



Maternal and Child Health Access

Support MCH Access Work

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



In this monthly mailing:

MATERIALS DISTRIBUTED AT JUNE 19 MEETING

SUMMARY OF JUNE 19 MEETING: GUEST SPEAKER: JIM PREIS, EXECUTIVE DIRECTOR - CHANGES IN MENTAL HEALTH BENEFITS FOR MEDI-CAL BENEFICIARIES

ORAL HEALTH UPDATE

BUDGET TRAILER BILLS

ARE WOMEN IN CALIFORNIA SUBJECT TO THE HOBBY LOBBY SUPREME COURT DECISION?

ARE YOUR PREGNANT CLIENTS WAITING TOO LONG FOR THEIR MEDI-CAL?

MCHA HELPS CREATE FREQUENTLY ASKED QUESTIONS ON PREGNANCY FOR COVERED CA

Next MCH Access Monthly Meeting:

Thursday, July 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.)**

TOPIC:

Data and findings from the 2013 Health Indicators for Women in Los Angeles County Report - Health of Latinas in L.A.

GUEST SPEAKER:

Angie Denisse Otiniano Verissimo, Data Dissemination Project with the Los Angeles County Office of Women's Health.

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.

Summary of June 19 meeting

Materials Distributed May 15 meeting may be found [HERE](#)

**CERTAIN BIRTH DEFECTS
MORE COMMON AMONG
HISPANIC WOMEN**

**SACRAMENTO AIRPORT
BANS HEALTH4ALL
BILLBOARD ABOUT
UNDOCUMENTED**

**DOES YOUR CHILD PLAY
SPORTS?**

CONTACT US

SAVE THE DATE

Monday, July 21, 10:30

AM: Managed Health

Care in California:

What people with disabilities can do if they cannot get the services they need. Organized by the Department of Managed Health Care, Disability Rights Education and Defense Fund (DREDF), a great organization and Harris Family Center for Disability and Health Policy at Western University of Health Sciences. Click [HERE](#) to register. This free 90 minute webinar is for you if you: Work with people with disabilities including people who have hearing, seeing, reading, learning, understanding, and speaking difficulties, who:

Have concerns and questions regarding their health insurance choices, options and rights protected by the Americans with Disabilities Act. For example where to go for help with problems when encountering access to care barriers such as:

- * Finding physically accessible provider
- * Getting from public transportation or parking to and into the office
- * Getting weighed
- * Getting on and of exam tables and other medical

Summary of June 19 meeting

Guest Speaker: Jim Preis, Executive Director, Mental Health Advocacy Services - "Changes in Mental Health Benefits for Medi-Cal Beneficiaries"

(My apologies for sketchy notes - I was not there personally - Lynn)

Jim Preis explained the work of Mental Health Advocacy Services www.mhas-la.org - a nonprofit organization protecting and advancing the legal rights of people with mental disabilities. For help with specific client needs call them at (213) 389-2077. MHAS assists approximately 3,000 children and adults annually, with an emphasis on obtaining government benefits and services, protecting rights and fighting discrimination. MHAS also serves as a resource to the community by providing training and technical assistance to attorneys, mental health professionals, consumer and family member groups, and other advocates. In addition, MHAS participates in impact litigation in an effort to improve the lives of people with mental disabilities.

Prior to this year, a federal waiver allowed for special mental health services in a managed behavioral health system - thus for those clients in Medi-Cal managed care, mental health was "carved out" of the physical health system. Under the Affordable Care Act, essential benefits must include mental health and substance abuse. The federal law on mental health parity also affects the provision of mental health services; parity addresses financial requirements, such as co-pays, and treatment limitations, ie. numbers of visits, must be no more restrictive than for medical visits. More details [HERE](#).

Substance use treatment expansion is also covered under Medi-Cal Fee for Service and Medi-Cal Managed Care but implementation is still to be rolled out. "Relationship issues" are not covered. The managed care plan and mental health negotiations planning is county-by-county. Full-service partnership programs for those with a specialty mental health diagnosis provide medical and non-medical support services such as housing.

