



## Maternal and Child Health Access

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### SAVE THE DATE

Thursday, July 18  
- "Friendraiser" 5-8 PM -  
Worksite Wellness LA  
(WWLA) recognizes  
American Apparel and  
Cisco Brothers for their  
commitment to keeping their  
workers and our city  
healthy. WWLA has  
collaborated for 14 years

### Next MCH Access Monthly Meeting:

**Thursday, July 18, 2013 10 AM - 12 noon**

#### LOCATION:

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

#### SPEAKER/TOPIC:

Connie Choi, Esq., Staff Attorney for Advancing Justice -  
LA's Immigration and Citizenship Project

Current landscape with immigration reform, especially  
what has passed for Deferred Action for Childhood  
Arrivals and what the hopes are to fulfill the Dream Act.

Updates: Dental Care - Get Ready for Health Reform!  
New trainings on the ACA - General and Advanced -  
coming soon!

See new Colectiva items at the meeting

Materials Distributed at our May 16 meeting may be  
found [HERE](#) on our website

**REMEMBER - NO AUGUST MEETING - SEE YOU IN  
SEPTEMBER!**

#### 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:

While this is not required, you can register [HERE](#) so we  
know you'll be attending

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

with American Apparel and 7 years with Cisco Brothers. WWLA's Friendraiser is gathering community, business, non-profit, and health care leaders to join us for "A Celebration of Collaborative Worksite Wellness" and hope you and your staff can attend. Thursday, July 18 5:00pm - 8:00pm  
American Apparel Factory  
747 Warehouse Street  
Los Angeles, CA 90021  
Thank you in advance for your consideration- we hope to see you there!  
Please RSVP [HERE](#).

**Friday, July 26, 2013 9:00 AM - 1:00 PM Best Practices in Positive STD Result Follow-up and Case Management**

**Cost: Free** Location: Planned Parenthood - Los Angeles 400 West 30th Street, Los Angeles, CA 90007 [Register Now!](#)

This half-day training will provide useful tips for enhancing timely follow-up and treatment for STD positive patients. Detailed instructions on completing and submitting Confidential Morbidity Reports (CMRs) to the LA County Department of Public Health will be provided. Participants will also receive additional information about the importance and use of CMRs, including how to discuss confidentiality laws with patients. The training will also present strategies for addressing partner treatment and emphasizing the need for retesting. LA County Community Embedded Disease

## **SPEAKER: Nancy M. Gomez, So. California Program Director, Health Access The Affordable Care Act (ACA) and California: What's New, What's Next, and What Do We Need to Do?**

Ms. Gomez gave a detailed overview of the budget bills passed that affect health reform implementation, review of existing ACA policies in place, explained and reviewed Covered California, our state's name for its health care exchange, newly available plan and rate information and "next steps" - what remains to be done. AB1x1 and SB1x1 are the two bills expanding Medi-Cal - they were passed, and by the end of the month, signed by the Governor. Most adult dental benefits were restored for MAY, 2014 - preventive, full dentures, crowns, denture repair, fillings, root canals on case-by-case basis. Budget also includes some improvement of mental health and substance abuse services and an extension of coverage under Medi-Cal for former foster youth. Some funding will be realigned from county safety net services - state is taking \$300 million the first year and two options were given to the counties for the second year and ongoing. Providers will be feeling a 15% Medi-Cal cut, with some exceptions, from the provider cut case lost in the courts. Ms. Gomez made the point that California's Medicaid payment amount already ranks near the very bottom. Research shows that payment levels affect doctors' willingness to accept Medicaid patients. In fact, less than 60 percent of office based physicians in California accepted new Medicaid patients in 2011, the second-lowest rate in the nation.

Turning to the ACA, there are at least 10 components already in place; we are most familiar with the ability for kids to stay on their parents' coverage through age 26, free preventive care, no preexisting condition exclusion for kids, etc. Ms. Gomez reviewed the 10 benefits that make up "Essential Health Benefits" that small group and individual health plans must have to sell insurance inside or outside Covered California. Over 1 million Californians have enrolled in new coverage - some who were denied in the past due to health status, some who have coverage through parent's health coverage and some who are now enrolled in county-based Low-Income Health Programs such as our Healthy Way LA.

