













Maternal and Child Health Access

MCHA Monthly Meeting

Where?

10:00 AM to 12:00 PM

Maternal and Child Health Access
Patricia Phillips Community Room
1111 W. 6th St., 3rd Floor
Los Angeles, CA 90017
213 749 4261
info@mchaccess.org

Speaker/Topic

Help Me Grow - What is it? How does it work? Kimberly Cooper, MA
Communications Manager, Children's Health Outreach Initiatives
Department of Public Health and Krystal Green, MPH
Program Officer, Health Systems
First 5 LA

What's happening in Medi-Cal Managed care?

Budget and other updates



From our meeting May 16, 2019 (see materials on MCHA website): Guest Speakers:

Lynn Kersey and Donald Nollar - State Budget Updates

One of the BEST items included in the state budget, not known when we met May 17, is funding for "navigators" for health coverage/services! Thank you to all of you who called or wrote the county OR the state for this essential funding!

Lynn and Donald led the attendees through highlights of the budget as proposed in May (see slides posted). The final budget is now through the legislature, awaiting the Governor's allowed line-item vetos and signature by June 30 (note error in slide - June 15 is the date that the Legislature must finalize a budget).

Lynn and Donald covered:

Economic Security: updates on CalEITC, CalWORKS rising to 50% of poverty level for family of three by October 1 and rest of household sizes in 2020-21. Paid family leave extended to eight weeks,

expanded access for older children in child care, child savings accounts pilot program, housing legal aid for renters and additional homelessness funding. The issue of no sales tax for children's diapers or menstrual products goes into effect on/after Jan. 1, 2020 and is in effect until January 1, 2022.

Health: Proposition 56 (cigarette tax) funding for optician/glasses starting January 2020, loan repayment for doctors and dentists serving Medi-Cal, training for trauma screenings which will be required of Medi-Cal providers. Note that audiology, chiropractic, incontinence creams and washes, podiatry, and speech therapy will also be covered and Medi-Cal will be extended for postpartum health (more info at meeting). Home visiting and Black Infant Health funds expanded and state subsidies created for Covered CA, in 2020, from the California individual mandate for health insurance in effect 2020 as well (see updated "Budget Scorecard" from Health Access on our website). Mental health funded for counties with and without Whole Person Care, a three-year peer mental health crisis line and, funding for telepsychiatry and a step-down community hospital for the mentally ill.

Immigration: Full Scope Medi-Cal for undocumented 18-26 year-olds, not for seniors. Start date rolled forward to Jan. 1, 2020. Pilot programs for unaccompanied minors and TPS and funding for legal services for undocumented.

Education: No CalState nor UC tuition increase, but no rollback either. Community College first time, full year students free second year added. Increased support for nontraditional and students with dependent children.

Missed Opportunities: To make CalEITC more inclusive for immigrants, assumed expiration of Managed Care Organization tax (but now added back in, not expiring) and no state increase for SSI/SSP grants which were reduced to the federal minimum in 2009 and 2011.

NMT update

Non-Medi-Cal transportation (NMT) is a Medi-Cal benefit that provides round trip transportation for Medi-Cal Beneficiaries who can attest to not having other reasonable means to get to their Medi-Cal covered service. No prescription is needed for this transportation and the beneficiary must NOT need any type of assistance from the driver.'

The update is for the FFS or straight Medi-Cal beneficiaries. Currently, FFS beneficiaries or their advocates have to email DHCS-Benefits@dhcs.ca.gov in order to request NMT. We have been waiting for several months for DHCS to publish a list of NMT providers that beneficiaries can simply call to schedule transportation. DHCS has finally published a list, but it is only five providers for the entire state of California (now twelve!).

Two (Now three!) of these providers are in Los Angeles:

- Care Van, Inc. serves the north part of Los Angeles County and the East part of the Valley 818-502-0353
- Magic Express LLC serves the Southern San Fernando Valley, Northridge and possibly other areas. The man I spoke with hung up on me when I tried to clarify the service areas. They can be reached at 818-624-9118
- NEW Martur Business and Services, INC. Reseda, CA 91335 (818) 437-3980. No information yet; we may knkow more by meeting.

If NMT providers listed don't service your clients' area, the DHCS-Benefits@dhcs.ca.gov email process should still be used for scheduling transportation.

To see the full list of providers in California, please click <u>HERE</u> and click on "Approved NMT providers".

