in Medi-Cal or Covered CA, and in some to only make participants aware of these health insurance programs. The specifics are being scrutinized: Every Woman Counts, The IMPACT prostate cancer program; Family PACT and the Genetically Handicapped Persons Program.

The California Partnership conducts legislative visits, rallies and policy events and would like to hear from people who would like to be involved.

Additional budget resources, noted in last month's mailing:

[Western Center on Law and Poverty](#)
[The California Budget Project](#)
[Health Access](#) (blog)
[California Immigrant Policy Center](#)

What's happening with pregnancy coverage in California?

Lynn Kersey, MCHA Executive Director, covered the following topics and distributed the handout, "[How can you help pregnant women in California?](#)" This handout explains the issues navigating the Covered CA

* OHRC works with the Maternal and Child Health Bureau to inform those interested in applying for the Perinatal and Infant Oral Health Quality Improvement (PIOHQI) Expansion Grants.

Questions and answers from the project officer are posted on our [PIOHQI page](#),

* New: [Tips for Good Oral Health During Pregnancy](#), a two-page handout for pregnant women excerpted from the [Oral Health Care During Pregnancy: A Consensus Statement](#), is now available in [Spanish](#),

* Updated: [Resource Highlights](#): Focus on the Dental Home,

* New: Oral Health Resource Bulletin: [Volume 32](#)

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.

- [Administrative Assistant](#)
- [Project Coordinator - Pregnancy Policy](#)

website (see below, "CalHEERS navigation"), and on the reverse, discusses the Denti-Cal coverage of benefits for all pregnant women.

1. State STILL awaits approval for full-scope coverage to 138% FPL for pregnant women - perhaps by March 1. The State Department of Health Care Services (DHCS) on September 3 of last year submitted an [amendment](#) to the existing "Bridge to Reform" health care waiver. The amendment would allow pregnant Medi-Cal eligible women to be evaluated for full-scope Medi-Cal as are non-pregnant women, allowing them to access full-scope Medi-Cal up and including 138% of the Federal Poverty Level. Currently, as a result of the ACA, if pregnant at application, women 60-138% of poverty receive only limited scope services. Federal approval was expected in December and is now expected any day. The request is the next step after MCHA-supported state legislation (SB 857) established the increase to full-scope coverage for pregnant women in July, 2014. We support an immediate increase to full-scope Medi-Cal when federal approval is granted.

2. The state plans to shift those women immediately into managed care! MCHA and other advocates do NOT support required enrollment into managed care for women already with a provider when the federal approval is given. The State would move thousands of pregnant women into managed care immediately. Women with existing provider relationships would receive managed care enrollment packets (but some packets are lost or don't fit in mailboxes) and be forced to choose a provider. If lucky, the women will be able to stay with their own provider. However, many providers do NOT contract with managed care plans, or have hospital contracts that do not allow for the same delivery sites as the providers have in fee-for-service. Note that the [Medical Exemption Process](#) still exists and that no ICD-9 code needs to be listed for pregnancy - pregnancy in and of itself is a reason for continuation with an existing provider, if that provider does not accept managed care. MCHA will assist AND will ramp up its training so that others can do the work of helping women stay with their existing providers. MCHA wonders why the state can't wait and move NEWLY ENROLLED pregnant women into managed care. See our [letter to the state](#) and we encourage you - no, we BEG you to inform your networks of providers and pregnant women, and bring your own pressure on the state to transition existing pregnant women from limited to full-scope Medi-Cal, but suppress required managed care for these women. We want the state to instead start the managed care process with new pregnant women in the 60-138% group, as the state does for the pregnant women under 60% of poverty. Thank you!

3. CalHEERS navigation - Help pregnant women enroll properly! Medi-Cal-eligible pregnant women do NOT have to enroll in Covered CA! Navigation on CalHEERS for pregnant women in the 100-213% FPL "pregnancy-related" Medi-Cal and the AIM/MAP income range of 213-322% FPL is misleading, even fraudulent. In the case of Medi-Cal, the women are enrolled in Cov CA and then told their application has been sent to Medi-Cal, asked to pick a Cov CA plan, etc. Being enrolled in Cov CA is not cost-effective or necessary, and blocks the ability to use Medi-Cal for pregnancy;