According to the state's webinar on implementation efforts, since the US Preventive Services Task Force recommended that clinicians screen adults 18 or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions, Medi-Cal will cover these screenings in primary care settings. Those that screen positive for "risky" behavior are supposed to get a full screen and one to three brief intervention services. For hazardous/harmful use, referral to mental health and/or the County Alcohol and Drug Program. See slide 11 on the state's presentation [HERE](#):

Mr. Preis answered a number of questions about specific benefits issues for mental health in Medi-Cal.

Oral Health Update

Monica Ochoa - Oral Health Advocacy

Monica reiterated that pregnant women in any aid code are entitled to the "partial restoration" dental benefits that took place May 1. MCHA has asked the state to clarify their dental bulletin on this issue as ([Denti-Cal Bulletin](#)) as a qualifying sentence about "provided medical necessity is documented..." was misplaced/connected to a sentence JUST about pregnant women when it was meant for ALL adults, when medical necessity is required. The clarification is

equipment independently, or with assistance

- * Getting a sign language interpreter to communicate with a health care provider
- * Getting CART (computer assisted real time transcription services)
- * Getting help understanding health plan information, forms, medication instructions, preparing for tests, surgeries
- * Getting a longer appointment, when more time is needed, to communicate because of a speech disability or understanding limitations
- * Getting information when needed in large print, electronic or audio file or Braille.

Tuesday, July 22 through Sept. 2nd, weekly: Perinatal Support Specialist Training hosted by the Association for Wholistic Maternal and Newborn Health to develop Perinatal Health Promoters/Mother-Mentors to work in agencies or as birth& postpartum assistants and breastfeeding peer counselor serving disadvantaged perinatal populations. The deadline for registration is July 15. It will be held at California Endowment Center over 5 weeks, from July 22 through Sept. 2nd, once per week. Faculty includes Cordelia Hanna-Cheruiyot, MPH, CHES, ICCE, CLE, Melissa O'Keefe, CLE, CPSS, Tai Carson, AA, Midwife, and Dr. Sayida Peprah, Psy.D., CD. Group discounts available for 4 or more people registering together, and agencies can be invoiced. For more

supposed to take place in the August bulletin. Monica also distributed MCHA's [Oral Health During Pregnancy](#) brief and pointed out the key themes important to this issue: 1) Not everyone is aware that Medi-Cal includes dental benefits, thus MCHA and our colleagues are seeking an "dental identifier" on the Medi-Cal card as many states have, and 2) Pregnant women can safely access oral health services during any trimester of pregnancy.

MCHA is posting to our website our Oral Health conference that took place Feb. 24, 2014. Then you'll be able to see the panels and sessions for yourselves! Watch for the notice!

Budget Trailer Bills - Health Care Donald Nollar, Health Programs & Benefits Trainer

Donald reported on the two budget trailer bills on health - SB 870 and SB 857. They passed; the following are highlights:

- Restoration of the \$3.9 million Black Infant Health Program - congratulations to the March of Dimes, California Black Infant Health Program, and others who worked so hard to restore these funds!
- Retention of overtime pay for home health care workers;
- **Rejection** of proposal to restore 7% cut in In-Home Supportive Services hours;
- **Rejection** of proposal to restore 10% reduction in Medi-Cal reimbursements made in 2011;
- **Rejection** of proposal to reinstate Early Mental Health Initiative;
- **Rejection** of proposal to reinstate Children's Dental Disease Prevention Program;
- **Rejection** of proposal to include autism therapy as a Medi-Cal benefit: and
- **Rejection** of a plan to get matching federal funds from a California Endowment grant to help enroll and renew Medi-Cal beneficiaries.

In addition, according to the [California Partnership](#):

- **In-Home Support** Workers will get Overtime Pay but 7% cut to hours will remain.
- **Lifetime ban repealed!** Allowing people who are returning to our communities with certain felonies to receive aid - basic food and income support!
- **Medi-Cal expansion** will provide access to health care for millions of Californians but 10% cut to provider rates will remain.
- **Child Care and Preschool** expanded by more than 11,000 slots but 110,000 slots were cut over last 5 years.
- **Supplemental Security Income/State Supplementary Payment** receives no adjustment.
- **CalWORKs grants** increased 5% but remain below 40% of the federal poverty level
- \$1 million for a 3-year vision screening pilot program for children in schools in Los Angeles only.