Covered California announced last month the names of health plans in each county and statewide that would be allowed to sell insurance through online marketplace and through which consumers up to 400% could receive subsidies and tax credits. In Los Angeles, the following plans will provide insurance through Covered California: Anthem Blue Cross, Blue Shield, Health Net, Kaiser Permanente, LA Care Health Plan and Molina Healthcare. The average rates for the "silver plan" - at about midlevel between bronze and gold - were provided but one must keep in mind when seeing these rates that they DO NOT include the subsidies for which many applicants will be eligible. Open Enrollment will begin October 1, 2013 - this year - for coverage to begin January 1, that is, people can pre-enroll and be ready.

Ms. Gomez ended with additional bills and issues that must be addressed, including a "bridge" plan for people with income up to 200% of the federal poverty level, to make health coverage more affordable and

Intervention Specialist (CEDIS) resources will also be shared to assist in coordination for difficult to reach patients.

[Find out more about the training. Register Now!](#)

## RESOURCES

### Using Data to Make a Difference in Women's Health, presenting the 2013 Health Indicators for Women in Los Angeles County: Highlighting Disparities by Ethnicity and Poverty Level.

The new data [report](#) is currently on the Office of Women's Health website and the presentations will soon be posted as well:

The Office of Women's Health is very excited about the next step - the Data Dissemination Project. Funded by The California Wellness Foundation and led by project grantee The Los Angeles Urban League, the goal is to 'make the data come alive' utilizing culturally-competent experts to assist in translating the data into meaningful action and programs at the community and grassroots level. We will keep you informed as the project develops over the next several months.

Here is a link to a new physical activity tool - [Tabata](#) - demonstrated at the event, that can be done in as little as 4 minutes.

We hope you will find new ways to make use of data in your program(s). Please

to utilize the same health plans that people have in Medi-Cal, recognizing income fluctuations. We must ensure a thriving safety net for those who do not enroll immediately or who cannot enroll. Ms. Gomez listed ways to get involved with letter writing and legislative visits, sharing personal stories and even just getting on the mailing list for updates: [ngomez@health-access.org](mailto:ngomez@health-access.org) and the Health Access website is: [www.health-access.org](http://www.health-access.org)

Lynn Kersey, MCHA, added that the provisions covering pregnancy were taken out of AB1x1/SB1x1 so that more time and deliberation could take place to figure out how coverage for pregnant women will work between the Exchange and Medi-Cal. California is somewhat unique with its 200% pregnancy-related only program. As it stands, there will be differences between what is available to a pregnant woman when she applies for health coverage and is eligible for California's 200% program. MCHA is working with ACOG, the March of Dimes, Western Center on Law and Poverty and many others to simplify and ensure the most comprehensive coverage possible.

## AIM babies - Healthy Families to Medi-Cal

MCHA announced that in the Healthy Families to Medi-Cal transition, babies born to moms on AIM, who enroll in Healthy Families, had not yet been transitioned. The state is planning on transitioning them in the last phases of the process, which address counties where there is no existing Medi-Cal managed care and thus no overlap between Healthy Families and Medi-Cal plans. So far, we have seen no language addressing their transition in the Phase 3, and now Phase 4 and 4 b plans. We are trying to find out what the process will be for their inclusion in the transition.

## Children with Deferred Action status and Los Angeles County's ORSA program

Successful applicants for Deferred Action for Childhood Arrivals in Los Angeles receive a work permit in with the DACA paperwork. LA County considers a work permit evidence of a temporary status and thus makes the recipient a non-resident, ineligible for county health programs. Through a case situation where a DACA recipient had applied for ORSA, MCHA advocated for a child and won her ability to receive ORSA for her ongoing kidney dialysis treatments.

If you have similar situations, the county contact is Mary Johnson, Chief of Revenue Management at LAC/DHS [mjohnson@dhs.lacounty.gov](mailto:mjohnson@dhs.lacounty.gov) 213-240-7985 and please advise Liz Ramirez or Debra Winski at MCHA at (213) 749-4261. Thank you.

## New Aid Code for Non-Citizen Trafficking and Crime Victims

Liz Ramirez, Training Director, announced a new Medi-Cal aid code for non-citizens who are victims of trafficking or crimes: Effective retroactively for dates of service on or after October 1, 2012, aid code R1 is used to identify non-citizen trafficking and crime victims who are ineligible for federal services and benefits, but are eligible for state-only cash assistance and full-scope Medi-Cal benefits with no Share of Cost.

contact Denise Pacheco ([dpacheco@ph.lacounty.gov](mailto:dpacheco@ph.lacounty.gov)) if you didn't get a copy of the data report or would like extra copies.