- [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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CPSP is lost unless one's provider accepts both insurances. For AIM/MAP, women are enrolled in Cov CA - AIM/MAP is not a choice online, and women are called by telephone after enrollment and told about AIM. Not surprisingly, few women change at that point. Keep in mind that Covered CA has cost-sharing, deductibles and premiums - delivery costs in the Bronze and Silver plans are a percentage of "usual and customary" fees, which are unknown at the time of application. 2014 maximum co-pay for an individual is over \$6,000 - delivery could cost that much. 2015 costs are not listed. The costs are entirely unnecessary for a woman in the Medi-Cal or AIM/MAP income ranges. The redesigned Covered CA website does not have the same ability to click for information about pregnancy coverage - it is buried in "[individuals and families/special circumstances](#)" and the FAQs that MCHA helped write are gone. We are glad that a few pieces of information were added, such as: Unlike Medi-Cal and MAP, Covered California considers a pregnant woman to be a household size of one. However, we'd like information to the woman about what to do with this information about counting household size! Pregnant women should enroll through their County or a CEC, or directly with Medi-Cal instead, with information like, "If you have been on Presumptive Eligibility Medi-Cal, for example, or are pretty sure you are Medi-Cal eligible, apply for Medi-Cal for your pregnancy through the county system or a patient navigator/CEC."

4. AIM (Access for Infants and Mothers) - now called Medi-Cal Access Program, or MCAP: enrollment is scandalously low in this once-popular program, due to lack of publicity and the navigation problems discussed above. Over a million women of childbearing age live in California in the AIM income bracket, 213-322% of poverty. At one time enrollment reached at least 25,000 women, still low but more than the few thousand now being served. MCAP is more advantageous financially to enrollees than Covered CA, and includes enrollment for the newborn through one year, and a second year if income guidelines are met. See www.aim.ca.gov

5. Adult dental services for all pregnant women on Medi-Cal: whether they are in restricted Medi-Cal, Presumptive Eligibility or full-scope. Women now may receive the anterior root canals and fillings that were not available in the past. Take advantage of dental care while pregnant (preferably) or postpartum.

Join monthly phone calls on the SB 857 issues! Next call/meeting Friday, Feb. 20. SB 857, passed as part of the state budget in June, 2014, established a process for implementing Premium Assistance for pregnant women and newly qualified immigrants, and the increase of full-scope Medi-Cal for pregnant women to 138%. As part of that process, monthly meetings are held in Sacramento, with webinar presentations and the ability to follow and ask questions by phone. [See dates and times](#)

New since last meeting:

Recent State Audit on Medi-Cal's Dental Program concludes that enrolled children are at higher risk of dental disease

An audit of children's dental care in the Medi-Cal program was requested by several children's organizations and two state senators in 2013. The findings? Nearly 56% of California's children enrolled in Medi-Cal have not had a dental visit in the last year: See The Children's Partnership's Background and Summary paper [here](#): See the audit report, [California Department of Health Care Services: Weaknesses in its Medi-Cal Dental Program Limit Children's Access to Dental Care](#)

Covered CA sent erroneous tax forms to about 100,000 households that received federal premium subsidies last year

Health-law exchanges must send Form 1095-A to individuals and families to show how much money they received in 2014 from the federal government to subsidize their health insurance premiums. Covered California said it sent incorrect information on some forms because its customer data didn't match what health plans had on file. For instance, there may have been a discrepancy for the person's length of coverage in 2014 and amount of subsidy received.

Amy Palmer, an exchange spokeswoman, said the agency is reconciling that information and sending revised forms to the affected customers by later this month (Feb.). She said customers will also be notified by email when the updated forms are available in their online account. Overall, Covered California sent tax forms to more than 800,000 households statewide, so about 12.5% were inaccurate. The accurate information is important for people when filing their 2014 taxes. If you enrolled last year in a Covered CA health plan, it may be good to wait 'til the end of February to file taxes, to see if the tax information you are sent is updated by the end of the month or you receive a notice.

New health laws introduced:

MCHA reported in January on Sen. Lara's SB 4, the Health for All Act of 2015. Additional new bills introduced include:

No number yet: Two state senators - Dr. Richard Pan, a pediatrician who represents Sacramento, and Ben Allen, the former president of the Santa Monica-Malibu Unified School District - are developing legislation to change the current immunization requirements in schools. The bill is not yet in print, but it would alter the current law which allows parents to skip vaccinating their children under what is called a personal belief exemption. Note that the CDC has released its recommended [immunization schedule](#) for babies and kids (up to 18 years old):

SB 203: warning label on sugar-sweetened drinks. Senator Monning introduced a bill similar to one that passed the state Senate last year but died in the Assembly Health Committee after facing strong opposition from the beverage industry.

The measure would require a warning on beverages with added sweeteners that have 75 or more calories per 12 ounces. The label would read: "STATE OF CALIFORNIA SAFETY WARNING: Drinking beverages with added sugar(s) contributes to obesity, diabetes, and tooth decay."

SB 137: Accurate health plan directories: State Sen. Ed Hernandez (D-West Covina) proposed a bill late last month that would require health plans to update their lists weekly and post them to their website, specifying whether in-network doctors are accepting new patients and what languages the providers speak. "In a world where we compel people to purchase health insurance, we must empower consumers to make accurate and informed decisions about the plans and policies they are choosing," Hernandez said in a release. A California Health Report investigation last June found that provider directories were highly inaccurate. More than half of the primary-care doctors listed in directories given to low-income patients in three counties in Northern, Central and Southern California were not accepting new patients or could not be reached by telephone, reporters found.