AIM to "Medi-Cal Access Program" - The Access for Infants and Mother's Program will undergo a name change to the "Medi-Cal Access Program". MCHA raised its voice against this in the legislature, as AIM has a 22-year history with this name. It is not funded by Medi-Cal, but rather by the Children's Health Insurance Program (CHIP).

information, please click [HERE](#). You can download a flyer and send a link to anyone who would like to download a flyer by clicking [HERE](#):

Friday, August 8: Fundraiser for Legal Aid Foundation of Los Angeles - Cuatro Corridos, A Chamber

Opera. Benefiting LAFLA's Work on Behalf of Victims of Human Trafficking. For more information and to purchase tickets click [HERE](#).

REPORTS & RESOURCES

Care Coordination Options for Children with Special Health Care Needs

Building a truly effective system of care coordination for children with special health care needs is a challenge faced by every state. A new report commissioned by the Lucile Packard Foundation for Children's Health examines how six states other than California address this issue.

Care Coordination for California's Children and Youth with Special Health Care Needs: [Building Blocks from other States](#) outlines the key components of an effective, sustainable care coordination system. The authors assess options developed by others that might be adapted to California's unique environment.

EMPLOYMENT

Please click on job title to view full description and the

Are women in California subject to the Hobby Lobby Supreme Court decision?

Last week, the U.S. Supreme Court, in *Burwell v. Hobby Lobby*, ruled that "closely held" for-profit corporations can deny birth control to their employees if company owners are against some forms of contraception due to their religious beliefs. In a well-written editorial last week in the Sacramento Bee, Kathy Kneer of Planned Parenthood and Julie Rabinovitz of California Family Health Council noted that California women have special state law protection from a law passed here in 1999, and Senator Holly Mitchell is seeking contraceptive equity with SB 1053. Read more [HERE](#):

Are your pregnant clients waiting too long for their Medi-Cal?

We know with the [state's backlog of Medi-Cal cases](#), pregnant women have been delayed in receiving their Medi-Cal cards. Maternal and Child Health Access can help if your client is delaying needed care because they don't have a Medi-Cal card in hand.

Remember that women can start their care with a provider who accepts Presumptive Eligibility Medi-Cal (PE) even if the woman's full Medi-Cal application has been filed - see MCHA's document and the Medi-Cal Billing and Policy document [HERE](#). Providers can renew the PE until the full Medi-Cal is approved or denied. However, PE does not cover delivery, so the woman really needs her card before then.

MCHA can help your pregnant clients or others who have not received their Medi-Cal card and need it. **213-749-4261**. You can call with them or they can call us themselves.

The Health Consumer Center (HCC) takes these calls as well at **800-896-3203**. HCC is the Los Angeles arm of the state's funded Ombuds service.

MCHA helps create Frequently Asked Questions on pregnancy for Covered CA

Questions and answers on pregnancy coverage under Medi-Cal, AIM and Covered CA were recently added to Covered California's website; MCHA worked with the state to prepare this document and are very glad to see the information posted [HERE](#). Please note that the FAQs say pregnant applicants 100% to 138% qualify only for pregnancy services - a state law that went into effect on July 1 (SB 857) will be implemented soon to correct this policy.

MCHA is sending a comprehensive update on pregnancy issues later this week. **If you see women receiving pregnancy-only services in the 100-138% income category, and they need medical care that Medi-Cal considers not pregnancy-related, please let MCHA know.** Lynn Kersey (213) 749-4261 ext. 309

Lawsuit filed to halt duals demonstration project

Los Angeles County Medical Association, Communities Actively Living Independent & Free, Westside Center for Independent Living and Southern California Rehabilitation Services, Inc. sued the state over the program implementation for "Cal Medi-Connect" which requires dual eligible beneficiaries,

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.

- [Human Resources Manager](#)
- [Administrative Assistant](#)
- [Data Specialist - Welcome Baby Program](#)
- [Project Coordinator - Pregnancy Policy](#)
- [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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those who get Medi-Cal and Medicare, to join a health plan for their Medi-Cal. A hearing to determine whether or not to issue an injunction against implementing the plan will take place in Sacramento where the lawsuit was filed, on August 1. See articles, [HERE](#):

[Judge Delays Duals Injunction Decision](#)

Certain birth defects more common among Hispanic women

Hispanic women are less likely to report taking a multivitamin containing folic acid prior to becoming pregnant, according to a recent report by nonprofit organization March of Dimes. Las mujeres hispanas son menos propensas a reportar el consumo de un multivitamínico que contenga ácido fólico antes de quedar embarazadas, según un reporte reciente de la organización sin fines de lucro March of Dimes ([healthfinder.gov](#)) - Hispanic mothers are at especially high risk of having newborns with serious birth defects of the brain and spine called neural tube defects, according to a new report.