**The National Survey of Children with Special Health Care Needs (NS-CSHCN) Chartbook 2009-2010 This resource was just released by the Health Resources and Services Administration's Maternal and Child Health Bureau.**

This chartbook presents the major findings of the NS-CSHCN on the national level, stratifying each indicator by selected sociodemographic variables such as age, race/ethnicity, income level, and type of insurance. The specific demographic variables used were selected to highlight those of greatest interest or strongest association with each particular indicator. These indicators are also presented by state in comparison to national percentages.

The survey conducted in 2009-2010 represents the third round of the NS-CSHCN. Overall, the survey shows that 15.1 percent of U.S. children, or 11.2 million children, have special health care needs, and 23.0 percent of households with children include at least one child with a special health care need. These rates represent a slight increase from the percentages reported in 2005-2006, which, in turn, represented an increase from 2001.

The Trafficking and Crime Victims Assistance Program (TCVAP) provides services to non-citizen individuals who were victims of human trafficking, domestic violence or other serious crimes and are not eligible for federally funded programs. Services and benefits include English language training, employment-related services and cash assistance. These services and benefits are provided under the TCVAP, which are equivalent to the federal benefits available to persons who enter this country with the immigration status of refugee.

Those of you who drill down to aid code level in your knowledge may want to sign up for the Medi-Cal Subscription Service [Subscribe Today to Receive Medi-Cal Notifications via Email](#)

Providers are invited and encouraged to subscribe to the **Medi-Cal Subscription Service (MCSS)**, where subscribers receive email notification of urgent, high-impact announcements and/or monthly Medi-Cal Update bulletins when posted on the Medi-Cal website. Subscribers can choose specific provider communities or subject matters, making it easier to stay up-to-date on the latest Medi-Cal news.

Subscribing to MCSS is easy; go to the MCSS Subscriber Form on the Medi-Cal website and complete the following steps:

- Enter an email address and a ZIP code
- Select the specific subject matter areas of interest for NewsFlash announcements, Medi-Cal Update bulletins and/or System Status Alerts
- A confirmation email will be sent to the registered email; click the subscription confirmation link and the registration process is complete - NOTE: If subscribers are unable to find the subscription confirmation email in their inbox, they should check their junk email folder.

For more information about MCSS, please visit the [MCSS Help](#) page.

## Privacy Rights Clearinghouse Releases Study: Mobile Health and Fitness Apps: What Are the Privacy Risks?

Many individuals use mobile apps to monitor their health, learn about specific medical conditions, and help them achieve personal fitness goals. Apps in the "wellness" space include those that support diet and exercise programs; pregnancy trackers; behavioral and mental health coaches; symptom checkers that can link users to local health services; sleep and relaxation aids; and personal disease or chronic condition managers.

After studying 43 popular health and fitness apps from both a consumer and technical perspective, it is clear that there are considerable privacy risks for users - and that the privacy policies for those apps that have policies do not describe those risks. However, these apps appeal to a wide range of consumers because they can be beneficial, convenient, and are often free to use.

Consumers should not assume any of their data is private in the mobile app environment even health data that they consider sensitive. Users

The links to the NS-CSHCN chartbook are below.

1. [NS-CSHCN chartbook](#)
2. [NS-CSHCN chartbook](#)

**"We've Got You Covered"  
2-Day Comprehensive  
Training (Thursday Aug.  
22 & Friday, Aug. 23)**

This two-day training is designed for individuals who want to provide full-service outreach, enrollment and retention services for clients. Programs for children and adults are covered. All free or low cost health programs provided in LA County are included: Medi-Cal, Healthy Families Transition information, Healthy Kids, Healthy Way LA Kids, Healthy Way LA, Kaiser Permanente Child Health Plan, California Kids, as well as County Resources, Managed Care, Immigrant Issues, and Advocacy Tips for accessing and successfully using these programs and resources.

Click [HERE](#) to [RSVP](#) now!

**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 description for the Pregnancy Policy positions will be posted on our website soon.**

must weigh the benefits of the service with the realistic possibility that they are revealing information about their health not only to the app developer or publisher but also to third parties.

Of the free apps we reviewed, just under half (43%) provided a link to a website privacy policy. Of the sites that posted a privacy policy, only about half were accurate in describing the app's technical processes.

We performed a technical risk assessment to determine what data the apps collected, stored, and transmitted over the network. In other words, we "looked under the hood" to view the actual flow of personal information back to the app developer and to third parties.

Our findings:

- Many apps send data in the clear - unencrypted -- without user knowledge.
- Many apps connect to several third-party sites without user knowledge.
- Unencrypted connections potentially expose sensitive and embarrassing data to everyone on a network.
- Nearly three-fourths, or 72%, of the apps we assessed presented medium to high risk regarding personal privacy.
- The apps which presented the lowest privacy risk to users were paid apps. This is primarily due to the fact that they don't rely solely on advertising to make money, which means the data is less likely to be available to other parties.