A state legislative committee ordered an audit in August of provider directories that are given to people in California's low-income health program, after reports of major inaccuracies. The state expects to complete the audit by this spring. In November, the state Department of Managed Health Care released a report saying that two large insurers violated state law by overstating the number of their in-network physicians. More than 25 percent of the doctors listed in Covered California directories offered by Anthem Blue Cross and Blue Shield of California were not accepting patients or were no longer at the location listed in the directory.

California Nutrition Incentives Act is on the table ---a state measure to create a \$5 million state fund pool for Market Match and similar programs. Market Match increases spending power for low-income consumers (CalFresh, SSI and WIC participants) at farmers markets by providing bonus dollars. The new act would include some small businesses as well as farmers markets. Here is the [bill and budget proposal](#)

Letters of support will be sought soon. L.A. has had really great success with Market Match with Hunger Action LA running the program at 17 markets and SEE-LA at 5 of their markets, from Pomona to Santa Monica to South LA, East LA and Long Beach. Last year \$350,000 went to L.A. County residents to buy fresh locally grown fruits and vegetables. Passage of the Nutrition Incentives Act will ensure that a successful program reaches even more LA residents who need healthy food and find it hard to get, or unaffordable.

Los Angeles County weighs merger of health agencies

The Public Health Commission and Mental Health Commission held a joint meeting on Thursday, Feb. 12. Dr. Christina Ghaley, Deputy Director for Health Services, sought to explain the reasons behind the merger of the Departments of Health Services, Public Health and Mental Health, and she and the members of the two commissions heard testimony for the charge of recommendations for the already "approved in concept" merger. All five supervisors [voted](#) in favor of the merger on January 13, with a report back on how to fashion this merger in sixty

days (March 17). Staff of the affected departments and many community stakeholders felt blindsided by this decision and its rapid pace, made without prior input. The County CEO is also taking comment through their [website](#). Below is the Board of Supervisors' contact information:

Sup. Hilda Solis, 1st District	213-974-4111	FirstDistrict@bos.lacounty.gov
Sup. Mark Ridley-Thomas, 2nd District	213-974-2222	MarkRidley-Thomas@bos.ca.gov
Sup. Sheila Kuehl, 3rd District	213-974-3333	Sheila@bos.lacounty.gov
Sup. Don Knabe, 4th District	213-974-4444	don@bos.lacounty.gov
Sup. Michael Antonovich, 5th District	213-974-5555	FifthDistrict@lacbos.org

From the California Advocacy Network for Children with Special Health Care Needs:

Recommended for California: A State-Specific Transition Website for Youth and Families. Moving from pediatric to adult health care can be a complicated process for children with special health care needs. To assist in transition, 39 states have developed sponsored websites to facilitate planning and provide support. A new issue brief from the Lucile Packard Foundation for Children's Health highlights useful site content and recommends that California develop its own state-specific transition website. [Read more...](#)

#HowICare

for Paid Family Leave is a collaborative effort of the California Center for Research on Women & Families and the California Work and Family Coalition. Though many Californians are eligible to receive Paid Family Leave benefits, awareness of the program remains low. In fact, just over one-third of Californians know that they can use these benefits to help them care for loved ones, and this percentage has decreased in recent years. You can help turn this around. [See...](#)

New from the Western Center on Law and Poverty:

April 1, 2015, California will end the optional ban for people with prior drug-related convictions from receiving CalFresh (food stamps) benefits and CalWORKs (basic needs support and job training). The Budget Act of 2015, repeals the lifetime ban for people as long as they are complying with the conditions of their probation or parole. The new law will be enacted April 1, 2015. This decision follows over a decade of organizing that culminated in this year's broad coalition of over 140 community-based organizations, including those led by Californians impacted by the law, who made this issue a priority not only

because it would reduce recidivism and crime, but also because of how harmful it was to families and single adults who were trying to start over. Repeal of the ban also had editorial support from the New York Times and the Los Angeles Times.

The lifetime ban repeal had been championed in recent years by Senators Loni Hancock (Author of SB 282 & 1069) and Mark Leno (Author of AB 1796). They were joined this year by important Assembly allies, Budget Chairperson Nancy Skinner and Assembly Justice Reinvestment Select Committee Co-chairs, Assembly Members Ammiano and Jones Sawyer. In the end, the budget bill that contained the repeal was voted off of the floor with strong support in both houses. From the California Association of Food Banks: New CalFresh Eligibility for People with Prior Drug Convictions flyer in English and Spanish. See whole page of webinar and resources [here](#).

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