Domestic Abuse update

MCHA created a flyer and is working to outreach and educate around Domestic Abuse and health coverage. We want to make sure survivors understand that being a domestic abuse survivor is a qualifying life event to open up a Special Enrollment Period into health insurance. Our focus is on the Covered California process because this process is unnecessarily complicated. In order for a domestic abuse victim to qualify for a special enrollment (s)he will have to:

- Know that being a survivor is a qualifying life event
- Choose "other qualifying life event" in the drop down box
- Explain the circumstances in the text box
- Upload a signed attestation about being a survivor of abuse
- Choose single or head of household even if married to the abuser
- Exclude the abuser's income from the household income
- Separately file IRS form 8962 to reconcile choosing single or head of household in the tax filing section

We hope this educational flyer will help. We want everyone to know that both advocates and clients can contact MCHA for help with this Covered California enrollment process. We're also working with Covered California on adding "domestic abuse" to the drop down box so that it's easier for applicants to choose "domestic abuse" as a qualifying life event. We want to make this life transition as easy as possible for survivors.

Here's a link to the bilingual consumer education flyer

New Since Last Meeting:

CalFresh expands to SSI recipients!

The Los Angeles County Department of Public Social Services (DPSS) announces the expansion of the State of California's CalFresh Program to now serve older adults and adults and children with disabilities who receive Supplemental Security Income (SSI) benefits, beginning **June 1, 2019**.

SSI recipients may be eligible to receive CalFresh food benefits and applying will not affect their SSI benefit amount in any way.

Anticipating that over 240,000 L.A. County residents may potentially benefit from this expansion, DPSS and its community partners are prepared to help residents by offering easy enrollment options which do not require them to come into a DPSS office.

DPSS has established a Call Center dedicated to taking CalFresh applications by phone. All County residents can contact the Call Center at 866-613-3777, Monday through Friday, 7:30 a.m. to 5:30 p.m., and a customer service agent will collect all the necessary information over the phone and process the application. In 74 percent of the cases, the application is processed on the same day.

To download the General Information Flyer for the CalFresh Expansion for SSI Recipients, please click one of the preferred languages below:

English Armenian Cambodian Chinese Farsi Korean Spanish Russian Vietnamese

Housing - From Inquilinos Unidos

On Tuesday, May 21st, the Board of Supervisors debated the creation of a program that will provide legal representation for the tenants who are facing eviction in the Los Angeles County.

Legal representation for low income tenants threatened with eviction is a critical component of securing justice in housing. On April 9, 2019, the Board of Supervisors voted to extend the interim rent stabilization ordinance through December 31, 2019, and adopted rules expanding just cause eviction protections to all rental units in unincorporated areas. However, without legal representation, these measures can only go so far. When tenants cannot afford to pay for an eviction attorney, they are most likely to be evicted even in cases of unjust eviction.

The Board directed staffers to review local eviction data as well as eviction defense programs in other jurisdictions, including San Francisco, and to develop recommendations specific to Los Angeles County. Legal representation for eviction is funded in the Governor's Budget as well - stay tuned for roll-out reports.

Dental Care - Crowns Now Covered for Kids Over 13!

Thank you MCHA and Children Now!

Laboratory Processed Crowns: The new criteria for Laboratory Processed Crowns is identified in the Special Bulletin below. Effective dates for the new criteria are:

- * Member 13-20: the new policy goes back to March 1, 2019.
- * Members 13 and under: the new policy will be implemented for all Treatment Authorization Requests (TARs) processed on or after July 10, 2019. If you received a TAR denial for Laboratory Processed Crowns with Adjudication Reason Code (ARC) 337 prior to July 10, 2019, please resubmit the TAR with required radiographs and Denti-Cal will reevaluate. See Volume 35, No. 18

If questions or issues with cases, contact Susan Flores, Oral Health Advocacy Coordinator, MCHA - 213-749-4261 ext. 360.

Action/TO DO

BY MIDNIGHT JUNE 21 - Comment on changes to the Federal Poverty Level

The Trump Administration has proposed harmful changes to the way the federal poverty line is calculated which would make it harder to qualify for programs like Medicaid, Medicare, CalFresh and many other programs. The proposal would gradually lower the official poverty line by applying a smaller cost of living adjustment each year. Read why this is unjustified: See the Center on Budget and Policy Priorities report

on what this would do to the poor.

Use Justice in Aging's template comments <u>here</u>- you can broaden or adapt comments for populations other than aging. And Community Catalyst's comments has a <u>great sample letter</u> you can use.

Comment on HUD Proposal on Mixed-Status Family Households by July 9!

On May 10, 2019, the U.S. Department of Housing and Urban Development (HUD) proposed a rule change that would prohibit a family from receiving federal housing assistance if any member in the household is undocumented. This new proposal would impact approximately 25,000 mixed-status families that receive housing assistance, including 55,000 U.S born children. The public comment period for this proposed rule closes on July 9, 2019. You can find the proposed rule here.