**Our tips for consumers:**

- Research the app before you download it.
- Consider using paid apps over free apps if they offer better privacy protections.
- Make your own assessment of the app's intrusiveness based on the personal information it asks for in order to use the app.
- Assume any information you provide to an app may be distributed to the developer, third-party sites the developer uses for functionality, and unidentified third-party marketers and advertisers.
- Try to limit the personal information you provide, and exercise caution when you share it. If the app allows it, try the features first without entering personal information.
- Ask a tech savvy friend to help you determine what information an app is asking for, help you navigate settings, and potentially help you restrict the information an app gathers.
- If you stop using an app, delete it. If you have the option, also delete your personal profile and any data archive you've created while using the app.

We encourage mobile app developers to create products with privacy in mind and implement responsible information privacy and security practices. Most consumers lack the tools and knowledge to analyze data flows and security, so they have no way of knowing what is happening behind the scenes. Even if privacy and security practices are accurately detailed in a privacy policy, the average user has no way to decipher them.

- [Welcome Baby Program Outreach Specialist](#)
- Project Coordinator - Pregnancy Policy
- Administrative Assistant - Pregnancy Policy
- [Community Outreach Worker - Enrollment and Retention in Health Coverage Programs](#)
- [Health Programs and Benefits Trainer](#)

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

#### Join Our List

[Join Our Mailing List!](#)

For more information about the PRC's mobile medical apps study:

[Consumer Guide: Mobile Health and Fitness Apps: What Are the Privacy Risks?](#)

[Mobile Health and Fitness Apps and Information Privacy](#)

[Technical Analysis of the Data Practices and Privacy Risks of 43 Popular Mobile Health and Fitness Applications](#)

[HOW TO: Privacy-Aware Checklist for Mobile Applications Developers](#)

[Webinar summarizing project methodology, findings and tips](#)

[Evaluation of the Mobile Apps: Data Elements Examined and Questions Asked of Each App](#)

*The TRC mobile apps privacy project was funded by the California Consumer Protection Foundation. We are grateful for its support.*

## Coordinated Chronic Disease Prevention and Health Promotion Program - New! California Wellness Plan Draft Synopsis is Online

### [CA Wellness Plan](#) - Stakeholder Feedback Requested

The California Department of Public Health (CDPH) is requesting your input on the objectives included in the California Wellness Plan (Plan) draft Synopsis. The Synopsis represents feedback received from both CDPH program staff and external stakeholders. It is grouped by chronic disease and/or risk factor initiatives and includes goals, strategies, and short, intermediate and long term objectives. Making the Synopsis available for your review is part of the ongoing effort to gather meaningful feedback on the CDPH Plan. Please click on the "CA Wellness Plan" link above to review the core elements of the draft Synopsis. Please note: The California Wellness Plan was previously known as the California Chronic Disease Prevention Plan.

## The Burden of Chronic Disease and Injury, California, 2013

[4/19/13 - The Burden of Chronic Disease and Injury, California, 2013, Report \(PDF,4MB\)](#)

This publication brings together data and reports compiled by the California Department of Public Health, county health departments, nongovernmental organizations, and research centers, to provide a snapshot and health assessment to guide state and local collaboration to improve the quality of life for all Californians.

It has been updated twice since being posted to our website on March 20, 2013, and the final version is now posted as of April 19, 2013. If you have downloaded a version prior to April 19, please be sure to note the changes summarized in the [errata sheet](#).

## Medi-Cal Managed Care Expansion and Healthy Families to Medi-Cal Transition in Rural Counties

The following announcement was released by the Department of Health Care Services (DHCS) on Tuesday, July 9, regarding the transition of Healthy Families Program children to Medi-Cal and the expansion of Medi-Cal managed care in the 28 primarily rural fee-for-service (FFS) counties.

MCHA note: We are trying to find out more about the transition of infants born to mothers on AIM statewide (babies go into Healthy Families), who were held from the HF-MC transition all year long until these final Phases. None of the documents about the Phases have mentioned AIM babies. We will hope to have this information for the meeting.