Also, more babies are born prematurely to Hispanics than women of other ethnicities, the March of Dimes report states. This [report](#) updating a similar 2008 paper by the nonprofit foundation, also highlights the fact that a greater proportion of Hispanic women have babies each year than any other population in the United States, making it the fastest-growing ethnic group in the country.

"One of the things that caught our eye was, while Hispanics represent 17 percent of the population, 24 percent of premature babies are Hispanic," said Dr. Edward McCabe, senior vice president and chief medical officer of the March of Dimes, an organization aimed at improving the health of mothers and babies.

Hispanic women may be more prone to giving birth prematurely - defined as before the 37th week of pregnancy - because of risk factors such as being three times as likely as white mothers to be younger than 17 years old. They are also less likely to have graduated from high school and more likely to lack health insurance. The rate of preterm births among Hispanics was about 12 percent higher than that of white mothers in 2012, the report said. Neural tube defects, which include conditions such as spina bifida and anencephaly, are malformations of the brain and spinal cord that can cause death or disability.

Experts suggested that Hispanic mothers are significantly more likely to give birth to babies with these birth defects than white or black women because corn masa flour is a staple of the diet of a majority of Hispanics. Corn masa flour, used to make tortillas and other foods, is not fortified with folic acid, a B vitamin that can help prevent neural tube defects. Wheat flour manufacturers are required by the U.S. Food and Drug Administration to fortify that type of flour with folic acid, also called folate.

Also, Hispanic women are less likely to report taking a multivitamin containing folic acid prior to becoming pregnant, according to the report. "This is why the March of Dimes is striving to have masa cornmeal fortified with folate," said Dr. Diana Ramos, an associate clinical professor of obstetrics and gynecology at the University of Southern California Keck School of Medicine in Los Angeles. "Corn masa flour is not part of the standard American diet, so, since 2012, we've been working on this, making progress slowly," added Ramos, co-chair of the newly established March of Dimes Hispanic Advisory Council. McCabe said the March of Dimes has launched a Spanish-language site, [Nacersano.org](#), that offers information about the specific health needs of Hispanics. He said a variety of outreach efforts, including the website and new advisory council, are needed to help raise awareness in the Hispanic community about the

need for folic acid consumption and prenatal health. Other health literacy efforts aimed at Hispanics should focus on tackling smoking, obesity and type 2 diabetes, he said.

"By 2050, it's projected that 30 percent of the population of women of childbearing age will be Hispanic," he said. "Clearly, it's a growing population."

Sacramento Airport bans Health4All billboard about undocumented

The Sacramento International Airport banned the #Health4All billboard claiming it is political. The airport's ban is mystifying. The ad highlights the economic contributions of undocumented Californians to the state's economy and their lack of access to health coverage. The message has been posted across the state in grocery stores, laundromats and the California State Capitol Rotunda.

In response to the unexpected rejection of the ad, the #Health4All campaign has responded with a blacked out billboard, as if it were marked by a censor's pen, that only says "#Health4All" in the corner.

The incident has caught the attention of television outlets like KCRA and Univision, both of whom have run stories that have since been picked up by other news media. You can join in solidarity with the #Health4All campaign by changing your profile image to mirror the blacked out billboard. Share the news stories on social media and help us get the word out. This is a human issue that affects all Californians and the health of our state. www.health4all.net

Does your child play sports? New report on concussions in LA County

The Los Angeles County Department of Public Health has released a new report which highlights the latest data on concussion injuries treated in emergency departments in LA County. The report, *Concussions: How Sports-Related Injuries Are*

Impacting Our Youth in Los Angeles County, also outlines resources and recommendations for medical professionals, parents, and coaches to prevent concussions and recognize the signs and symptoms of head injuries.

For a full copy of the report, *Concussions: How Sports-Related Injuries Are Impacting Our Youth in Los Angeles County*, visit [HERE](#):

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