- The National Housing Law Project (NHLP) and National Low Income Housing Coalition (NLIHC) are leading the effort to oppose this harmful and cruel proposal and have developed advocacy tools for you to use to join us in opposition. Together, NHLP and NLIHC launched a new website for individuals to submit their comments. Go to www.Keep-Families-Together.org and submit your comment now!
- NEW* <u>Spanish commenting portal</u> where tenants, advocates, and other community members
 can now oppose the rule. The comments will be professionally translated and submitted to
 HUD.
- To learn more, check out their fact sheets, talking points, and social media toolkits.
- You can also submit your own comments directly on regulations.gov.

SAVE THE DATE

Thurs-Fri July 18th & 19th from 9AM to 5PM, Youth Development 2019 Summit Hosted by My Brother's Keeper (MBK) and the Los Angeles County Youth Diversion & Development Office. Day one will focus on the County's newly launched arrest diversion program and Day two will center around youth development as a means for creating a more just and equitable LA County for youth. The event is free but registration is limited to no more than five individuals from an organization.

Registration link: YDS2019.eventbrite.com

RESOURCES:

Hands Only CPR Training

<u>LA County Department of Public Health</u> is partnering with 211 LA to get service providers, employers, and community groups signed up for free Hands Only CPR training.

This opportunity is part of the Heart Heroes campaign, which strives to train 100,000 people in LA County on life-saving Hands Only CPR and other critical public safety skills.

REPORTS California Releases First-of-its-kind Report

Examines health and well-being of California American Indian and Alaskan Native mothers and babies

California is home to the largest population of AIAN people of any state in the nation. California AIAN communities demonstrate resilience drawn from kinship, cultural practices, connection to place, and collective successes. Despite their many strengths, AIAN mothers and infants bear heavy burdens of disproportionately high mortality and poor health outcomes. This report identifies both the stark health disparities and the many positive outcomes experienced by AIAN mothers and babies. Importantly, the report uses an expanded definition of AIAN that more closely aligns with community-held and legal definitions of AIAN. According to the expanded definition used in this report, there are nearly 13,000 **AIAN births in California each year**. This is seven times greater than the number of births using the standard definition. For a more detailed look at the findings, recommendations and methods, read the full report available online now.

Visualizing Health Policy: Barriers to Care Experienced by Women in the United States

This <u>Visualizing Health Policy infographic</u> looks at barriers to care experienced by women in the United States. Women incur greater health care costs than men, particularly during the reproductive years. Despite a lower uninsured rate than men (11% vs 14%), women are more likely to skip a recommended medical test or treatment due to cost. However, cost barriers to contraception have decreased for insured women since the Affordable Care Act's (ACA's) coverage requirement took effect. Three of 4 women reported that insurance covered the full cost of birth control during their most recent visit. Younger women are less likely to report having a regular clinician. Women without a regular clinician are less likely to receive certain preventive services, such as a mammogram and Papanicolaou test. Women are more likely than men to have a preexisting health condition (29% vs 24%) and express concern about the consequences of lifting ACA protections that ban preexisting condition exclusions.

The 2019 KIDS COUNT Data Book Now Available

The Annie E. Casey Foundation's <u>2019 KIDS COUNT Data Book</u>, just released, brings good news! Over the last three decades, child well-being in the United States has generally improved. Bright spots include:

- a 68% decrease in the teen birth rate;
- a 62% drop in the share of kids without health insurance;
- record-high teen graduation rates; and
- unprecedented rates of 3- and 4-year-olds attending preschool.

Such gains speak to the power of smart policy decisions. But as the Data Book's 30th edition reveals: There's still more work to do.

America continues to have unacceptably low rates of reading and math proficiency, in addition to seeing an uptick in the number of kids without health insurance and the persistence of racial and ethnic disparities that create more of an uphill climb for children of color. Read the Data Book and Casey's charge to policymakers and communities

Medicaid Postpartum Care: Current Eligibility and Expansion Efforts

For decades, the Medicaid program has required coverage for pregnant women up to 138% of the federal poverty level through 60 days postpartum. With the implementation of the Affordable Care Act, 36 states and Washington, DC offer low-income women an extension of their pregnancy-related coverage by expanding Medicaid eligibility. In the 14 states that have not expanded Medicaid, many poor women lose health coverage when the 60 day postpartum period ends.

A new Kaiser Family Foundation brief, <u>Expanding Postpartum Medicaid Coverage</u>, describes current Medicaid eligibility for pregnancy and postpartum care, the variation in coverage across states beyond minimum Medicaid requirements, and state and federal initiatives to broaden and extend existing coverage.

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