As proposed in the budget, the transition of these populations to managed care will begin September 1, 2013. However, the transition will be implemented in phases in order to ensure the readiness of our contracted health plans and to minimize any disruption in services to our beneficiaries. These two initiatives are interrelated so the below bullets outline DHCS' updated transition plan for both:

- Phase 4 of the Healthy Families Program transition will begin on September 1, 2013, for the eight (8) County Organized Health System (COHS) counties (Del Norte, Humboldt, Lake, Lassen, Modoc, Shasta, Siskiyou, and Trinity). DHCS is evaluating health plan readiness to minimize disruption of services and ensure continuity of care.
- In these 8 COHS counties, the existing FFS populations will be enrolled in the COHS at the same time. Since these are COHS counties, the populations to be enrolled include Temporary Assistance for Needy Families (TANF), seniors and persons with disabilities (SPD), and dual eligible (DE) populations. Second, enrollees will receive all COHS benefits with one exception: Enrollees receiving Community-Based Adult Services (CBAS) will be enrolled with the COHS, but will continue to receive CBAS through the FFS program. The CBAS benefit will convert to a managed care benefit sometime in 2014. Lastly, although DEs are enrolled in the COHS model, they only receive Medi-Cal covered services from the COHS and will continue to receive their Medicare service from Medicare.
- A new Phase 4b of the Healthy Families Program transition will begin November 1, 2013 in order to ensure the readiness of our contracted health plans and to minimize any disruption in services to our beneficiaries in the remaining 20 counties (Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, San Benito, Sutter, Tehama, Tuolumne, and Yuba).
- For consistency and to ensure the readiness and network adequacy of the health plans in these 20 counties, Managed Care Expansion will also occur on November 1. In these counties, the TANF population will be mandatory. The DE population will be voluntary indefinitely, but the SPD population will become mandatory sometime in 2014. Similar to the COHS counties, the

CBAS benefit will be paid by the FFS program at implementation and convert to a managed care benefit sometime in 2014. Modifying this schedule for the 20 counties allows health plans to continue to grow their networks to serve the transitioning populations.

September 1, 2013: [Del Norte, Humboldt, Lake, Lassen, Modoc, Shasta, Siskiyou, and Trinity](#)

Approximate number of Healthy Families children that will transition: 8,000.

Approximate number of Medi-Cal beneficiaries transitioning to the managed care plan: 103,000

November 1, 2013: [Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, San Benito Sierra, Sutter, Tehama, Tuolumne and Yuba](#)

Approximate number of Healthy Families children that will transition: 27,000

Approximate number of mandatory Medi-Cal beneficiaries transitioning to a managed care plan: 175,000

Approximate number of voluntary (SPD) Medi-Cal beneficiaries eligible to choose a managed care plan: 84,000.

Additional details are available on the expansion of Medi-Cal managed care [HERE](#):

The above information is available on the Healthy Families transition page [HERE](#):

Please let us know if you have any questions or comments via email to [DHCSHealthyFamiliesTransition@dhcs.ca.gov](mailto:DHCSHealthyFamiliesTransition@dhcs.ca.gov).

Regards,

DHCS HFP Transition Planning Team

## **Organizations: Sign on to the WIC Business Community Alliance Statement!**

The California WIC Program serves nearly 1.5 million women, infants, and children with healthy food vouchers, nutrition and breastfeeding support, and referrals to other preventive health and social service programs. WIC saves lives and improves health because of critical partnerships with organizations such as yours.

As you may know, WIC faces major funding challenges in Washington in the coming year. SoCWA is launching a new campaign to broaden support from the business, healthcare and non-profit community. I hope you will support California's WIC Business-Community Alliance with an organizational endorsement.

**[GO HERE TO SIGN ON TO THE WIC BCA Statement](#)**

The purpose of the Alliance is to highlight WIC partnerships with business and community members and widen the "circle of support" around the California WIC Program. I would love to add your

organization's name on the growing [list](#) of key supporters who have endorsed this simple statement:

### WIC-Business Community Alliance Statement of Support

*"We the undersigned see firsthand the benefits of the WIC program in our community every day. WIC creates jobs and generates millions of dollars for California's economy while promoting healthy families. We understand that cuts in WIC funding would mean depriving our state's young children the opportunity of a healthy start in life, taking away purchasing power in local economies, and increasing long-term healthcare costs. We are proud to be a supporter of the WIC program and a partner in California's WIC-Business-Community Alliance."*

### [GO HERE TO SIGN ON TO THE WIC BCA Statement](#)

You can sign on and find out more about the Campaign [HERE](#), or contact Donna Hoffman, at California WIC Association: [dhoffman@calwic.org](mailto:dhoffman@calwic.org) or 530-750-2280. **Will you give this urgent request your thoughtful consideration?** We'd like to wrap this up by Labor Day.

### CONTACT US

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